

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	31/10/2019 18:13
Date Of Accident	30/10/2019 08:45
Exact Location Of Accident	MARINA BAY CRUISE CENTRE LEVEL 2 CARPARK SLOPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ716E
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAZIQ BIN RAHMAN
NRIC No	S9707284A
Email Address	HAZIQRAHMAN601@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90480016
Alternative Phone No	OTHERS-90480016

Vehicle Particulars

Manufacturer	YAMAHA
Model	R15 ABS MANUAL
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5111394752
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HAZIQ BIN RAHMAN
NRIC No	S9707284A
Date Of Birth	08/03/1997
Occupation	INDOOR
Date Of Driving Pass	16/04/2019
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90480016
Fax Number	
Contact Number	OTHERS-90480016
Email Address	HAZIQRAHMAN601@GMAIL.COM

Address	BLK 276B JURONG WEST AVENUE 3 #01-77
Postcode	642276
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191030/2171

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD8868U
Vehicle Make/Model/Colour	MERCEDES BENZ V220D LONG AT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEONARD
NRIC/Passport Number	
Contact Number	90048938
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD HAZIQ BIN RAHMAN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBQ716E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature

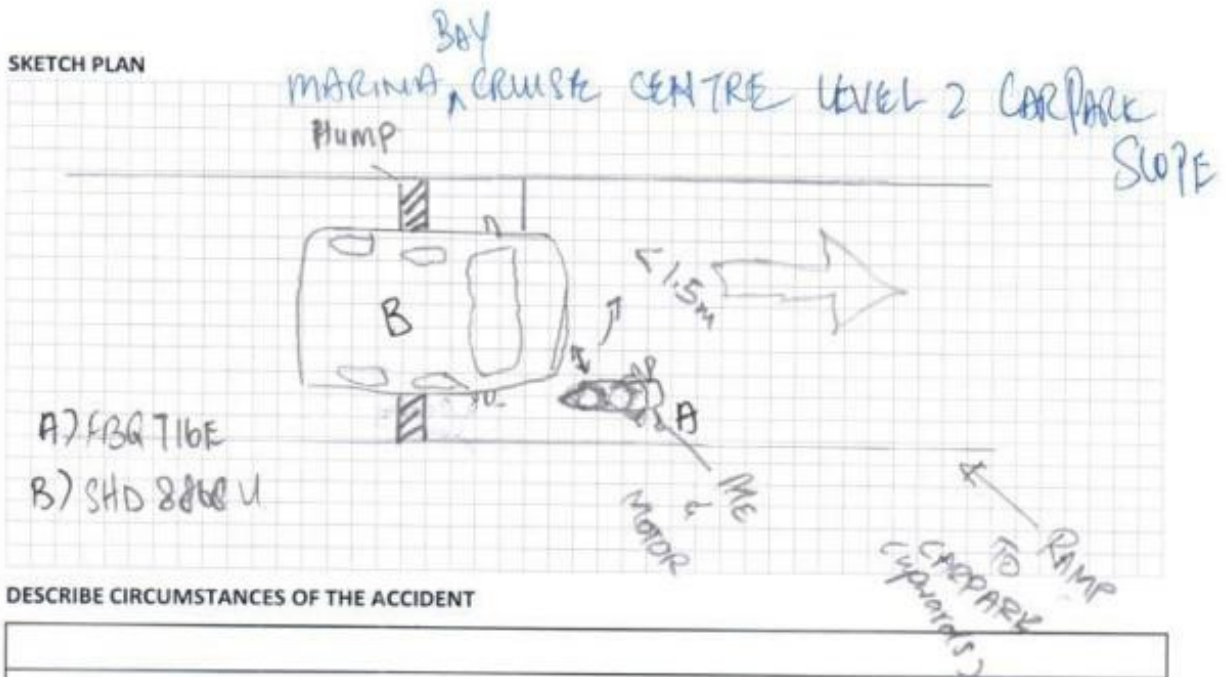
Date & Time: 31 / 10 / 2019

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Rosalinda Anz
NRIC/FIN No.:

POLICE REPORT

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT
7/20/19 1030/2171

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 31/10/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CRASH SketchPlanForm_v3

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191030/2171

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 4

Report No. T/20191030/2171

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2019 19:16		Vide Report No.:		Station Diary No.: 158	
Informant's Particulars					
Name of Informant: MUHAMMAD HAZIQ BIN RAHMAN			Address: APT BLK 276B JURONG WEST AVENUE 3 #01-77 SINGAPORE 642276		
ID Type / ID No.: NRIC NO / S9707284A			Contact No.: Home/Office: Mobile: 90480016		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 08/03/1997	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name: Republic Polytechnic
Occupation: Student			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/10/2019 08:45	Type of Location: Gradient
Location: MARINA COASTAL DRIVE 61 Marina Coastal Drive, slope leading up to Level 2 Public Carpark at Marina Bay Cruise Centre				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ716E	Motorcycle	YAMAHA	R15 ABS MANUAL	Red	Slightly Damaged	0
SHD8868U	Car	MERCEDES BENZ	V220D LONG AT	White	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ716E	NTUC Income Insurance Co-Operative Limited	5111394752	24/07/2019	23/07/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191030/2171

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 4
Report No. T/20191030/2171

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HAZIQ BIN RAHMAN	ID No.	S9707284A
Related Vehicle	FBQ716E (Motorcycle)	Contact No.	90480016
Hospital/Clinic	CLEMENTI FAMILY & AESTHETIC CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/10/2019	Date Discharge	30/10/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious
Name			
Name	LEONARD	ID No.	NIL
Related Vehicle	SHD8868U (Car)	Contact No.	90048938
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 30/10/2019 at about 08.45am to 09.00am, I wanted to travel up the slope at Marina Bay Cruise Centre to park my motorcycle at Level 2 carpark. The area is accessible to public.

Before I was able to go up the slope, from my left side mirror, I noticed that there was a taxi behind me that was speeding through a tiny hump just before the ramp up. Upon seeing this, I immediately tried to shift my motorcycle more to the right but I was not able to avoid him fully. Upon colliding at the right side of the taxi, my left shoulder area, which was in line with my side mirror was dragged more to the right side. Fortunately, I was able to maintain my balance and prevented myself from falling down.

Both of us continued to travel up the slope and stopped at the indoor carpark. The driver was more concerned about his taxi which was damaged with a long scratch on the rear right passenger door which extends all the way to the back bumper panel. The driver asked whether I will be lodging a report and I replied that I am considering. I was still in shock after noticing that the taxi driver had sped up behind me earlier. I asked for his particulars but he refused. I only managed to get the driver's contact number and the vehicle plate number.

My motorcycle left side mirror and left signal light suffered scratches. After the accident, I felt severe pain on my left shoulder and back region. I went to Clementi Family & Aesthetic Clinic and received 4 days of medical leave.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191030/2171

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 4

Report No. T/20191030/2171

CONTINUATION OF REPORT

I believed that the accident took place within the coverage of the Level 1 carpark barrier security camera.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191030/2171

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

4 of 4

Report No. T/20191030/2171

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Staff Sgt HIZAMI BIN MOHAMAD RAFI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/10/2019 19:16

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SN 37

SIGNATURE

MC



Clementi Family & Aesthetic Clinic
321 Clementi Ave 3 #01-14/15 Singapore 129905
Tel: 6776 6177 Fax: 6776 6165

MEDICAL CERTIFICATE

RCB No. & GST No.201229723N

Certificate No : MC/75213
Date Of Visit : 30/10/2019
Patient Ref No : 41814
This is to certify that :

MUHAMMAD HAZIQ BIN RAHMAN
NRIC : S9707284A

is unfit for work / school for 4 days
from 31/10/2019 to 03/11/2019.

CLEMENTI FAMILY & AESTHETIC CLINIC
321 Clementi Ave 3
#01-14/15 Singapore 129905
Tel: 6776 6177 Fax: 6776 6165
RCB No & GST No: 201229723N

DR LOKE JIAN FENG JEFF

Note : This certificate is not valid for absence from court.
Date Printed : 30/10/2019

RCB No & GST No: 201229723N



Clementi Family & Aesthetic Clinic
321 Clementi Ave 3 #01-14/15 Singapore 129905
Tel: 6776 6177 Fax: 6776 6165

TAX INVOICE

RCB No. & GST No.201229723N

MUHAMMAD HAZIQ BIN RAHMAN Invoice No : PI/122362
Nric : S9707284A Date : 30/10/2019
CNO Ref : 41814

Attended By : DR LOKE JIAN FENG JEFF

Items :			Amount
CONSULTATION	1		\$18.00
ANAREX	20	tabe	\$7.00
CELEBREX 200MG	10	tabe	\$18.00
THERMALGESIC CREAM 50G	1	box	\$19.00
ADJUSTMENT (GST ROUND DOWN)	1		-\$0.38

DIAGNOSIS: LEFT SHOULDER STRAIN / BRUISE

Paid : \$67.00 Cash	Sub Total :	\$62.62
CLEMENTI FAMILY & AESTHETIC CLINIC	GST Amount :	\$4.38
321 Clementi Ave 3	Grand Total :	\$67.00
#01-14/15 Singapore 129905	Amount paid :	\$67.00
Tel: 6776 6177 Fax: 6776 6165	Amount outstanding :	\$0.00
RCB No & GST No: 201229723N		

Clementi Family & Aesthetic Clinic Pte Ltd

There is no exchange/refund of used/unused medications.
Repeat of medications will be at the doctor's discretion and an OTC-surcharge levied.

RCB No & GST No: 201229723N

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

