

## 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	05/11/2019 16:54
Date Of Accident	04/11/2019 08:05
Exact Location Of Accident	FARRER ROAD TOWARDS ADAM ROAD (EMPRESS MARKET)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE6747P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NASUTION BIN ADI
NRIC No	S8136752C
Email Address	SASUZEN18@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-83215890
Alternative Phone No	OFFICE-83215890

### Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ135-133CC (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5104498558
Cover Note Number	

### Driver

Name of Driver	NASUTION BIN ADI
NRIC No	S8136752C
Date Of Birth	05/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	08/05/2000
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83215890
Fax Number	
Contact Number	OFFICE-83215890
EEmail Address	SASUZEN18@YAHOO.COM.SG

Address	BLK 487 SEGAR ROAD #02-550
Postcode	670487
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
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	BUKIT PANJANG
Police Station Address	<b>ROAD:</b> 1 SEGAR ROAD , <b>POSTCODE:</b> 677738 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

P[LEASE REFER TO POLICE REPORT T/20191105/2041

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	NASUTION BIN ADI
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBE6747P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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: 05/11/19 16:30h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

SKETCH PLAN

FORENL ROAD TOWARDS ADAM ROAD (EXPRESS MARKET)

A) FBE 6747P

B) UNKNOWN CAR



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT  
7/2019/105/2041

## DECLARATION

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

Policyholder's Signature

Date & Time: 05/11/19 1630h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191105/2041

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No. T/20191105/2041

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2019 12:17		Vide Report No.: E/20191104/0118		Station Diary No.: 39	
<b>Informant's Particulars</b>					
Name of Informant: NASUTION BIN ADI			Address: APT BLK 487 SEGAR ROAD #02-550 SINGAPORE 670487		
ID Type / ID No.: NRIC NO / S8136752C			Contact No.: Home/Office: Mobile: 83215890		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 05/12/1981	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: LIFT TECHNICIAN			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/11/2019 20:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 FARRER ROAD ADAM ROAD ALONG FARRER ROAD TOWARDS ADAM ROAD NEAR L/P 69F Lamp Post Number: 69F				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE6747P	Motorcycle	YAMAHA	RXZ	Black	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE6747P	NTUC Income Insurance Co-Operative Limited	5104498558	10/10/2018	22/01/2020

# POLICE REPORT



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POLICE FORCE**



T/20191105/2041

Police Station Of Origin:  
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1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20191105/2041

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	NASUTION BIN ADI	ID No.	S8136752C
Related Vehicle	FBE6747P (Motorcycle)	Contact No.	83215890
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	04/11/2019	Date Discharge	05/11/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious

### Brief Details.

On 4th Nov 2019 at around 8.00pm I was riding my Black Yamaha RXZ FBE6747P along Farrer Road. The road was a 4 lane road. I was going to Cluny Road for work.

While travelling along Farrer Rd at around 8.07pm, I was travelling at the most left lane of the road (4th lane). There was a champagne coloured car at the lane on my right (3rd lane). Suddenly the car, entered my lane without warning and the rear bumper of the car had collided into the head of my motorcycle. The impact caused me to fall off my motorcycle and caused damage to the front of my motorcycle. The car had drove off without stopping to assist me.

The fall had caused me to suffer pains on my left shoulder as I had dislocated my left shoulder and abrasions on my right shoulder. I managed to pop my shoulder back in before ambulance arrival. Traffic Police and ambulance subsequently came and after Traffic Police spoke to me and advised me to lodge a traffic accident report, I was conveyed to National University Hospital where I received 4 days MC.

I wish to state that I was not able to see the plate number of the car but the car who was travelling behind me had a in car camera which captured the accident and he had provided his particulars as well as the footage to me.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191105/2041

Police Station Of Origin:  
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1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20191105/2041

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:

J /

Staff Sgt AHMAD AIDIL BIN JUMARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/11/2019 12:17

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902



Classification Of Case:

Authentication Stamp  
NP168

  
SIGNATURE



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





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