

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 willful 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	12/11/2019 09:55
Date Of Accident	01/11/2019 01:00
Exact Location Of Accident	RACE COURSE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN6651J
Insured/Policyholder	
Name Of Registered Owner	SMILE MOTOR PTE. LTD.
Co Reg No	201842678C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96194629

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK 135 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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107711969
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RIDUAN BIN HAMZAH
NRIC No	S9409400C
Date Of Birth	23/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	16/01/2017
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93523898
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 55 LENGKOK BAHRU #06-427
Postcode	151055
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : NUR AISAH BINTE MOHAMED RAFI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191103/7009

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	SLJ4903Z
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 MUHAMMAD RIDUAN BIN HAMZAH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBN6651J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NUR AISAH BINTE MOHAMED RAFI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBN6651J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
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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.

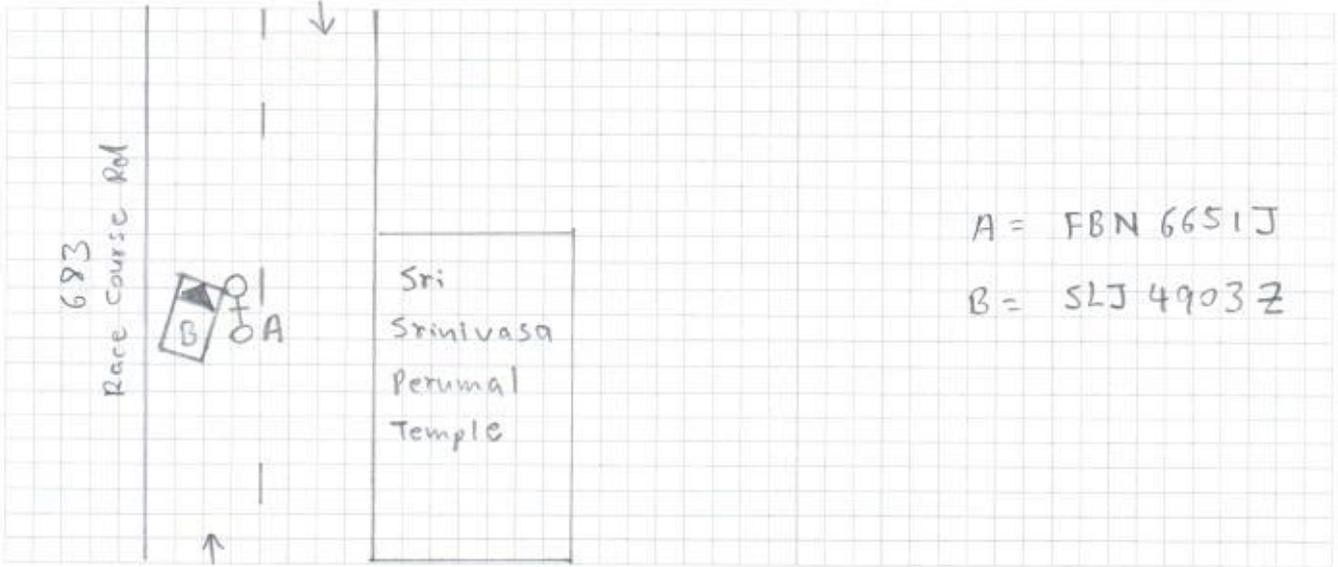


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191103 / 7009

DECLARATION

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



Policyholder's Signature
Date & Time:

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 11 / '19) (DD/MM/YYYY), TIME: (01 : 30) (HH:MM)

LOCATION: Race course Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN 66 51J
- b) INSURANCE COMPANY: INC
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Private USE
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: smile motor pte ltd (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: _____ CONTACT: 96194629
- C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Riduan Bin Hamzah (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 93523898
- c) ADDRESS: _____

* d) DATE OF BIRTH: (___ / ___ / ___) (DD / MM / YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) rider & pillion

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLJ 4903 Z MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
(including driver)
(2)

Nur Aisah Binte
Mohamed Rafi

No of passengers
(including driver)
()

No of passengers
(including driver)
()

* photo

email =
VIDEO

* attn scene photo.



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD RIDUAN BIN HAMZAH	ID No.	S9409400C
Related Vehicle	FBN6651J (Motorcycle)	Contact No.	93523898
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/11/2019	Date Discharge	01/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Pillion			
Name	NUR AISAH BINTE MOHAMED RAFI	ID No.	S9506021H
Related Vehicle	FBN6651J (Motorcycle)	Contact No.	93523898
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/11/2019	Date Discharge	01/11/2019
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

On the above mentioned date and time, I was a pillion on my fiance's bike, FBN6651J. We were riding along Race Course Road towards Rangoon Road. There was another vehicle, SLJ4903Z, a black Audi, travelling in front of us. SLJ4903Z slowed down and shifted to the extreme left side of the road. It came to a stop along the double yellow lines in between the carpark exit and entrance of Sri Srinivasa Perumal Temple. As such, we continued straight.

All of a sudden, said Audi made an abrupt right turn and cut into the path we were riding on. My fiance was unable to react in time to avoid the collision and the front right portion of said Audi hit onto the front left portion of our motorcycle. Both of us were flung quite a distance due to the collision. Ambulance arrived shortly and we were both conveyed to Tan Tock Seng Hospital. Traffic Police was at scene as well.

We were both discharged later on the same day. I was given 14 days Hospitalization Leave while my fiance, Muhammad Riduan Bin Hamzah was given 5 days Hospitalization Leave.

There is an independent witness by the name of Omar. His contact number is 98500724.

My contact number is 90379641. However, my phone was damaged badly and is currently not working as such I indicated the contact number of my fiance as mine.



**SINGAPORE
POLICE FORCE**



T/20191103/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191103/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MOHAMMED FEROUZ BIN HUSSIEN
Contact No.: 65476206

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/11/2019 15:11

Classification Of Case:

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5107711969"/>	Date of Accident	<input type="text" value="07/11/2019 11:32"/>
Vehicle No.(For Motor)	<input type="text" value="FBN6651J"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107711969	5107711969-000003	SMILE MOTOR PTE, LTD.	201842678C	GFM	Third Party	FBN6651J	FBN6651J	22/02/2019	31/12/2019

Claim Handling

Accident MT/1070972

Policy No.	5107711969	Vehicle No.	FBN66513	GST Registration No.	
Certificate No.	5107711969-000003			Policyholder NRIC	201842678C
Policyholder Name	SMILE MOTOR PTE. LTD.			Loading	0
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Contact No.(Home)	
Contact No.(Mobile)	96194629	Contact No.(Office)		eCode	No
Email Address		Special Remark		eCode Reason	
KFK	No Yes	TCA	No Yes	Private Hire	No
NCD Protection	No	NCD Entitlement(%)	0		

Accident Details

Report Date	12/11/2019 11:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	01/11/2019	Time of Accident hh:mm	01:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	RACE COURSE ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Covered
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	12/11/2019 11:03:08 System changed GST Status Verified from No to Yes.		

Policyholder Mailing Address

Address 1	BLK 290F #14-109	Address 2	BUKIT BATAK STREET 24	Address 3	SPRING VIEW
Address 4	SINGAPORE 655290	Address Type	Singapore address	Post Code	655290
Unit No.	14-109	Related Policy Number	5107711969		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	23/03/1994
Unnamed driver Name	MUHAMMAD RIDUAN BIN HAMZ	Driver NRIC	S9409400C	Driving Experience	2
Register Date of Driver License	16/01/2017	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	93523898	Contact No.(Office)		Address 3	SINGAPORE 151055
Address 1	BLK 55 #06-427	Address 2	LENGKOK BAHRU	Post Code	151055
Address 4		Address Type	Singapore address		
Unit No.	06-427	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SMILE MOTOR PTE. LTD.	Insured NRIC	201842678C
Contact No.(Mobile)	87818388	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	FBN66513	TP Vehicle Number	SLM490
Claim Description	FBN66513 / SLM49032 ON 1 Nov 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	12/11/2019 11:04
Report Taken By				Date Received	12/11/2019

Print AK letter

Save Submit

Attachment

Accident No.	MT/1070972	Claim No.	001
Last Doc. Received	Yes No	Upload Date	12/11/2019 11:05
Path *		Category *	
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2019 11:05	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2019 11:05	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2019 11:05	SAS		Normal	SAS 2019-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2019 11:04	Photos		Normal	Photos 2019-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2019 11:04	Photos		Normal	Photos 2019-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2019 11:04	Photos		Normal	Photos 2019-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2019 11:04	Photos		Normal	Photos 2019-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2019 11:04	Photos		Normal	Photos 2019-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2019 11:04	Photos		Normal	Photos 2019-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2019 11:04	Photos		Normal	Photos 2019-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2019 11:04	Photos		Normal	Photos 2019-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2019 11:04	Photos		Normal	Photos 2019-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2019 11:04	Photos		Normal	Photos 2019-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2019 11:04	Photos		Normal	Photos 2019-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2019 11:04	Photos		Normal	Photos 2019-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2019 11:04	Photos		Normal	Photos 2019-11-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Nov 2019 11:04	Photos		Normal	Photos 2019-11-12

Video List

Uploaded By/Date	Folder Date	File Name		Source
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