

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	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	
EEmail 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

Accident Sketch Plan

SKETCH PLAN

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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.



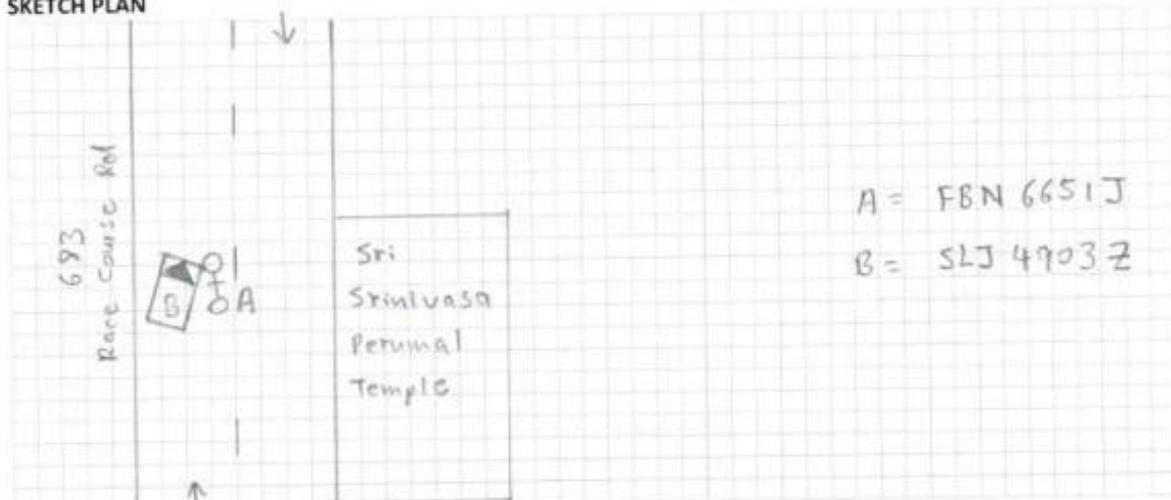
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191103/7009

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

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Report No. T/20191103/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2019 15:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: NUR AISAH BINTE MOHAMED RAFI		Address: APT BLK 504 ANG MO KIO AVENUE 8 #02-2652 SINGAPORE 560504	
ID Type / ID No.: NRIC NO / S9506021H		Contact No.:	Mobile: 93523898
Nationality: SINGAPORE CITIZEN		Email: riduanhamzah69@gmail.com	
Sex: Female	Age: 24	Date of Birth: 20/01/1995	Type of Informant: Pillion
Race: Indian		Language: English	Institution / School Name:
Occupation: Retail		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/11/2019 01:00	Type of Location:
Location: RACE COURSE ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN6651J	Motorcycle					1
SLJ4903Z	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191103/7009

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

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Report No. T/20191103/7009

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.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191103/7009

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Report No. T/20191103/7009

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

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:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



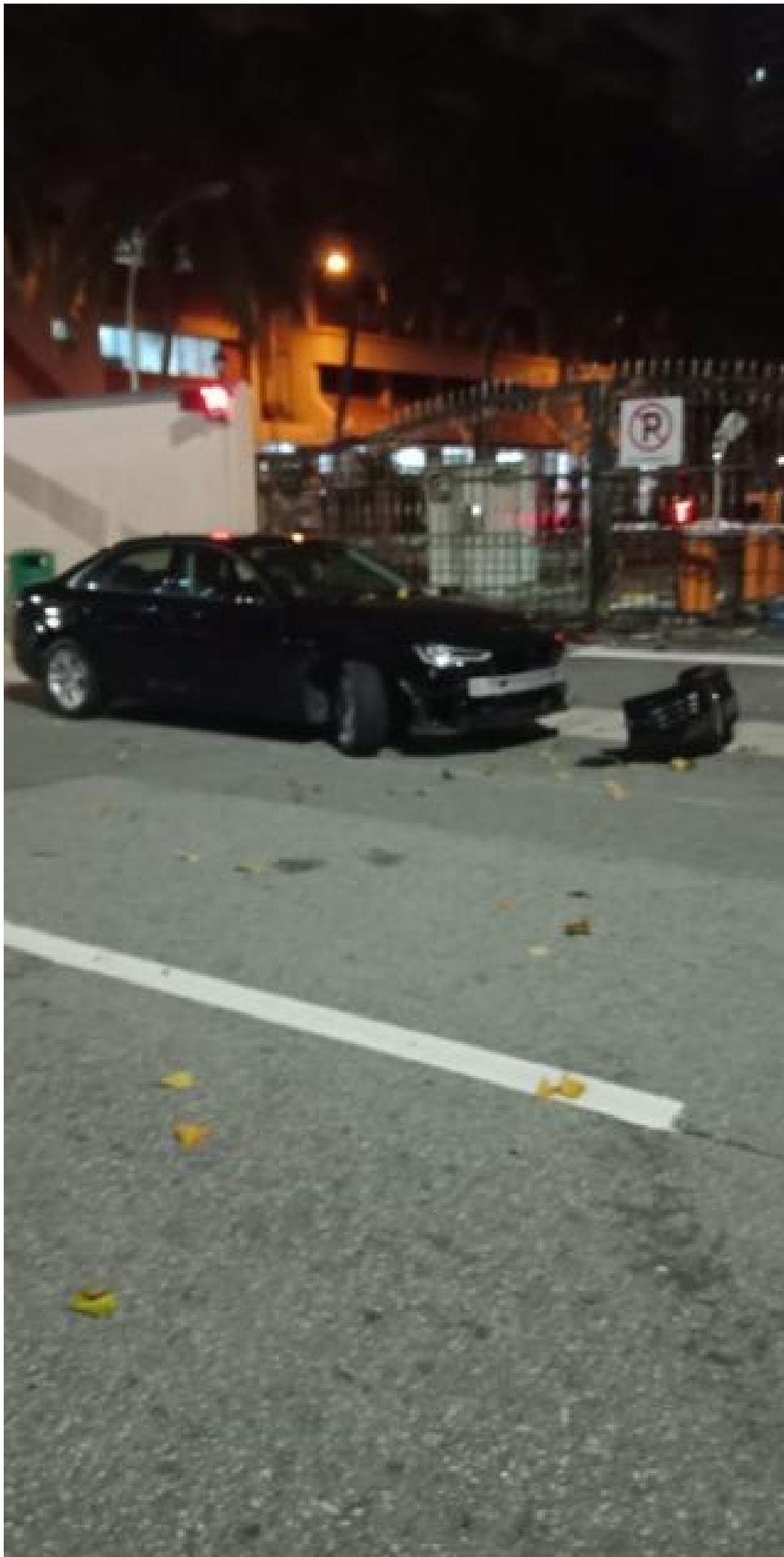
Accident Photo



Accident Photo



Accident Photo



Accident Photo

