**Your NCD will be affected due to late reporting**
**Actual e-Filling Submission Date & Time: 27/11/2019 12:05**

# 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 witholding 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 | 18/11/2019 10:28 |
| Date Of Accident | 06/10/2019 11:00 |
| Exact Location Of Accident | BUKIT TIMAH RD |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | FBN5119L |
| **Insured/Policyholder** | |
| Name Of Registered Owner | AHMAD RITHAUDEEN BIN MOHAMMAD |
| NRIC No | S7615658A |
| Email Address | MXDEEN666@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91164124 |
| Alternative Phone No | OTHERS-91164124 |
| **Vehicle Particulars** | |
| Manufacturer | HONDA |
| Model | - |
| 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? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | MOTORCYCLE |
| **Insurance Company** | |
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SD18V13721/VMS/R00 |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | AHMAD RITHAUDEEN BIN MOHAMMAD |
| NRIC No | S7615658A |
| Date Of Birth | 20/05/1976 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 08/08/2017 |
| Driving Experience | 2 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91164124 |
| Fax Number | |
| Contact Number | OTHERS-91164124 |
| EMail Address | MXDEEN666@GMAIL.COM |

| | |
|---|---|
| Address | BLK 485 ADMIRALTY LINK<br>#06-71 |
| Postcode | 750485 |
| 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 | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**General Information of the Accident**

| | |
|---|---|
| Type Of Accident | NO COLLISION |
| 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 | 1 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| Was any other material or property damaged? | NO |
| 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 | 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**

PLS REFER TO THE POLICE RPORT:T/20191009/7024

**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 INJURED PERSON 1**

| | |
|---|---|
| Name | AHMAD RITHAUDEEN BIN MOHAMMAD |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | FBN5119L |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

## SKETCH PLAN

### 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. 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.

15/11/2019

Policyholder's Signature
Date & Time:

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

Flynn 18/11/19

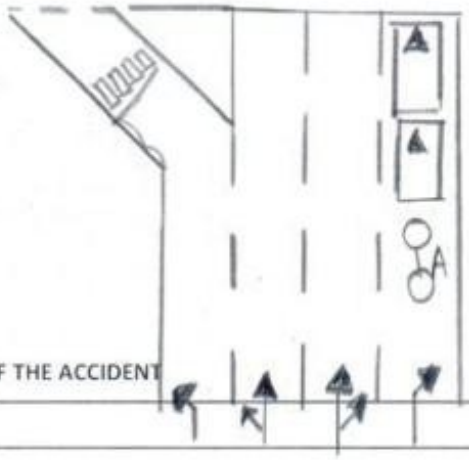
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

**Accident Sketch Plan**

SKETCH PLAN

FARRER RD

A-FBN5119L



BUKIT TIMAH RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20191009/7024

DECLARATION

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

15/11/2019

Policyholder's Signature
Date & Time:

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

18/11/19

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

SINGAPORE POLICE FORCE

T/20191009/7024

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



**CONTINUATION OF REPORT**

| Rider | | | |
|---|---|---|---|
| Name | AHMAD RITHAUDEEN BIN MOHAMMAD | ID No. | S7615658A |
| Related Vehicle | FBN5119L (Motorcycle) | Contact No. | 91164124 |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3<br>Date of Expiry: NIL |
| Date Treatment | 06/10/2019 | Date Discharge | 09/10/2019 |
| No. of Days granted Medical Leave | 08 | Degree of Injury | Slight |

Brief Details.

On 6 Oct 2019 at about 11 am, I was riding my motorbike along Bukit Timah Road. I stopped my bike at the junction of Bukit Timah Road and Adam Road as the traffic light was red. At that moment, I was having cramp and difficulty in breathing. Subconsciously, I rode my bike forward and lost conscious. When I regained my conscious, I was inside an ambulance - vide Incident No. E/20191006/0087 under TP IO David Yap.

**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**

**Accident Photo**

SINGAPORE POLICE FORCE

T/20191009/7024



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

Report No. T/20191009/7024

**REPORT OF A TRAFFIC ACCIDENT**

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: |
|---|---|---|
| 09/10/2019 16:15 | E/20191006/0084 | |

**Informant's Particulars**

| | | | | |
|---|---|---|---|---|
| Name of Informant:<br>AHMAD RITHAUDEEN BIN MOHAMMAD | | | Address:<br>APT BLK 485 ADMIRALTY LINK #06-71 SINGAPORE 750485 | |
| ID Type / ID No.:<br>NRIC NO / S7615658A | | | Contact No.:<br>Home/Office: Mobile: 91164124 | |
| Nationality:<br>SINGAPORE CITIZEN | | | Email:<br>mxdeen666@gmail.com | |
| Sex:<br>Male | Age:<br>43 | Date of Birth:<br>20/05/1976 | Type of Informant:<br>Rider | |
| Race:<br>Malay | | | Language:<br>English | Institution / School Name: |
| Occupation:<br>Police officer | | | Driving Licence Information:<br>Class: 2B,2A,2,3 | Date of Expiry: |

**General Information of the Accident**

| Type of Accident: | Injury<br>Attended by Police | Drink Drive:<br>No | Date/Time of Accident:<br>06/10/2019 11:00 | Type of Location:<br>X-Junction |
|---|---|---|---|---|
| Location:<br>BUKIT TIMAH ROAD | | | | |
| Weather:<br>Sunny | | Road Surface:<br>Dry | | Road Speed Limit:<br>60 Km/h |
| Traffic Flow:<br>Two Way | | Traffic Control:<br>Traffic Light - Working | | Traffic Volume:<br>Light |
| Type of Collision:<br>No collision | | | | Anyone conveyed by ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|---|---|---|---|---|---|---|
| FBN5119L | Motorcycle | | | | | 0 |

**Details of Person Involved**

| | |
|---|---|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

SINGAPORE POLICE FORCE

T/20191009/7024

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



Report No. T/20191009/7024

**CONTINUATION OF REPORT**

| Rider | | | |
|---|---|---|---|
| Name | AHMAD RITHAUDEEN BIN MOHAMMAD | ID No. | S7615658A |
| Related Vehicle | FBN511SL (Motorcycle) | Contact No. | 91164124 |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3<br>Date of Expiry: NIL |
| Date Treatment | 06/10/2019 | Date Discharge | 09/10/2019 |
| No. of Days granted Medical Leave | 08 | Degree of Injury | Slight |

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SINGAPORE POLICE FORCE

T/20191009/7024



Report No: T/20191009/7024

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:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>09/10/2019 16:15 |
| Officer In Charge Of Case:<br>TP / TPHQ /<br>MUHAMMAD RIZWAN BIN KAMALUDIN<br>Contact No.: 65476185 | Classification Of Case: |

Authentication Stamp

NP168

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA1191518 17 Vehicle Registration No: FBN5119L

Name(as shown in NRIC) : AHMAD RITHAUDEEN BIN MOHAMMAD NRIC/FIN/Passport No : S7615658A

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 485 ADMIRALTY LINK #06-71 Singapore( 750485 )

Contact (Tel) : Mobile No. : 91164124

Email Address :

Date of Accident : 06/11/19 Time of Accident : 11:00

Place of Accident : BUKIT TIMAH RD

Insurance Company : LIBERTY

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND DATE (MONTH) OF ACCIDENT

Policyholder / Driver's Signature
Date:

27/11/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: