

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	18/11/2019 10:28
Date Of Accident	06/11/2019 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 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91164124
Fax Number	
Contact Number	OTHERS-91164124
EEmail Address	MXDEEN666@GMAIL.COM

Address	BLK 485 ADMIRALTY LINK #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	- - -
Insurance Company of Driver's Own Vehicle	- - -

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

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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: 15/11/2019

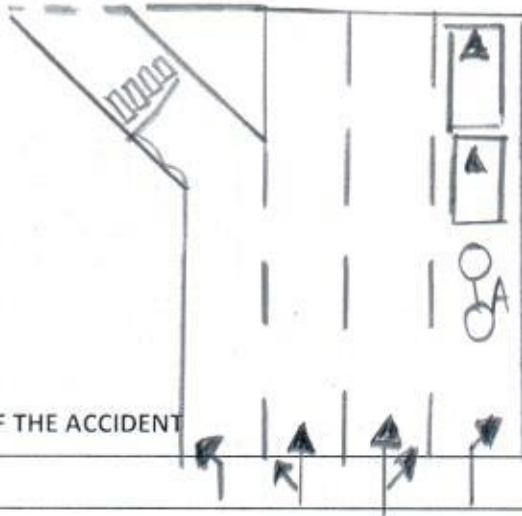
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 18/11/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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.


Date & Time: 15/11/2019

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

 18/11/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2019 16:15		Vide Report No.: E/20191006/0084		Station Diary No.:	
Informant's Particulars					
Name of Informant: AHMAD RITHAUDEEN BIN MOHAMMAD			Address: APT BLK 485 ADMIRALTY LINK #06-71 SINGAPORE 750485		
ID Type / ID No.: NRIC NO / S7615658A			Contact No.: Home/Office:		Mobile: 91164124
Nationality: SINGAPORE CITIZEN			Email: mxdeen666@gmail.com		
Sex: Male	Age: 43	Date of Birth: 20/05/1976	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Police officer		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:	

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



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 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.



**SINGAPORE
POLICE FORCE**



T/20191009/7024

3 of 3

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

Report No. T/20191009/7024

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 / MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 09/10/2019 16:15
Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 10 / 2019) (DD/MM/YYYY), TIME: (11 : 00) (HH:MM)

LOCATION: BUKIT TIMAH RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBNS119L
- b) INSURANCE COMPANY: LIBERTY
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: HONDA
- 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

2. INSURED / POLICY HOLDER

- A) NAME: AMMAD RITHAUDEEN BIN MOHAMMAD (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 91164124
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / (OUTDOOR))

f) YEARS OF DRIVING EXPERIENCE: 08/08/2017

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

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

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

6. WAS ANYBODY INJURED (YES) / NO) CONVEY

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ 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)
(1)

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

15/10/19
waiting for veh.

Email =

fax =

video =



**Liberty
Insurance**

1800-LIBERTY
 [1800-5423789]
 AUTO ASSISTANCE HOTLINE


24 HR ACCIDENT RESPONSE
 ROADSIDE ASSISTANCE
 FLOOD ASSISTANCE

Liberty Insurance Pte Ltd

Registration no. 199002791 D
 51 Club Street
 #03-00 Liberty House
 Singapore 069428
 Tel: (65) 6221 8611 Fax: (65) 6225 6890
 Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD18V13721 /VMS /R00
Form	MY1
Date Of Issue	28-NOV-2018
1.Index Mark and Registration No. of Vehicle:	FBN5119L
2.Chassis number of Vehicle:	JH2SD06B3HK000216
3.Name of Policyholder:	AHMAD RITHAUDEEN BIN MOHAMMAD
4.Effective date of Commencement of Insurance for the purposes of the Act:	23-OCT-2018 00:00 AM
5.Date of Expiry of Insurance:	22-OCT-2019 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	The Policyholder only. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.
7.Limitations as to use*:	Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession.
8.The Policy does not cover:	A) Use for hire or reward. B) Use for racing, pace-making, reliability trials or speed-testing. C) Use for the carriage of goods (other than samples) in connection with any trade or business. D) Use for any purpose in connection with the Motor Trade.
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.	
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I (Singapore) S\$1000, Section I (Outside Singapore) S\$2500
FINANCE COMPANY:	HITACHI CAPITAL ASIA PACIFIC PTE LTD
PRODUCER NAME:	BOON SIEW SINGAPORE PTE LTD

PLAS/PLAS/28-NOV-18

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28-NOV-18