

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 18:48 |
| Date Of Accident | 15/11/2019 19:15 |
| Exact Location Of Accident | NORTH BUONA VISTA RD JUNCTION OF COMMONWEALTH AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | FZ7601L |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHAMMAD SHAFI BIN ABDUL KADER |
| NRIC No | S8934255D |
| Email Address | 04SHAFI89@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-90729972 |
| Alternative Phone No | OTHERS-90729972 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | HONDA |
| Model | CB400SF-399CC |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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 | 5113426202 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------------|
| Name of Driver | MUHAMMAD SHAFI BIN ABDUL KADER |
| NRIC No | S8934255D |
| Date Of Birth | 04/10/1989 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/09/2015 |
| Driving Experience | 4 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90729972 |
| Fax Number | |
| Contact Number | OTHERS-90729972 |
| Email Address | 04SHAFI89@GMAIL.COM |

| | |
|---|--|
| Address | BLK 458 JURONG WEST STREET 41 #03-718 |
| Postcode | 640458 |
| 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 | COLLISION - MAJOR/MINOR RD |
| 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? | NO |
| 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 | HONG KAH SOUTH NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 510 JURONG WEST STREET 52 , POSTCODE: 640510 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5648999 - FAX NO: 66655797 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/2019117/2109

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 | SX7787R |
| Vehicle Make/Model/Colour | BMW |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | HANSEL TAN |
| NRIC/Passport Number | S9610895H |
| Contact Number | 82008791 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage
No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1 | |
|---|--------------------------------|
| Name | MUHAMMAD SHAFI BIN ABDUL KADER |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | FZ7601L |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:

18 Nov 19

1749ms

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

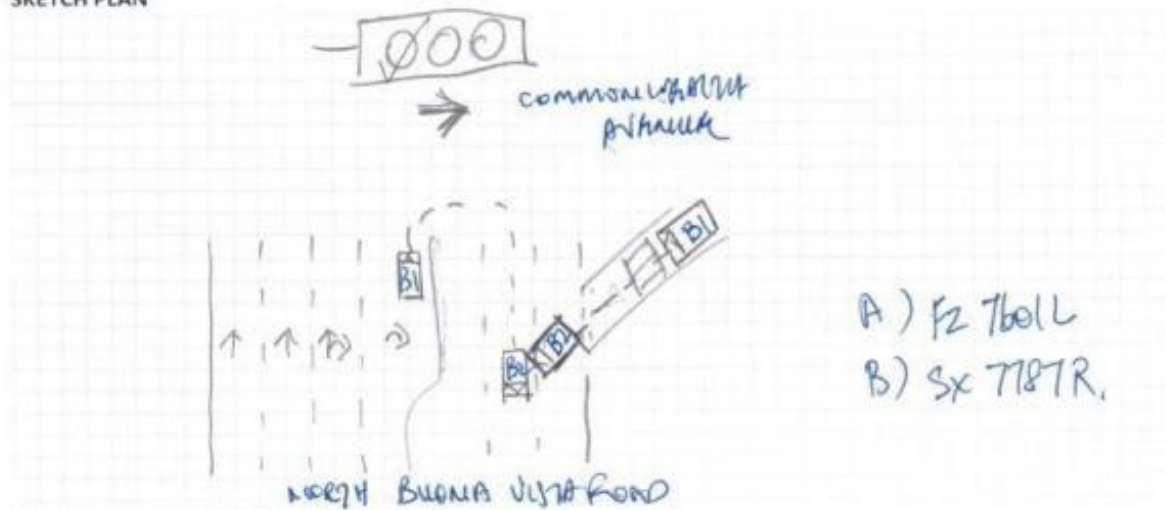
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

18/11/2019

Resat Wani

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20/5117/2107

DECLARATION

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

Policyholder's Signature

Date & Time:

18th Nov '19

174 SMS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18th/2019

Rep. to the

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191117/2109

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

1 of 3

Report No. T/20191117/2109

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 17/11/2019 19:58 | Vide Report No.: | Station Diary No.: 20 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|---|------------|------------------------------|---|----------------------------|
| Name of Informant: MUHAMMAD SHAFI BIN ABDUL KADER | | | Address: APT BLK 458 JURONG WEST STREET 41 #03-718 SINGAPORE 640458 | |
| ID Type / ID No.: NRIC NO / S8934255D | | | Contact No.: | |
| Nationality: SINGAPORE CITIZEN | | | Home/Office: | Mobile: 90729972 |
| | | | Email: | |
| Sex: Male | Age: 30 | Date of Birth: 04/10/1989 | Type of Informant: Rider | |
| Race: Indian | | | Language: English | Institution / School Name: |
| Occupation: Driving instructor/tester | | | Driving Licence Information: Class: 2B,2A,2,3,4 | |
| | | | Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|---|-------------------------------------|--|---------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 15/11/2019 19:15 | Type of Location: X-Junction |
| Location: Junction of Road 1 and Road 2 NORTH BUONA VISTA ROAD COMMONWEALTH AVENUE | | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: 50 Km/h | | |
| Traffic Flow: Two Way | Traffic Control: Traffic Light - Working | Traffic Volume: Moderate | | |
| Type of Collision: Between Moving Vehicles - Head To Side | | Anyone conveyed by ambulance: No | | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|-------|---------|-------|-------------------|-----------------|
| FZ7601L | Motorcycle | HONDA | CB400SF | Blue | Seriously Damaged | 0 |
| SX7787R | Car | BMW | | Black | No Damage | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|--------------|------------|-------------|
| FZ7601L | NTUC Income Insurance Co-Operative Limited | 5113426202 | 16/10/2019 | 15/10/2020 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191117/2109

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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Report No. T/20191117/2109

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|--------------------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MUHAMMAD SHAFI BIN ABDUL KADER | ID No. | S8934255D |
| Related Vehicle | FZ7601L (Motorcycle) | Contact No. | 90729972 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4 Date of Expiry: NIL |
| Date Treatment | 16/11/2019 | Date Discharge | 16/11/2019 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | HANSEL TAN | ID No. | S9610895H |
| Related Vehicle | SX7787R (Car) | Contact No. | 82008791 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 15/11/2019 at around 1915hrs, I was riding my vehicle V1)FZ7601L along North bouna vista road when I came to the junction of Commonwealth Ave and North Bouna Vista Road. I then stopped at the junction and waited for the traffic light to change in my favor. Once the traffic light changed to the green arrow which allowed vehicles in my lane to turn right and u turn, I proceeded to make an U-turn. After making the U-turn I saw another vehicle, V2)SX7787R filtering left from Commonwealth Avenue onto North Bouna Vista Road. A while later, V2 collided with the rear left side of V1 and I flung off my bike and rolled over on the road. After the accident, I immediately stood up and limped to the side of the road. The driver of V2, Hansel Tan S9610895H came to render assistance awhile later. We then exchanged particulars and left the scene. The ambulance also arrived but I did not wish to be conveyed at that point in time and went to see a doctor by myself later on. I sustained abrasions on my right elbow, knee, shoulder and leg. V1's damages to the crash bar, front and rear ends. The estimated cost of repair for V1 is about SGD\$4000/-. There were no visible damages to V2.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191117/2109

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

3 of 3

Report No. T/20191117/2109

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 NIRESH KUMAR S/O MURUGAYAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/11/2019 19:58

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



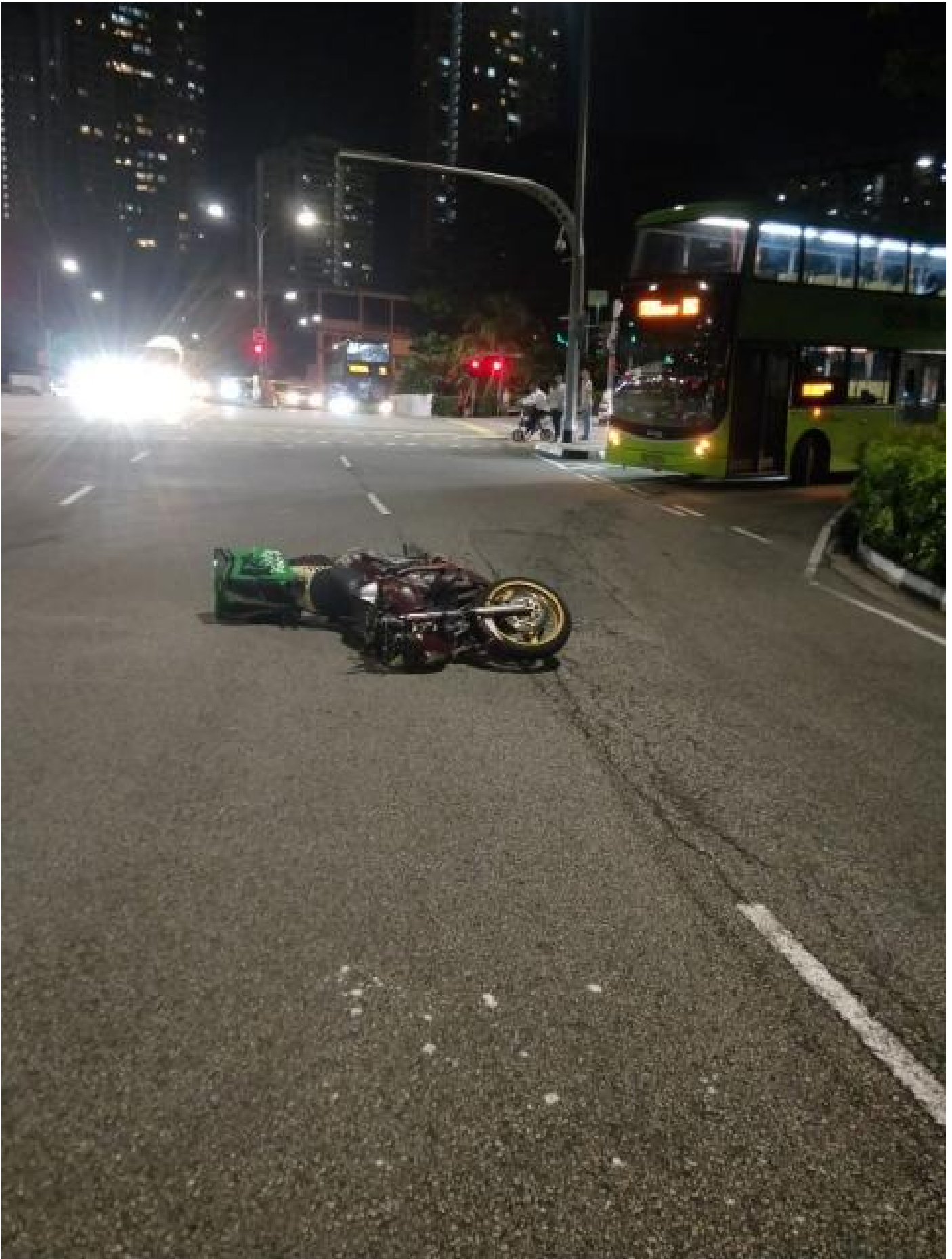
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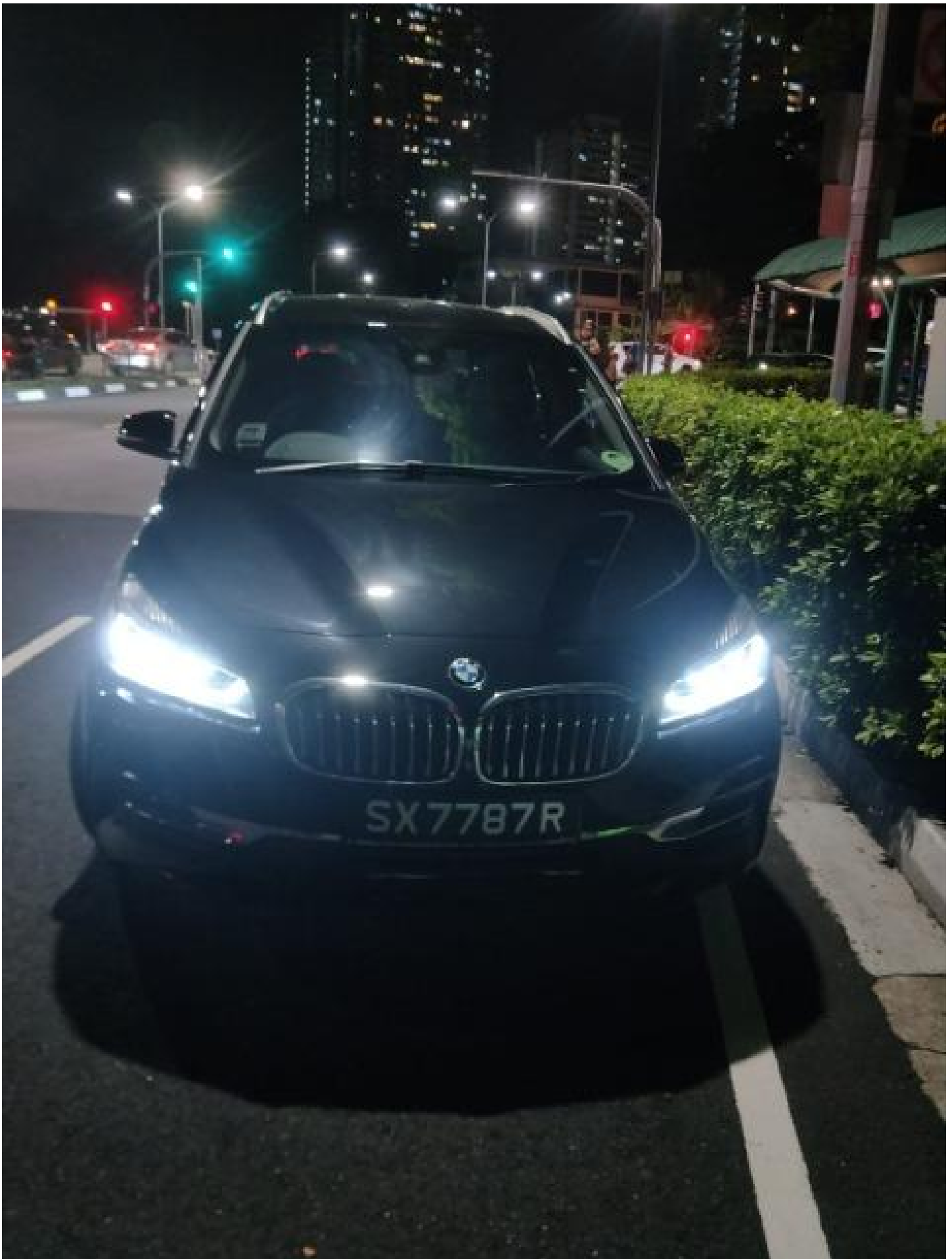
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