

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	20/11/2019 11:30
Date Of Accident	14/11/2019 15:15
Exact Location Of Accident	UBI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW4695B
Insured/Policyholder	
Name Of Registered Owner	OMAR BIN ZAILAN
NRIC No	SXXXX485J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91832102
Alternative Phone No	OFFICE-91832102

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
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	5103514295-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HAZWAN BIN ITAM
NRIC No	SXXXX628B
Date Of Birth	31/07/1995
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96523193
Fax Number	
Contact Number	OFFICE-96523193
Email Address	NOEMAIL

Address	BLK 311 UBI AVENUE 1 #10-377
Postcode	400311
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5872999 - FAX NO: 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191114/2161.

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 HAZWAN BIN ITAM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FW4695B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:



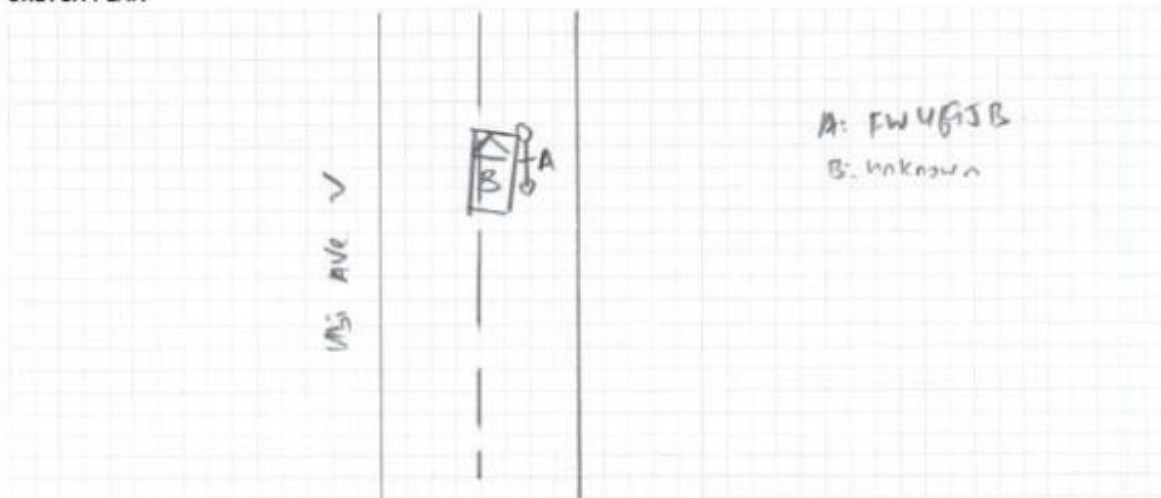
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Alice report - 7/20/19/11/4/261.

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/20191114/2161

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20191114/2161

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2019 21:01		Vide Report No.:		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: MUHAMMAD HAZWAN BIN ITAM			Address: APT BLK 311 UBI AVENUE 1 #10-377 SINGAPORE 400311		
ID Type / ID No.: NRIC NO / S9526628B			Contact No.: Home/Office: Mobile: 96523193		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 31/07/1995	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Customer Service Agent			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/11/2019 15:15	Type of Location: Straight Road
Location: UBI AVENUE 2 Lane 1 towards Geylang NPC				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW4695B	Motorcycle				Seriously Damaged	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/20191114/2161

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20191114/2161

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD HAZWAN BIN ITAM	ID No.	S9526628B
Related Vehicle	FW4695B (Motorcycle)	Contact No.	96523193
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	14/11/2019	Date Discharge	14/11/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the above date and time, I was riding along Ubi Avenue 2 towards Geylang NPC on lane 1 when a lorry from lane 2 on my left drove into my lane. He did not signal and his actions causes me to avoid the lorry which made me lost control of my motorcycle. My motorcycle skidded and I fell off. I sustained injuries on both hands, legs and feet. My shoulder and waist were also injured. The traffic police and ambulance came. I was conveyed to Changi General Hospital. I was given 4 days MC from 14/11/2019 to 17/11/2019 and light duty from 18/11/2019 till 01/12/2019.

There was a witness (Taxi Driver).

Police Report



**SINGAPORE
POLICE FORCE**



T/20191114/2161

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20191114/2161

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:
G /
Sr Staff Sgt MUHAMMAD IMRAN BIN RAMLI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/11/2019 21:01

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MUHAMMAD TAUFIQ BIN MOHAMED
Contact No.: 92977771

Classification Of Case:

Authentication Stamp
NP168

ORIGINAL

MEDICAL CERTIFICATE

EMD2019225668

Name MUHAMMAD HAZWAN BIN ITAM ✓		NRIC No. S9526628B ✓
This is to certify that the above-named is unfit for duty for a period of <u>4</u> days from <u>14-Nov-2019</u> to <u>17-Nov-2019</u>		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>18-Nov-2019</u> to <u>01-Dec-2019</u>		
Comments :		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 14-Nov-2019	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. NANDWANI KRISHIN KUMAR MOTI, 63775J



ORIGINAL

MEDICAL CERTIFICATE

GEM2019549131

Name MUHAMMAD HAZWAN BIN ITAM		NRIC No. S95266288
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>18-Nov-2019</u> to <u>22-Nov-2019</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : <u>N.A.</u>	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : <u>N.A.</u>	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis N.A.	Surgical Operation (if applicable) N.A.	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments : <u>N.A.</u>		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u>		
NOT VALID WITHOUT CLINIC STAMP For enquiries please call 65476456	Ward No. Geylang Polyclinic	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. LIM TECK KHAI, 62373C
	Date 18-Nov-2019	

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



Addendum Sheet



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: S66550020G / 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 : FW 4695B Vehicle Registration No: FW 4695B
Name (as shown in NRIC) : MUHAMMAD HAZWAN BIN HANIS NRIC/FIN/Passport No : SXXXX628B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96523193
Email Address : _____
Date of Accident : 14/11/2019 Time of Accident : 15:15
Place of Accident : URB1 AVENUE 2
Insurance Company : M7UC

(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:

from REPORTER to Third Party Claims

M.
Policyholder / Driver's Signature
Date: 31 Mar 2020

31/03/2020
Reporting Centre Personnel's Signature
Name: Khalid
NRIC/FIN No.: U011113
Date: