

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	22/11/2019 14:16
Date Of Accident	14/11/2019 20:30
Exact Location Of Accident	ALONG RACE COURSE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4422H
Insured/Policyholder	
Name Of Registered Owner	IMRAN BUTT
Passport No/FIN	G1221944Q
Email Address	MANI4U12004@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93881545
Alternative Phone No	OTHERS-93881545

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ150I-150CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5110229256
Cover Note Number	

Driver

Name of Driver	IMRAN BUTT
Passport No/FIN	G1221944Q
Date Of Birth	04/04/1990
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2018
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93881545
Fax Number	
Contact Number	OTHERS-93881545
EEmail Address	MANI4U12004@GMAIL.COM

Address	BLK 56 LENGKOK BAHRU #10-459
Postcode	150056
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?	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	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191119/2142

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	SLH4837S
Vehicle Make/Model/Colour	TOYOTA SIENTA HYBRID 1.5X A
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	IMRAN BUTT
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBK4422H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

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.

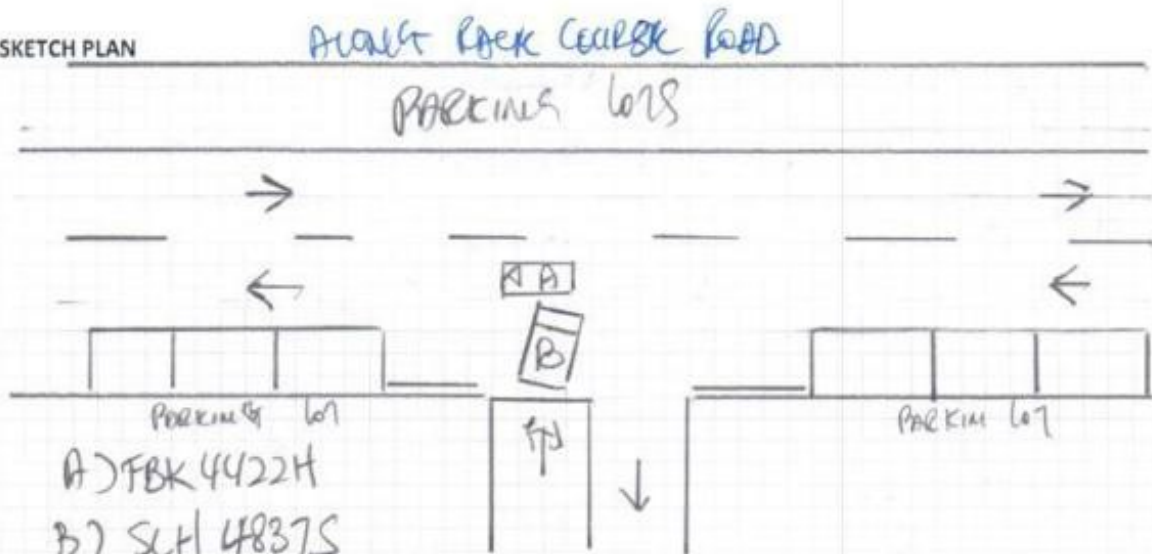

Policyholder's Signature
Date & Time: 22/11/2019
14:30 HRS.

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

P/S REFER TO POLICE REPORT
7/2019/1119/2142

DECLARATION

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

Policyholder's Signature
Date & Time: 22/11/2019
14:30 HRS

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191119/2142

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20191119/2142

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2019 19:21		Vide Report No.: T/20191115/2030		Station Diary No.: 105
Informant's Particulars				
Name of Informant: BUTT IMRAN		Address: APT BLK 56 LENGKOK BAHRU #10-459 SINGAPORE 150056		
ID Type / ID No.: FIN NO / G1221944Q		Contact No.: Home/Office: Mobile: 93881545		
Nationality: PAKISTANI		Email:		
Sex: Male	Age: 29	Date of Birth: 04/04/1990	Type of Informant: Rider	
Race: Indian		Language:	Institution / School Name:	
Occupation: Retail/Shop sales manager		Driving Licence Information: Class: 2B,3 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 20:30	Type of Location: Straight Road
Location: Along Road 1 RACE COURSE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4422H	Motorcycle	YAMAHA	FZN150	Black	Seriously Damaged	0
SLH4837S	Car	TOYOTA	SIENTA HYBRID 1.5X A	Black		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBK4422H	NTUC Income Insurance Co-Operative Limited	5110229256	07/06/2019	06/06/2020	

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191119/2142

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3

Report No. T/20191119/2142

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	BUTT IMRAN	ID No.	G1221944Q
Related Vehicle	FBK4422H (Motorcycle)	Contact No.	93881545
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	14/11/2019	Date Discharge	14/11/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On the above mentioned date, time and location,

I was travelling along Race Course Road, there were 2 lanes and I am on the left lane. I am going straight and there was a vehicle (SLH4837S) that was exiting a HDB carpark on my left. The car was making a right turn. From a distance I saw the vehicle and sounded my horn repeatedly but to no avail. The driver drove out of his vehicle and I swerved my motorcycle to the right lane to avoid collision. But the front of the car collided into the rear portion of my motorcycle. I fell and I was lying on the road and passerby came and attended to me but I could not answer them so they called the ambulance. I was then conveyed to TTSH and was issued 7 days MC.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191119/2142

3 of 3

Report No. T/20191119/2142

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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:

A /
Sgt 2 MADELINE LOW GEK TING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246



Authentication Stamp

SIGNATURE

Signature Of Informant:

Date/Time:

19/11/2019 19:21

Classification Of Case:



Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 308433
TEL: (65) 6256 6011

MEDICAL CERTIFICATE	ORIGINAL	TTSH19267339
NAME: BUTT IMRAN		NRC: G1221944Q

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **7** day(s) from **15-Nov-2019** to **21-Nov-2019** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **14-Nov-2019 20:47** to **14-Nov-2019 22:17**

14-Nov-2019
Date

JULIANA THAY HUI CHENG
(12501F)
Issued by

Emergency Department
Location

Signature

A member of National Healthcare Group
Adding years of healthy life

MC



MEDICAL CERTIFICATE	ORIGINAL	TTSH19273855
NAME: BUTT IMRAN		NRIC: G12219440

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 4 day(s) from 22-Nov-2019 to 25-Nov-2019 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 22-Nov-2019 10:07 to 22-Nov-2019 12:27

22-Nov-2019
Date

LEE MUNN YI TINA (18726G)
Issued by

Clinic B1A
Location

Signature

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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