

## 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	27/11/2019 14:32
Date Of Accident	20/11/2019 16:45
Exact Location Of Accident	EAST COAST PARK SVC RD JUNC OF MARINE PARADE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP9085M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RENT-A-BIKE PTE. LTD.
Co Reg No	201907523C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98983441

### Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX
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	5109081580
Cover Note Number	

### Driver

Name of Driver	SYAFIQ BIN ABDUL RAHMAN
NRIC No	S9001536B
Date Of Birth	10/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2008
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84289621
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 443 SIN MING AVE #03-437
Postcode	570443
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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	THOMSON NPP 25 SIN MING ROAD
Police Station Address	<b>ROAD:</b> 25 SIN MING ROAD #01-180 , <b>POSTCODE:</b> 570025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191122/2180

#### 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	SLW6055P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU ENG TICK
NRIC/Passport Number	
Contact Number	97838706
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SYAFIQ BIN ABDUL RAHMAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBP9085M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

### SKETCH PLAN

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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)

(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.

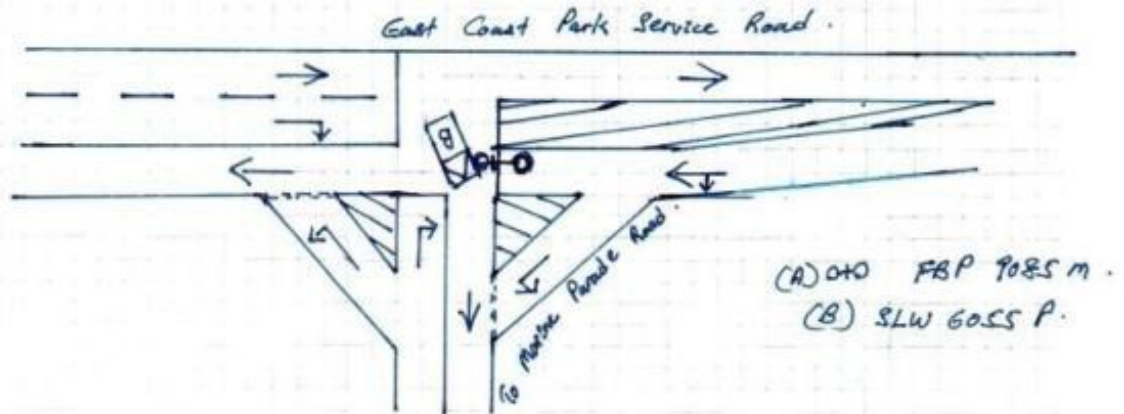
(e) the Information so collected under (d) above may be shared / disclosed:

- (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.

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report No:  
T/20191122/2180

## 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.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20191122/2180

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

2 of 3

Report No. T/20191122/2180

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	SYAFIQ BIN ABDUL RAHMAN		ID No. S9001536B
Related Vehicle	FBP9085M (Motorcycle)		Contact No. 84289621
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	20/11/2019	Date Discharge	22/11/2019
No. of Days granted Medical Leave	14	Degree of Injury	Slight
<b>Driver</b>			
Name	Lau Eng Tick		ID No. S6369650Z
Related Vehicle	SLW6055P (Car)		Contact No. 97838706
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 the 20/11/2019 at 1645hrs, my vehicle (FBP9085M) was travelling inside East Coast Park Service road towards Changi direction. The weather was clear and traffic volume was light. As I was on the 2 way lane going straight, there was one car (SLW6055P) which was turning right. The car did not stop for me as I have the right of way. My bike did not manage to stop in time and collided into it. Shortly, Ambulance and TP came to scene. The damages to my bike is the front and left portion. The damages to the car is the left portion. There is an in-car camera installed inside the car. I was conveyed to the hospital. I was warded in the hospital and only got discharge on the 22/11/2019. I was given 2 weeks of MC. Lodging report for insurance claim.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



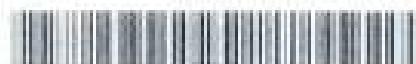
Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191122/2180

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

1 of 3

Report No: T/20191122/2180

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2019 20:03	Video Report No.:	Station Diary No.: 72
--------------------------------------------	-------------------	--------------------------

Informant's Particulars			
Name of Informant: SYAFIQ BIN ABDUL RAHMAN		Address: APT BLK 443 SIN MING AVENUE #03-437 SINGAPORE 570443	
ID Type / ID No.: NRIC NO / S90015388		Contact No.: Home/Office: Mobile: 84289621	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 10/01/1990	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: DELIVERY		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/11/2019 19:45	Type of Location:
Location: Along Road 1 EAST COAST PARK SERVICE ROAD  towards Changi direction near to Marine Parade exit.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		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
FBP9085M	Motorcycle	YAMAHA	AEROX GDR155 CVT	Black	Seriously Damaged	0
8LW6055P	Car	TOYOTA	WISH 1.8 CVT	Gray	Slightly 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/20191122/2180

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-160 SINGAPORE  
670025  
Tel No: 1800-4529999

2 of 3

Report No: T/20191122/2180

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	SYAFIQ BIN ABDUL RAHMAN		ID No. S9001536B
Related Vehicle	FBP9085M (Motorcycle)		Contact No. 84288621
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	20/11/2019	Date Discharge	22/11/2019
No. of Days granted Medical Leave	14	Degree of Injury	Slight
<b>Driver</b>			
Name	Lau Eng Tick		ID No. S6389650Z
Related Vehicle	SLW6055P (Car)		Contact No. 97838706
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.

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## Police Report



SINGAPORE  
POLICE FORCE



T/20191122/2180

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

3 of 3

Report No: T/20191122/2180

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: E / Sgt 2 CASSIDY TAN GIA LOK	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2019 20:03
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No: Authentication Stamp NP108	SN 070
SIGNATURE	