

## 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	16/12/2019 12:44
Date Of Accident	13/12/2019 22:00
Exact Location Of Accident	JUNCTION OF ANGULLIA PARK AND ORCHARD BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP8035P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD ZAHIRUDDIN BIN ZAKERIA
NRIC No	S9006250F
Email Address	ZAHIRZACHARY@ROCKETMAIL.COM
Mobile Phone No	(LOCAL) +65-96315183
Alternative Phone No	OTHERS-96315183

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5110619303
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ZAHIRUDDIN BIN ZAKERIA
NRIC No	S9006250F
Date Of Birth	26/02/1990
Occupation	OUTDOOR
Date Of Driving Pass	21/11/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96315183
Fax Number	
Contact Number	OTHERS-96315183
Email Address	ZAHIRZACHARY@ROCKETMAIL.COM

Address	BLK 409 CHOA CHU KANG AVENUE 3 #04-321
Postcode	680409
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191214/7012

#### 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	SLT2514Z
Vehicle Make/Model/Colour	OPEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GREEN CYRIL GEORGE
NRIC/Passport Number	S1133079G
Contact Number	87172694
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD ZAHIRUDDIN BIN ZAKERIA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBP8035P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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:

16/12/2019  
1050h

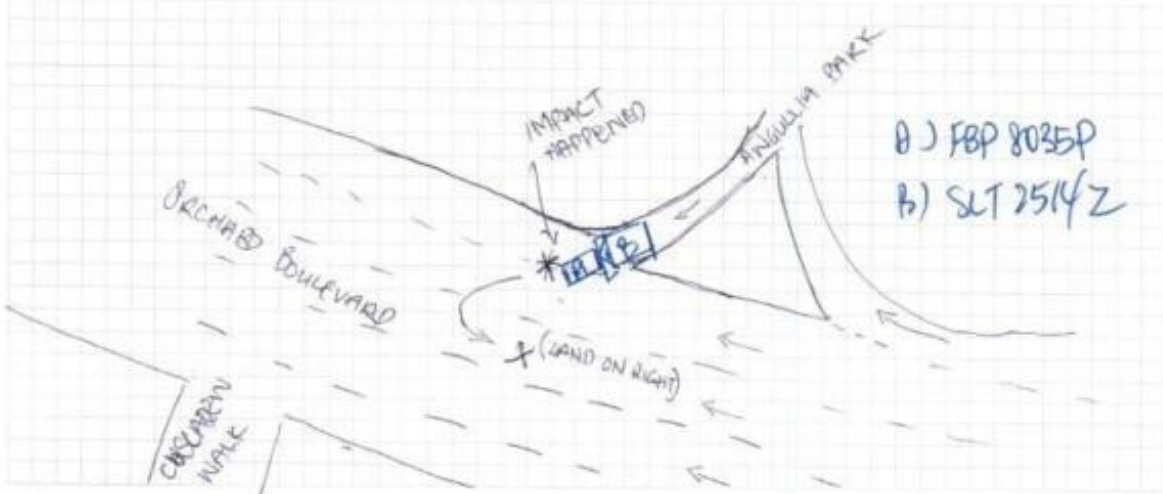
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

16/12/2019  
[Signature]

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20191214/2012

## DECLARATION

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

Policyholder's Signature  
Date & Time: 16/2/2019 1050h

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

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

QMSM SketchPlanForm\_V3



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191214/7012

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

1 of 3

Report No. T/20191214/7012

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2019 16:50	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MUHAMMAD ZAHIRUDDIN BIN ZAKERIA		Address: 409 CHOA CHU KANG AVENUE 3 #04-321 SINGAPORE 680409	
ID Type / ID No.: NRIC NO / S9006250F		Contact No.: Home/Office: Mobile: 96315183	
Nationality: SINGAPORE CITIZEN		Email: ZAHIRZACHARY@ROCKETMAIL.COM	
Sex: Male	Age: 29	Date of Birth: 26/02/1990	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Despatch worker		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/12/2019 22:00	Type of Location: Bend
Location:  ANGULLIA PARK				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit: 10 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP8035P	Motorcycle	HONDA	400x	Black	Slightly Damaged	0
SLT2514Z	Car	OPEL	RED	Red	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP8035P	NTUC Income Insurance Co-Operative Limited	5110619303	21/06/2019	20/06/2020

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191214/7012

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

2 of 3

Report No. T/20191214/7012

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD ZAHIRUDDIN BIN ZAKERIA	ID No.	S9006250F
Related Vehicle	FBP8035P (Motorcycle)	Contact No.	96315183
Hospital/Clinic	MY FAMILY CLINIC (CHOA CHU KANG)	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	14/12/2019	Date Discharge	14/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

I met with an accident with another car (SLT2514Z) along Orchard Blvd, twds Tanglin Rd after Angullia Park near Lamppost 35A on the extreme right lane nearer to the left of the lane, at the tip of the chevron marking. So as I was coming out from Angullia Park, I was travelling at a slow speed, looking out for traffic along Orchard Blvd. My intention was to make a lane change slowly after that to Cuscaden Rd. However, as I was looking out for traffic, suddenly the car from my rear collided onto me causing my veh to search forward and fell to the right facing oncoming traffic on the center lane of 5. After the accident occur, another car driver and a motocyclist assisted and render assistance to me and help pushed my motorcycle to the chevron near lamppost 35A. I had sustain a minor abrasion on my right calf and pain on the right knee down to my shin. However, at that point in time, no ambulance assistance was required. After my vehicle had shifted, the car driver (SLT2514Z), approached me and asked "How do you want to settle this?" After which, we exchanged particulars and he offered to settle privately and I agreed. However, I wanted to write a black & white copy since it was just a verbal agreement but before I could do so, driver walked off.

### Details of car driver:

SLT2514Z, S1133079G Green Cyril George  
HP: 87172694

After he left, I proceed to ride my vehicle slowly to Orchard NPC to lodge a report for record purpose. I went to the private clinic this morning around 8am for my minor injuries and had received 3 days MC. I hereby lodge an accident report because the other party had changed his mind to not settle privately and told me to lodge a police report and to my insurance company for a reasonable settlement.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20191214/7012

3 of 3

Report No. T/20191214/7012

### 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 /  
SHARIFAH NOR FARIZAN BINTE SYED MOHD  
SAID  
Contact No.: 65476172

Authentication Stamp

NP166

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
14/12/2019 16:50

Classification Of Case:



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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