

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	19/12/2019 15:36
Date Of Accident	10/12/2019 22:30
Exact Location Of Accident	SIGLAP ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ4148T
Insured/Policyholder	
Name Of Registered Owner	MOHD NAZAR B BAHARUDDIN
NRIC No	S1231054D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84683039
Alternative Phone No	OTHERS-84683039

Vehicle Particulars

Manufacturer	YAMAHA
Model	NMAX155 ABS
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	5112977559
Cover Note Number	

Driver

Name of Driver	MOHD NAZAR B BAHARUDDIN
NRIC No	S1231054D
Date Of Birth	04/09/1957
Occupation	INDOOR
Date Of Driving Pass	02/11/1989
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84683039
Fax Number	
Contact Number	OTHERS-84683039
Email Address	NOEMAIL

Address	BLK 64 TELOK BLANGAH DRIVE #08-184
Postcode	100064
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?	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)	2
Passenger 1	NAME: : NORHAINI GENDER: : FEMALE

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
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191212/2095

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	SHD3165Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 MOHD NAZAR B BAHARUDDIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBQ4148T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NORHAINI
Approximate Age
Injuries Sustain FRACTURE LEG
Injured person in which vehicle? FBQ4148T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

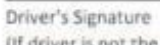
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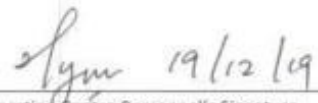
8. Consent under the Personal Data Protection Act (PDPA)

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.

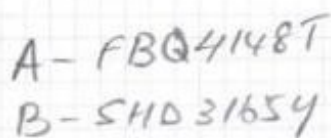

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

Axis @ SIGLAP



SIGLAP RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20191212/2095

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

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/20191212/2085

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

2 of 3

Report No. T/20191212/2095

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED NAZAR BIN BAHARUDDIN	ID No.	S1231054D
Related Vehicle	FBQ4148T (Motorcycle)	Contact No.	84683039
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	10/12/2019	Date Discharge	10/12/2019
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS GOING STRAIGHT WHEN A TAXI SUDDENLY COLLIDED INTO THE REAR OF MY MOTORBIKE TWICE CAUSING ME AND MY PILLION TO FALL. THE TAXI DRIVER ALIGHTED TO CHECK UP ON ME AND SOME PASSERBY CAME AND HELPED TO CALL FOR AN AMBULANCE. I DID NOT MANAGE TO EXCHANGE PARTICULARS WITH THE OTHER PARTY OR TAKE PHOTOS OF THE ACCIDENT SCENE. I DID NOTICE THAT THE TAXI WAS GETTING TOO CLOSE SO I USED BOTH MY SIGNALS AND MY HANDS TO TRY TO GET HIM TO SLOW DOWN HOWEVER I THINK THAT THE DRIVER DID NOT SEE DUE TO THE RAIN AND COLLIDED WITH MY MOTORCYCLE.

THAT IS ALL

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/20191212/2095

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

1 of 3
Report No. T/20191212/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2019 14:17		Vide Report No.: G/20191210/0215		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED NAZAR BIN BAHARUDDIN			Address: APT BLK 64 TELOK BLANGAH DRIVE #06-104 BLANGAH VIEW SINGAPORE 100064		
ID Type / ID No.: NRIC NO / S1231054D			Contact No.: Home/Office: Mobile: 84683039		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 04/09/1957	Type of Informant: Rider		
Race:		Language:		Institution / School Name:	
Occupation: OTHERS		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: 10/12/2019 22:30	Type of Location:
Location: Along Road 1 SIGLAP ROAD				
Weather: Raining		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ4148T	Motorcycle	YAMAHA	NMAX155 ABS	White		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ4148T	NTUC Income Insurance Co-Operative Limited	5112977559	28/09/2019	25/09/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20191212/2095

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

2 of 3

Report No. T/20191212/2095

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED NAZAR BIN BAHARUDDIN	ID No.	S1231054D
Related Vehicle	FBQ4148T (Motorcycle)	Contact No.	84683039
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	10/12/2019	Date Discharge	10/12/2019
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS GOING STRAIGHT WHEN A TAXI SUDDENLY COLLIDED INTO THE REAR OF MY MOTORBIKE TWICE CAUSING ME AND MY PILLION TO FALL. THE TAXI DRIVER ALIGHTED TO CHECK UP ON ME AND SOME PASSERBY CAME AND HELPED TO CALL FOR AN AMBULANCE. I DID NOT MANAGE TO EXCHANGE PARTICULARS WITH THE OTHER PARTY OR TAKE PHOTOS OF THE ACCIDENT SCENE. I DID NOTICE THAT THE TAXI WAS GETTING TOO CLOSE SO I USED BOTH MY SIGNALS AND MY HANDS TO TRY TO GET HIM TO SLOW DOWN HOWEVER I THINK THAT THE DRIVER DID NOT SEE DUE TO THE RAIN AND COLLIDED WITH MY MOTORCYCLE.

THAT IS ALL

Police Report



**SINGAPORE
POLICE FORCE**



T/20191212/2095

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

3 of 3

Report No: T/20191212/2095

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:

TP /

LEE CHEN EN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/12/2019 14:17

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 85478185

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp

NP165