

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 | 27/12/2019 17:55 |
| Date Of Accident | 26/10/2019 18:45 |
| Exact Location Of Accident | T-JUNCTION OF SEMBAWANG AVENUE/SEMBAWANG DRIVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------------|
| Vehicle Registration Number | FBG2368R |
| Insured/Policyholder | |
| Name Of Registered Owner | MOHAMED RAFEE S/O S A MAIDEEN BATCHA |
| NRIC No | SXXXX538F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92277294 |
| Alternative Phone No | OTHERS-92277294 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | YAMAHA |
| Model | XT1200Z-1.2 |
| 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 | REPORTING ONLY |
| 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 | 5082703389-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|--|
| Name of Driver | MOHAMED RAIRULHAFIEZ BIN MOHAMED RAFEE |
| NRIC No | SXXXX566C |
| Date Of Birth | 12/08/1992 |
| Occupation | INDOOR |
| Date Of Driving Pass | 17/09/2015 |
| Driving Experience | 4 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92277294 |
| Fax Number | |
| Contact Number | OTHERS-92277294 |
| EEmail Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 2 MARSILING DRIVE #06-41 |
| Postcode | 730002 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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 ON COLLISION |
| Weather Conditions | DRIZZLING |
| 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: : NAFEEZA BEGUM BINTE MOHAMED RAFFI 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 - SINGAPORE CITY |
| 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

PLEASE REFER TO POLICE REPORT T/20191105/2034

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 | SGP799L |
| Vehicle Make/Model/Colour | |
| 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 MOHAMED RAFEE S/O S A MAIDEEN BATCHA
Approximate Age
Injuries Sustain SERIOUS INJURY
Injured person in which vehicle? FBG2368R
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NAFEEZA BEGUM BINTE MOHAMED RAFFI
Approximate Age
Injuries Sustain SERIOUS INJURY
Injured person in which vehicle? FBG2368R
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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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.

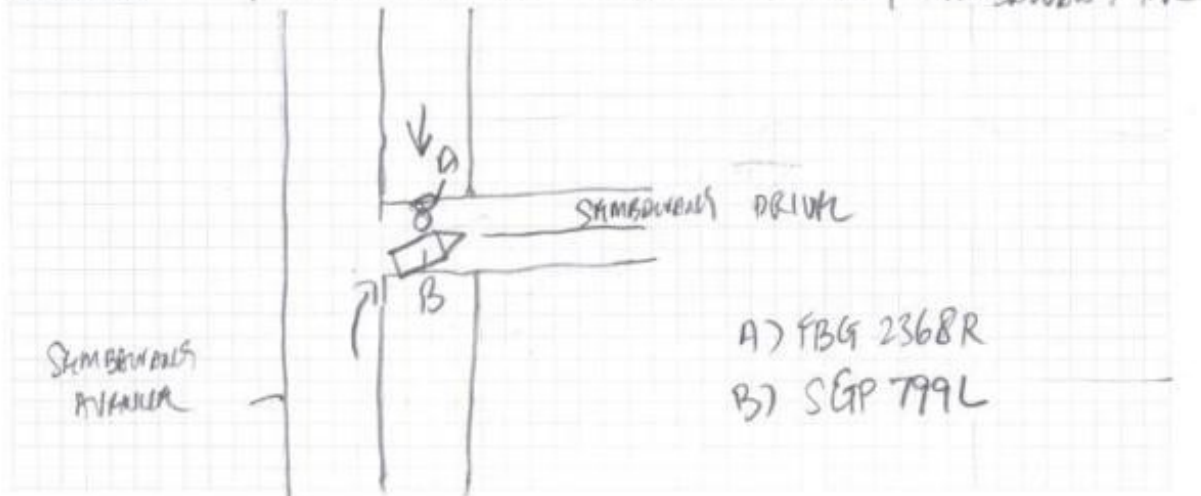
Policyholder's Signature
Date & Time:

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

AS REFERR TO POLICE REPORT
7/2019/1105/2034

DECLARATION

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

Policyholder's Signature
Date & Time:

Sp4004C Sketchplanform_V9

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/20191105/2034

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

1 of 3
Report No. T/20191105/2034

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 05/11/2019 11:49 | | Vide Report No.: L/20191026/0133 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: MOHAMED RAIKULHAFIEZ BIN MOHAMED RAFFEE | | | Address: 2 MARSILING DRIVE #06-41 MARSILING SPRING SINGAPORE 730002 | | |
| ID Type / ID No.: NRIC NO / S9227566C | | | Contact No.: Home/Office: Mobile: 92277294 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 27 | Date of Birth: 12/08/1992 | Type of Informant: Rider | | |
| Race: Malay | | | Language: | | Institution / School Name: |
| Occupation: PROJECT MANAGEMENT | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------------|-----------------------|---|---|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 26/10/2019 18:45 | Type of Location: |
| Location: Along Road 1 SEMPAWANG ROAD SEMPAWANG AVE X SEMPAWANG DR | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|---------|-------|-----------|-----------------|
| FBG2368R | Motorcycle | YAMAHA | XT1200Z | | | 1 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191105/2034

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

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Report No. T/20191105/2034

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--|------------------|---|
| Rider | | | |
| Name | MOHAMED RAIRULHAFIEZ BIN MOHAMED RAFEE | | ID No. S9227566C |
| Related Vehicle | NIL | | Contact No. 92277294 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | 26/10/2019 | Date Discharge | 29/10/2019 |
| No. of Days granted Medical Leave | 21 | Degree of Injury | NIL |
| Pillion | | | |
| Name | NAFEEZA BEGUM BINTE MOHAMED RAFFI | | ID No. S9635307C |
| Related Vehicle | NIL | | Contact No. NIL |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | 26/10/2019 | Date Discharge | 01/11/2019 |
| No. of Days granted Medical Leave | 16 | Degree of Injury | NIL |

Brief Details.

ON STATED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG SEMBAWANG AVE .UPON REACHING THE JUNCTION I SAW THERE IS A CAR ON THE OPPOSITE SIDE WAS ENTERING THE POCKET TO TURN RIGHT. I WAS ON THE WHITE LINE WHEN THE TRAFFIC LIGHTS TURN AMBER THEN THE CAR IMMEDIATELY ACCELERATE. I DID NOT MANAGE TO APPLY BRAKE IN TIME AND HIT ONTO THE CAR.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191105/2034

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

3 of 3

Report No. T/20191105/2034

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 /

MUHAMMAD SYUKRI BIN ZAINI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FERAZ BIN HUSSEIN

Contact No.: 65476206

Signature Of Informant:

Date/Time:

05/11/2019 11:49

Classification Of Case:

Authentication Stamp

NP168

5/11

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

