

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	08/01/2020 17:23
Date Of Accident	07/01/2020 19:00
Exact Location Of Accident	EU TONG SEN STREET TOWARDS UPPER CROSS STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2101M
Insured/Policyholder	
Name Of Registered Owner	RASINA AFREEN D/O MOHAMED RAFI
NRIC No	SXXXX078Z
Email Address	AFREENRASINA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84045036
Alternative Phone No	OTHERS-87693065

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO SCHOOL
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	5112704903
Cover Note Number	

Driver

Name of Driver	MOHAMED BASHEER MOHAMED NAJEEP
Passport No/FIN	GXXXX463U
Date Of Birth	15/10/1995
Occupation	INDOOR
Date Of Driving Pass	31/01/2019
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87693065
Fax Number	
Contact Number	OTHERS-84045036
Email Address	AFREENRASINA@GMAIL.COM

Address	BLK 370 BUKIT BATOK STREET 31 #02-201
Postcode	650370
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FIANCE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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?	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	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/2020108/2110

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	SMM7854J
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG TONG SIM
NRIC/Passport Number	SXXXX616H
Contact Number	86115331
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHAMED BASHEER MOHAMED NAJEEP
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH2101M
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:

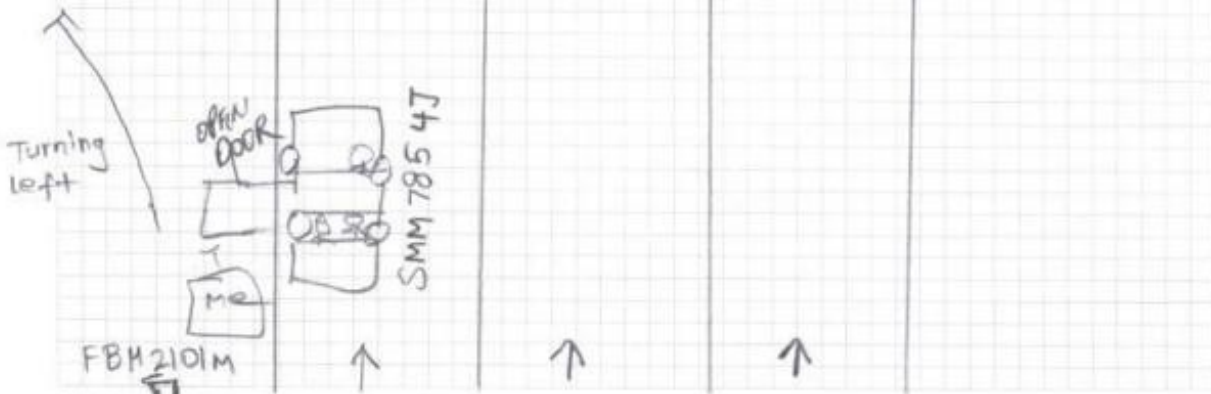
 17:30 hrs
8-1-2020
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN

EU TONG SAW STREET TOWARDS APRAH CROSS STREET



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER to Police Report
7/202008/2110

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.:

CGAR/NC SketchPlanForm_2017

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200108/2110

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

1 of 3

Report No. T/20200108/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2020 15:43		Vide Report No.:	Station Diary No.: 17
Informant's Particulars			
Name of Informant: MOHAMED BASHEER MOHAMED NAJEEP		Address: APT BLK 370 BUKIT BATOK STREET 31 #02-201 SINGAPORE 650370	
ID Type / ID No.: FIN NO / G6002643U		Contact No.: Home/Office: Mobile: 87693065	
Nationality: INDIAN		Email:	
Sex: Male	Age: 24	Date of Birth: 15/10/1995	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/01/2020 19:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 EU TONG SEN STREET UPPER CROSS STREET				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Moving vehicle against opening of door				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH2101M	Motorcycle				Slightly Damaged	0
SMM7854J	Car					2

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
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River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999



T/20200108/2110

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Report No. T/20200108/2110

CONTINUATION OF REPORT

Rider			
Name	MOHAMED BASHEER MOHAMED NAJEEP		ID No. G6002643U
Related Vehicle	FBH2101M (Motorcycle)		Contact No. 87693065
Hospital/Clinic	THE ICLINIC		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	08/01/2020		Date Discharge 08/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ANG TONG SUN		ID No. S6832616H
Related Vehicle	NIL		Contact No. 86115331
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 07/01/2020 about 7pm, I was riding my motorcycle along Eu Tong Street wanting to make a left turn to Upper Cross Street. I was on the extreme left lane of the road. Suddenly the car (SMM7854J) on my front right which is on the second lane to the left opened it rear left passenger door. I tried to brake and swerved to avoid hitting the door but could not. My motorcycle hit onto the door and I fell onto the floor. The driver and the alighting passengers and some other people then came to my aid. Subsequently police and ambulance came. Before the emergency resources came, I came to find out that the driver is a private car hirer and the passengers were Indonesian tourists. The tourist claimed that the driver had told them to alight from the car in the middle of the road. I was checked by the paramedic and I told them that I do not required to be conveyed to the hospital. My family members came thereafter and sent me home. My motorcycle was towed to the workshop.

The next day, I felt some discomfort and decided to go see a doctor in a private clinic. I was given outpatient treatment by the doctor and was given 3 days of medical leaves. My motorcycle suffered damages to the front part. The clutch lever was also broken.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200108/2110

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20200108/2110

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 /
SI CHUA KIM HUAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
08/01/2020 15:43

Classification Of Case:

SN 069

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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