

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

SKETCH PLAN


IMPORTANT NOTICE


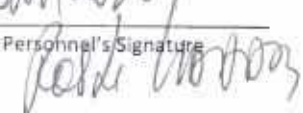
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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:

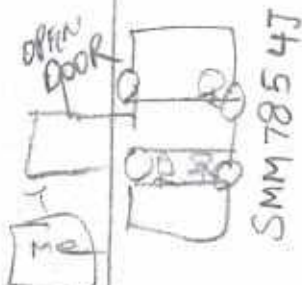

Driver's Signature
(If driver is not the policyholder)
Date & Time: 17:30 hrs
8-1-2020


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

SKETCH PLAN

EU TONG SAN STRAITS TOWARDS APPAR CROSS STRAITS

Turning left



FBH 2101M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS 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.:

17:30 hrs
8-1-2020

18/01/2020
Rahmat Wati

ACCIDENT STATEMENT

ACCIDENT DATE: 07/01/2020 (DD/MM/YYYY), TIME: 19:00 (HH:MM)

LOCATION: Fu Tan Sen Street

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH7101M
 b) INSURANCE COMPANY: NTUC income
 c) POLICY NUMBER: 5112704903
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: R15 V2
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Schooling
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE? NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Rafiq Ahmad Mohamed Rafi (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 897190782 CONTACT: 84215036
 c) ADDRESS: Blk 374B, Compassvale Bow, #02-531
S(5422747)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohamed Basheer Mohamed Najeer (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: C260026431 CONTACT: 87693065
 c) ADDRESS: Bukit Batok St 31 Blk 370 #02-201
S(650370)

* d) DATE OF BIRTH: 15/10/1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 31/01/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Fiancee

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS

b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: River Valley Neighbourhood

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMM7854J MODEL: Honda
 b) DRIVER'S NAME: Ang Tong Sim
 c) NRIC/FIN/PASSPORT: S58326164 CONTACT: 86115331

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
 (including driver)
(1)

No of passengers
 (including driver)
()

No of passengers
 (including driver)
()

email =
 video



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



SINGAPORE POLICE FORCE

Police Station Of Origin:
River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999



T/20200108/2110

2 of 3

Report No. T/20200108/2110

CONTINUATION OF REPORT

Rider			
Name	MOHAMED BASHEER MOHAMED NAJEEP		ID No.
Related Vehicle	FBH2101M (Motorcycle)		G6002643U
Hospital/Clinic	THE ICLINIC		Contact No.
			87693065
			Class of Driving Licence & Expiry Date
			Class: NIL Date of Expiry: NIL
Date Treatment	08/01/2020		
No. of Days granted Medical Leave	03	Date Discharge	08/01/2020
Driver	Degree of Injury		
	Slight		
Driver			
Name	ANG TONG SUN		ID No.
Related Vehicle	NIL		S6832616H
Hospital/Clinic	NIL		Contact No.
			86115331
			Class of Driving Licence & Expiry Date
			Class: NIL Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	Date Discharge	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.



**SINGAPORE
POLICE FORCE**



T/20200108/2110

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

3 of 3

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

Signature Of Informant:

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

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168

Claim Handling

Accident MT/1079216

Policy No.	5112704901	Vehicle No.	RBH2101M	GST Registration No.	
Certificate No.					
Policyholder Name	RASNA APREEN D/O MOHAMED RAFF	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	947190792
Product Code	MOTORCYCLE INSURANCE	Contact No (Office)		Loading	0
Contact No (Mobile)	94040036	Special Remarks		Contact No (Home)	
Email Address		TCA	No Yes	eCode	No +
KPI	No Yes	NCD Discount(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Report Date		Accident Report Within 24 hrs.		Accident Type	
Date of Accident		Time of Accident in: mm		Country of Accident	
Reporting Centre		Change Force		ICM No.	
Accident Location					

Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Uninsured Covered?	Not Covered
YEO OD Excess	0.00	YEO TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

GST Registered Information					
GST Registered	No	GST Registration No.		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BLK 274B #02-52	Address 2	COMPARISVALE BOV	Address 3	COMPARISVALE HELM
Address 4	SINGAPORE 542274	Address Type	Singapore address	Post Code	542274
Unit No.	02-52	Related Policy Number	5112704901		

Driver Info					
Driver Name	MUHAMMAD BASHEER MUHAMMAD NAJEEF	Driver Type	Main Driver	Driver DOB	15/10/1995
Uninsured driver Name		Driver NRIC	920025411	Driving Experience	0
Register Date of Driver License	31/01/2019	Driver Age	24	Contact No (Home)	
Contact No (Mobile)	97002000	Contact No (Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore registered car?	Yes + No	Driver Vehicle No.	RBH2101M	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History:

Claim 001 New

Claim Type *	OD-MX	Insured Name	RASNA APREEN D/O MOHAMED	Insured NRIC	947190792
Contact No (Mobile)	91990790	Contact No (Home)	9296463	Contact No (Office)	
Email Address		Vehicle Number	RBH2101M	Vehicle Number	9HM70541
Claim Description	RBH2101M / 9HM70541 ON 7 Jan 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Report No.	Yes	Insured	Insured	Preferred Workshop, Name unknown	GIA report
Date Registered				Claim Date	08/01/2020 18:04
Report Taken By:				Date Received	08/01/2020 00:00

















Print All Report

Save Submit

Attachment

Accident No.		Claim No.		001	
Last Doc. Received		Upload Date		08/01/2020 18:05	
Path *					
Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_300676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:05	Photos	Normal	Photos 2020-1-8		Edit
	NAC_BUKIT_MERAH_300476 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:05	Photos	Normal	Photos 2020-1-8		Edit
	NAC_BUKIT_MERAH_300676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:05	Photos	Normal	Photos 2020-1-8		Edit

	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:05	Photos		Normal	Photos 2020-1-8	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:05	Photos		Normal	Photos 2020-1-8	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:05	Photos		Normal	Photos 2020-1-8	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:05	Photos		Normal	Photos 2020-1-8	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:05	Photos		Normal	Photos 2020-1-8	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:05	Photos		Normal	Photos 2020-1-8	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:05	Photos		Normal	Photos 2020-1-8	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:05	Photos		Normal	Photos 2020-1-8	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:05	Photos		Normal	Photos 2020-1-8	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:04	Photos		Normal	Photos 2020-1-8	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:04	Photos		Normal	Photos 2020-1-8	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:04	Photos		Normal	Photos 2020-1-8	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:04	Photos		Normal	Photos 2020-1-8	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:04	Photos		Normal	Photos 2020-1-8	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:04	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-8	Edit
	NAC_BUKIT_MERAH_800670 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 08 Jan 2020 18:04	SAS		Normal	SAS 2020-1-8	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

07/01/2020 17:21

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	1111704902		RASIMA AFRIZI D/O MOHAMED RAFI	507190782	GPC	Third Party, Fire & Theft	FBH2101M	FBH2101M	16/09/2019	15/09/2020

Continue