

## 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	09/01/2020 18:25
Date Of Accident	04/01/2020 22:40
Exact Location Of Accident	SEBBAWANG RD TWDS SEBBAWANG PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL3040C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHD ALFENADY LANGKAT B BAKHTIAR
NRIC No	TXXXX874F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91542623
Alternative Phone No	OFFICE-91542623

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15
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
Fleet Policy	NO
Policy Number	5115185900
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ALFENADY LANGKAT BIN BAKHTIAR
NRIC No	TXXXX874F
Date Of Birth	03/07/2000
Occupation	INDOOR
Date Of Driving Pass	25/09/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91542623
Fax Number	
Contact Number	OFFICE-91542623
Email Address	NOEMAIL

Address	BLK 351A CANBERRA ROAD #03-313
Postcode	751351
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 - CHANGE/CROSS LANE
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 4 SEMBAWANG CRESCENT , <b>POSTCODE:</b> 757633 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5549999 - <b>FAX NO:</b> 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200105/2117.

#### 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	SGY2022J
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	MUHAMMAD ALFENADY LANGKAT BIN BAKHTIAR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBL3040C
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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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. The 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.
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 Person's Signature  
Name:  
NRIC/FIN No.:

Form 10-1 (Rev. 10/10)

### Accident Sketch Plan

### SKETCH PLAN

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FR 3040C

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slg 2022j

Sentoman  
Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Base on Police Report : 20200105/2117

## DECLARATION

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

Policyholder's Signature  
Date & Time:

2013年12月31日 星期日

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

Date &amp; Time:

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

NRIC/FIN No. :



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200105/2117

Police Station Of Origin:  
Sembawang N P C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 3

Report No: T/20200105/2117

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 05/01/2020 21:07	Vide Report No.	Station Diary No. 72
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Informant's Particulars			
Name of Informant: MUHAMMAD ALFENADY LANGKAT BIN BAKHTIAR		Address: APT BLK 351A CANBERRA ROAD #03-313 SINGAPORE 751351	
ID Type / ID No: NRIC NO / T0021874F		Contact No.: Home/Office: Mobile: 91542623	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 19	Date of Birth: 03/07/2000	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name: SAF
Occupation: National Service Full Time		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/01/2020 22:30	Type of Location: Straight Road
Location: Along Road 1 SEMBAWANG ROAD				
Towards Sembawang Park				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL3040C	Motorcycle	YAMAHA	YZF-R15	Blue	Totally Damaged	0
SGY2022J	Car				Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL3040C	NTUC Income Insurance Co-Operative Limited	5115185900	26/12/2019	25/12/2020

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200105/2117

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20200105/2117

### CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider:			
Name	MUHAMMAD ALFENADY LANGKAT BIN BAKHTIAR	ID No.	T0021874F
Related Vehicle	FBL3040C (Motorcycle)	Contact No.	91542623
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	04/01/2020	Date Discharge	05/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details.

On 04/01/2020 at about 2230hrs, I was riding my motorcycle FBL 3040C, Yamaha R115 blue and silver in colour along Sembawang Road, towards the direction of Sembawang Park. During which, a white Toyota car, was driving from the opposite direction of the 2-way road.

The car then proceeded to turn to its right, but did not turn right completely and suddenly stopped in my lane. I was not able to brake in time, as such my motorcycle collided onto its left side front passenger door area. As a result, I fell off my motorcycle. I sustained abrasions on my forehead, both elbows, swollen left knee and fingers, and cuts on my knees and fingers. I was subsequently conveyed to Khoo Teck Puat Hospital.

I was discharged from the hospital this morning and was given 5 days MC. I managed to get some details of the car who had hit me through a friend of mine, Iskandar hp: 9619 4241, whom I called and came to the accident site. TP IO David hp: 96192349 had called me to ask me to lodge this traffic accident report.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200105/2117

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

3 of 3

Report No. T/20200105/2117

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: L/ SI MOHAMAD KHAIRUZ BIN BAHRAWI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/01/2020 21:07
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NORAMEERA BINTE MOHAMED HUSSEIN Contact No.: 65476236	Classification Of Case: 
Authentication Stamp NP168 	Signature: 

**Singapore Police Force**



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



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