

## 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	01/02/2020 17:20
Date Of Accident	21/01/2020 09:10
Exact Location Of Accident	UBI AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL3963P
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#### Insured/Policyholder

Name Of Registered Owner	MUHAMMAD ANAS RUHULLAH BIN MOHAMED ABDULLAH
NRIC No	SXXXX281I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81128311
Alternative Phone No	OFFICE-81128311

#### Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
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	5084669086-03
Cover Note Number	

#### Driver

Name of Driver	MUHAMMAD ANAS RUHULLAH BIN MOHAMED ABDULLAH
NRIC No	SXXXX281I
Date Of Birth	02/07/1989
Occupation	INDOOR
Date Of Driving Pass	14/04/2011
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81128311
Fax Number	
Contact Number	OFFICE-81128311
Email Address	NOEMAIL

Address	BLK 128 MARSILING RISE #04-266
Postcode	730128
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	<b>ROAD:</b> 9 MARSILING LANE , <b>POSTCODE:</b> 739146 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200122/2016.

#### 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	GBJ3579B
Vehicle Make/Model/Colour	NISSAN NV200
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM POH HEE
NRIC/Passport Number	SXXXX160D
Contact Number	90075624
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD ANAS RUHULLAH BIN MOHAMED ABDULLAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBL3963P
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 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:

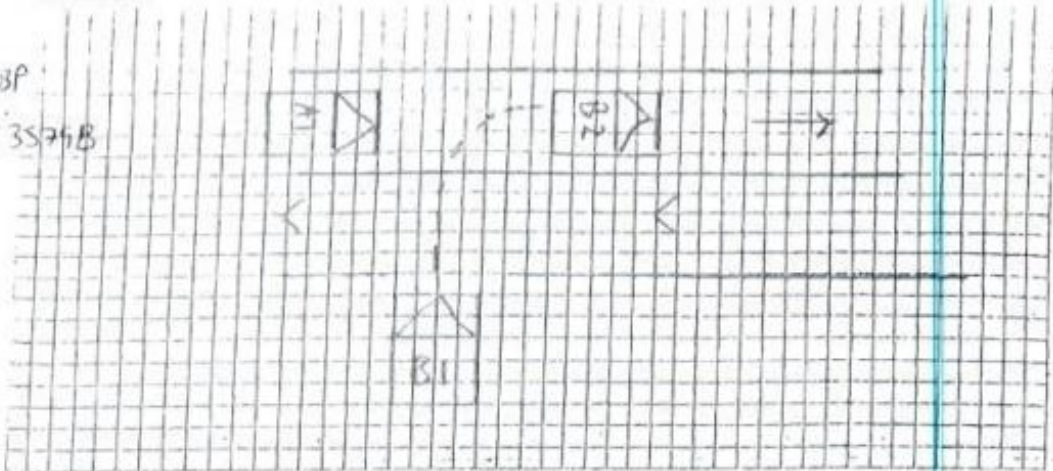
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

## SKETCH PLAN

A1 - FBL3943P  
B1, B2 - (7BJ 3574B)



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref. Police Report.

## DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature  
Date & Time:

01/08/2024 10:00 AM

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

22/01/20

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

22/01/20



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200122/2016

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

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Report No. T/20200122/2016

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 22/01/2020 04:34		Vide Report No.:		Station Diary No.: 38
<b>Informant's Particulars</b>				
Name of Informant: MUHAMMAD ANAS RUHULLAH BIN MOHAMED ABDULLAH		Address: APT BLK 128 MARSILING RISE #04-266 SINGAPORE 730128		
ID Type / ID No.: NRIC NO / S89242811		Contact No.: Home/Office: Mobile: 81128311		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 30	Date of Birth: 02/07/1989	Type of Informant: Rider	
Race: Indian		Language: English	Institution / School Name:	
Occupation: FIELD SERVICE TECHNICIAN		Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/01/2020 09:10	Type of Location: Straight Road
Location: Along Road 1 UBI AVENUE 1  BEFORE BUS STOP 71219				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: SELF-SKID				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL3963P	Motorcycle	HONDA	CBF190WH	Orange	Seriously Damaged	0
GBJ3579B	Van	NISSAN		Grey	No Damage	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBL3963P	NTUC Income Insurance Co-Operative Limited	5084669086-03	01/10/2019	30/09/2020

# Police Report



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POLICE FORCE**



T/20200122/2016

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

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Report No: T/20200122/2016

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ANAS RUHULLAH BIN MOHAMED ABDULLAH	ID No.	S8924281I
Related Vehicle	FBL3963P (Motorcycle)	Contact No.	81128311
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	21/01/2020	Date Discharge	21/01/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	LIM POH HEE	ID No.	S0019160D
Related Vehicle	GBJ3579B (Van)	Contact No.	90075624
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 21 January 2020 at around 0910hrs, I was travelling along Ubi Avenue 1 when a van suddenly made a right turn into my lane from 59 Ubi Avenue 1. Due to this, I had to do a hard braking to avoid hitting the van and thus I self-skidded. After the accident, passerby assisted me to the side of the road and to push my bike. The driver of the van subsequently came down and asked me for private settlement, however, I informed him that I was in a lot of pain and I had to call an ambulance. I then called for ambulance and police while sitting at the nearby bus stop. After about ten minutes, ambulance came and I was conveyed to Tan Tock Seng conscious. A nearby bike shop owner then offered to tow my bike away for me. I suffered abrasion on right elbow, knee and ankle, soreness and ache on my right side torso. I was given two days of medical certificate by the doctor. Damages suffered to my bike was on the right side of my front and back peddles, handle, side mirror, handle and brake and scratches on right side of bike and rear box.

# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No. 1800-363 9999



T/20200122/2016

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Report No. T/20200122/2016

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 /

Sgt 2 RAYMOND LIM ZHAO MENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/01/2020 04:34

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



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