

## 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             | 10/02/2020 15:50                      |
| Date Of Accident           | 09/02/2020 15:10                      |
| Exact Location Of Accident | GHIM MOH ROAD TOWARDS STAR VISTA MALL |
| Country/State of Loss      | SINGAPORE                             |

### DETAILS OF OWN VEHICLE

|                             |  |
|-----------------------------|--|
| Vehicle Registration Number | FBP778G                                  |
| <b>Insured/Policyholder</b> |  |
| Name Of Registered Owner    | MOHAMAD DAIYAN ARFAN BIN MOHAMAD ZAHRAIN |
| NRIC No                     | TXXXX138G                                |
| Email Address               | AXFXN01@GMAIL.COM                        |
| Mobile Phone No             | (LOCAL) +65-91128854                     |
| Alternative Phone No        | OTHERS-90178551                          |

### Vehicle Particulars

|  |                   |
|--|-------------------|
| Manufacturer   | YAMAHA            |
| Model  | SNIPER T150-150CC |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING PURPOSES  |
| 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             | 5107306477-01                          |
| Cover Note Number         |  |

### Driver

|                      |  |
|----------------------|--|
| Name of Driver       | MOHAMAD DAIYAN ARFAN BIN MOHAMAD ZAHRAIN |
| NRIC No              | TXXXX138G                                |
| Date Of Birth        | 01/08/2000                               |
| Occupation           | OUTDOOR                                  |
| Date Of Driving Pass | 05/11/2018                               |
| Driving Experience   | 1 YEAR AND 3 MONTHS                      |
| Gender               | MALE                                     |
| Mobile Number        | (LOCAL) +65-91128854                     |
| Fax Number           |  |
| Contact Number       | OTHERS-90178551                          |
| E Mail Address       | AXFXN01@GMAIL.COM                        |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 709 YISHUN AVENUE 5<br>#05-64 |
| Postcode  | 760709                            |
| 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 | -<br>-<br>-                       |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                       |

#### General Information of the Accident

|                    |                    |
|--------------------|--------------------|
| Type Of Accident   | COLLISION - U-TURN |
| Weather Conditions | CLEAR              |
| Road Surface       | DRY                |

#### Other Information

|   |                       |
|---|-----------------------|
| Was any foreign vehicle involved in this accident?  | YES                   |
| Foreign Vehicle Registration Number   | WXW5613 (PRIVATE CAR) |
| 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                       | YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> 32 YISHUN ST 81 , <b>POSTCODE:</b> 768456 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-8522999 - <b>FAX NO:</b> 68522239                              |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200210/2050

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | YES |
| Was there any audio recorded?                 | NO  |

#### Details of Witness 1

|               |          |
|---------------|----------|
| Name          | AZLAN    |
| Phone Number  | 98583407 |
| Email Address |          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |               |
|-----------------------------|---------------|
| Vehicle Registration Number | WXW5613       |
| Vehicle Make/Model/Colour   | MERCEDES BENZ |
| 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 MOHAMAD DAIYAN ARFAN BIN MOHAMAD ZAHRAIN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBP778G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

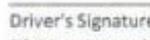
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### 8. Consent under the Personal Data Protection Act (PDPA)

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.

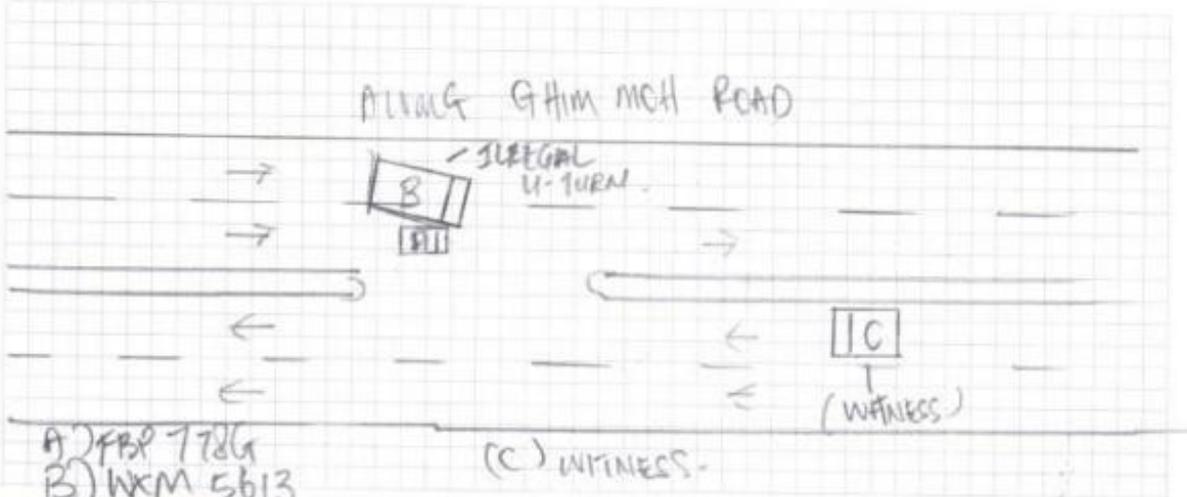
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
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

REFER TO POLICE REPORT 1/20200210/2020

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:

  
10/02/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200210/2050

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

1 of 3

Report No. T/20200210/2050

REPORT OF A TRAFFIC ACCIDENT

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>10/02/2020 12:46 | Vide Report No.: | Station Diary No.:<br>53 |
|--|------------------|--------------------------|

| Informant's Particulars   |            |  |  |
|---|------------|--|--|
| Name of Informant:<br>MOHAMAD DAIYAN ARFAN BIN<br>MOHAMAD ZAHRAIN |            | Address:<br>APT BLK 709 YISHUN AVENUE 5 #05-64 SINGAPORE<br>760709 |  |
| ID Type / ID No.:<br>NRIC NO / T0025138G                          |            | Contact No.:<br>Home/Office: Mobile: 91128854                      |  |
| Nationality:<br>SINGAPORE CITIZEN                                 |            | Email:   |  |
| Sex:<br>Male  | Age:<br>19 | Date of Birth:<br>01/08/2000                                       | Type of Informant:<br>Rider                    |
| Race:<br>Malay  |            | Language:<br>English   | Institution / School Name:<br>ITE College West |
| Occupation:<br>Student  |            | Driving Licence Information:<br>Class: 2B                          | Date of Expiry:                                |

| General Information of the Accident  |                                 |   |  |                                      |
|--|---------------------------------|---|--|--------------------------------------|
| Type of Accident:  | Injury<br>Conveyed By Ambulance | Drink Drive:<br>No                          | Date/Time of Accident:<br>09/02/2020 15:10 | Type of Location:<br>Straight Road   |
| Location:<br>Along Road 1<br>GHIM MOH ROAD<br><br>Ghim Moh road towards Star Visa mall |                                 |   |  |                                      |
| Weather:<br>Drizzling  |                                 | Road Surface:<br>Wet                        |  | Road Speed Limit:                    |
| Traffic Flow:  |                                 | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Light             |
| Type of Collision:<br>Between Moving Vehicles - Side To Head                           |                                 |   |  | Anyone conveyed by ambulance:<br>Yes |

| Details of Vehicle Involved |            |                  |                |       |                     |                 |
|-----------------------------|------------|------------------|----------------|-------|---------------------|-----------------|
| Vehicle No.                 | Type       | Make             | Model          | Color | Condition           | No of Passenger |
| FBP778G                     | Motorcycle | YAMAHA           | SNIPER<br>T150 | Blue  | Slightly<br>Damaged | 0               |
| WXW5613                     | Car        | MERCEDES<br>BENZ |                | Black | Slightly<br>Damaged | 0               |

| Details of Vehicle Insurance |  |               |            |             |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
| FBP778G                      | NTUC Income Insurance Co-Operative Limited | 5107306477-01 | 28/01/2020 | 27/01/2021  |

POLICE REPORT



SINGAPORE POLICE FORCE



T/20200210/2050

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

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Report No. T/20200210/2050

CONTINUATION OF REPORT

| Details of Person Involved        |  |  |                                  |
|-----------------------------------|--|--|----------------------------------|
| Any Pedestrian Involved: No       |  |  |                                  |
| No. of Pedestrians Injured: NIL   |  | Use of Pedestrian Crossing: NA         |                                  |
| Rider                             |  |  |                                  |
| Name                              | MOHAMAD DAIYAN ARFAN BIN MOHAMAD ZAHRAIN | ID No.                                 | T0025138G                        |
| Related Vehicle                   | FBP778G (Motorcycle)                     | Contact No.                            | 91128854                         |
| Hospital/Clinic                   | NATIONAL UNIVERSITY HOSPITAL             | Class of Driving Licence & Expiry Date | Class: 2B<br>Date of Expiry: NIL |
| Date Treatment                    | 09/02/2020                               | Date Discharge                         | NIL                              |
| No. of Days granted Medical Leave | 03                                       | Degree of Injury                       | Slight                           |

Brief Details.

On 09/02/20 at about 1510hrs, I was riding along Ghim Moh road towards Star Visa mall. I was riding on the first lane of a two laned road. As I was riding near to the Traffic junction, one vehicle, Black, Mercedes, WXW5613, cut into my lane, in front of me and made a illegal U turn. I was unable to stop it in time and I hit onto the right rear of the said vehicle door and fell off from my motorcycle, to the left side. I was still conscious. The said driver then stopped his vehicle and came down to make a check. There was also a witness, contact: 98583407, who was driving at the opposite side of the road also stopped his vehicle and came forward to me to render assistance.

I suffered abrasion on my left arm, right toe and left toe. The said driver also called for ambulance for me. At the same point of time, I also called my uncle to come down to the scene. Ambulance subsequently came and I was convey ed to National University Hospital. Before I convey to hospital, I also saw Traffic Police came to scene.

I was given three days of medical leave and I was advised by the Traffic Police to make a report about the matter.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200210/2050

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

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Report No. T/20200210/2050

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:<br>L /<br>Sgt 2 OOI JIA JUN                          | Signature Of Informant:<br>    |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>10/02/2020 12:46 |
| Officer In Charge Of Case:<br>TP / GIT /<br>Sgt 3 RASHIDAH BINTE AZMAN<br>Contact No.: 65476216 | Classification Of Case:<br>    |

Authentication Stamp  
NP168

**National University Hospital (Singapore) Pte Ltd**

5 Lower Kent Ridge Road, Singapore 119074

TEL: (65) 6779 5555

Business Registration No. 196500843R



MEDICAL CERTIFICATE ORIGINAL NUH200387

NAME: MOHAMAD DAIYAN ARFAN BIN MOHAMAD ZAHRAIN NRIC: T002513E

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **3** day(s) from **09-Feb-2020** to **11-Feb-2020** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **09-Feb-2020 15:48** to **09-Feb-2020 21:32**

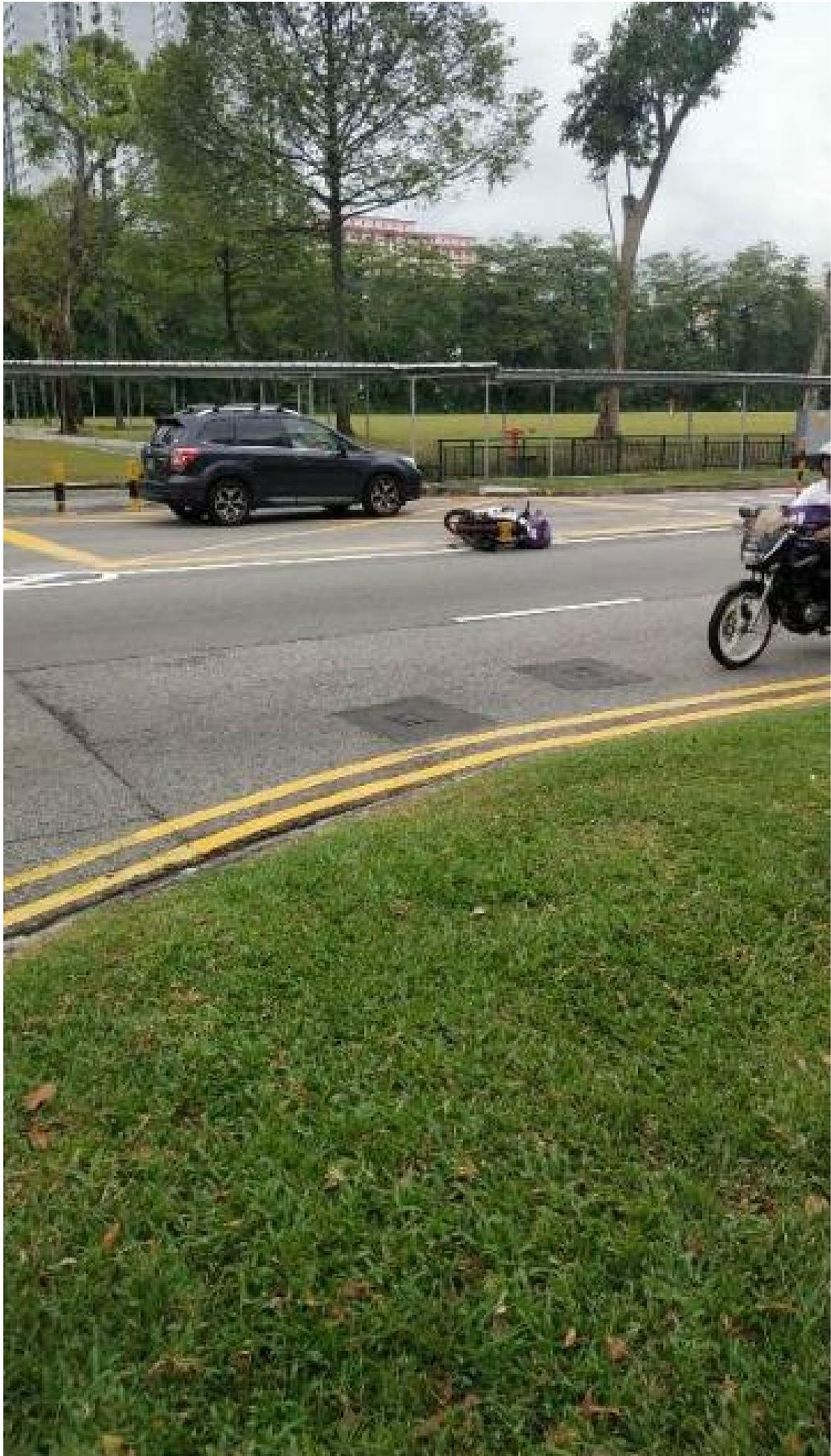
09-Feb-2020  
Date  
A member of the NUS

MARTIN SOO MIN YI (63651G)  
Issued by

A&E  
Location

  
Signature

Accident Photo



Accident Photo



Accident Photo



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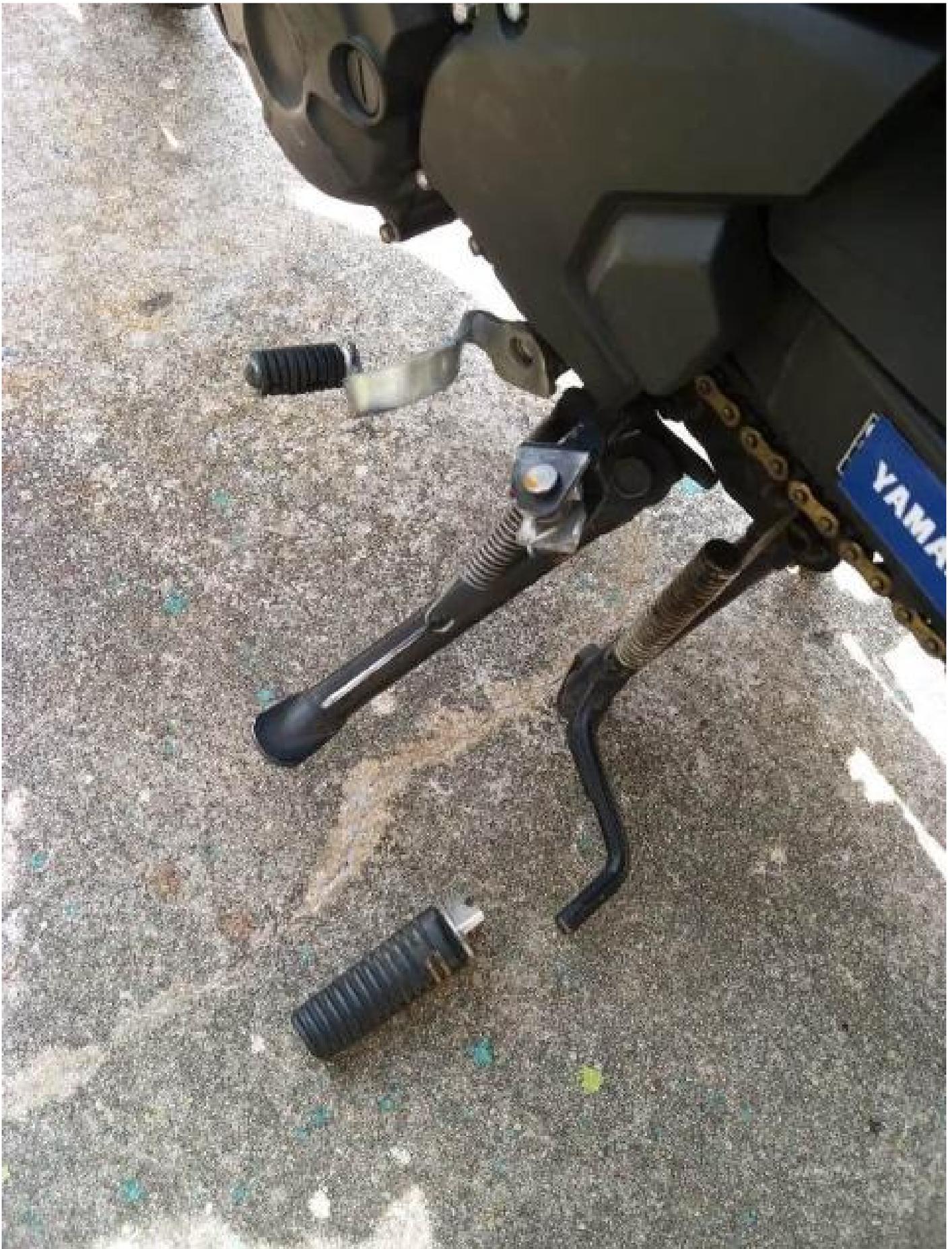




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