

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	13/02/2020 11:16
Date Of Accident	06/02/2020 16:25
Exact Location Of Accident	ALONG PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD7658L
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	5XXXXX0207
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82449104
Alternative Phone No	OFFICE-82449104

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-135CC (M)
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	5109280207
Cover Note Number	

Driver

Name of Driver	MUHAMMAD DAHRI BIN MOHD SABRI
NRIC No	SXXXX238D
Date Of Birth	10/11/1996
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2016
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82449104
Fax Number	
Contact Number	OTHERS-82449104
Email Address	NOEMAIL

Address	BLK 468 JURONG WEST STREET 41 #05-457
Postcode	640468
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	3
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200208/2058

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	SLZ5822H
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGR929T

Vehicle Make/Model/Colour

TOYOTA COROLLA AXIO

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 DAHRI BIN MOHD SABRI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBD7658L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

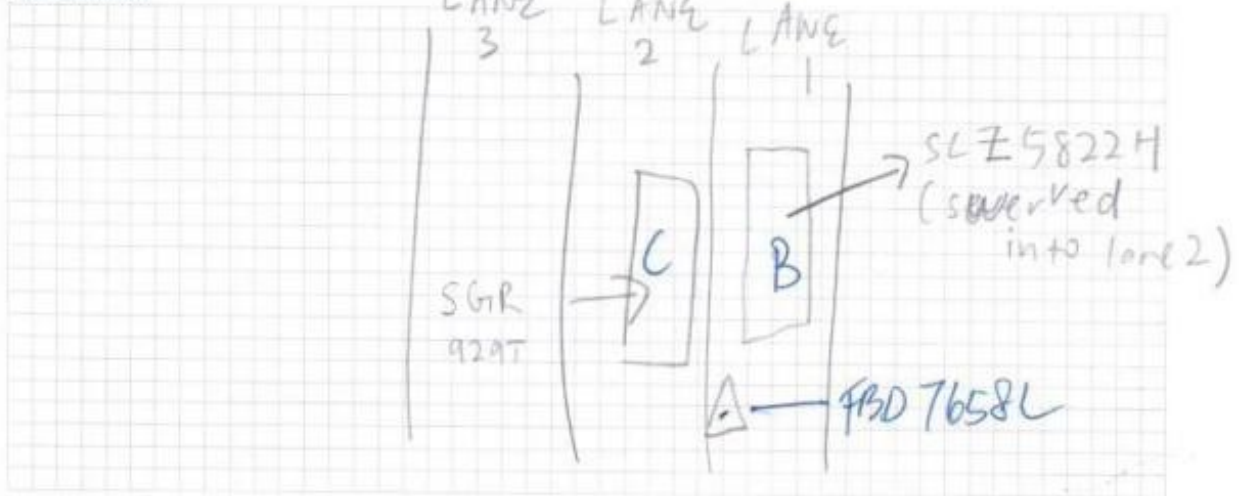
Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/2/20

1300 hours

13/02/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200208/2058

DECLARATION

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

Policyholder's Signature
Date & Time:

CLARISC (M) Sdn Bhd, V1

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

Date & Time: 10/2/20
1300 hours

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200203/2058

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 5

Report No: T/20200203/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2020 11:34		Video Report No.		Station Diary No.	
Informant's Particulars					
Name of Informant: MUHAMMAD DAHRI BIN MOHD SABRI			Address: APT BLK 488 JURONG WEST STREET 41 #05-457 SINGAPORE 640488		
ID Type / ID No.: NRIC NO / S9640238D			Contact No.: Home/Office: Mobile: 82449104		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 13/11/1996	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: CONSTRUCTION SUPERVISOR			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drunk Drive: No	Date/Time of Accident: 06/02/2020 16:30	Type of Locality: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
FBD7658L	Motorcycle	YAMAHA	X-1R	Blue		0
SGR929T	Car	TOYOTA	COROLLA AXIO 1.5X A	Gold		0
SLZ5822H	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver		0

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200208/2058

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No: T/20200208/2058

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider:			
Name	MUHAMMAD DAHRI BIN MOHD SABRI	ID No.	S9640238D
Related Vehicle	FBD7858L (Motorcycle)	Contact No.	82449104
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	03/02/2020	Date Discharge	05/02/2020
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME & LOCATION

I WAS TRAVELLING ALONG PIE AND I WAS TRAVELLING AT ABOUT 70KM/H. I WAS ON THE FIRST LANE, THE VEHICLE SLZ5822H SUDDENLY SWERVED INTO MY LANE FROM THE RIGHT AND HIT ME AS I HAVE NO TIME TO REACT AND AVOID THE COLLISION. AFTER I WAS HIT I COLLIDED WITH ANOTHER VEHICLE SGR929T AND WAS SANDWICHED AND THEN I FELL FROM MY BIKE. I WAS ON THE GROUND, WAITING FOR THE AMBULANCE. THERE WAS SOMEONE ATTENDING TO ME AND COMFORTING ME UNTIL AMBULANCE ARRIVED BUT I DO NOT KNOW WHO WAS IT THAT WAS COMFORTING ME. I WAS INJURED AND WAS CONVEYED TO TAN TOCK SENG GENERAL HOSPITAL.

THAT IS ALL

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200206/2058

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200206/2058

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:
TP /
WINSTON KOH WEN ZHONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/02/2020 11:34

Officer In Charge Of Case:
TP / GIT /
Staff Sgt NUR ADELINA BINTE MOHAMMAD
FUAT
Contact No: 65476068

Classification Of Case:

Authentication Stamp
NP185

SUFIAN ICHAIRI

65476392



Tan Tock Seng Hospital
 11 Jalan Tan Tock Seng, Singapore 308433
 Tel. (65) 6256 5011

MEDICAL CERTIFICATE	COPYING	TTSH29031168
NAME: MUHAMMAD DAIRI BIN MOHD SASRI		NRIC: 890403350

Type of Medical Leave granted: OUTPATIENT SICK LEAVE

The above named is unfit for duty for a period of 7 day(s) from 06-Feb-2020 to 12-Feb-2020 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 06-Feb-2020 17:37 to 06-Feb-2020 20:32

06-Feb-2020	RUSSELLE LACAMBRA SALUBAL (15777E)	Emergency Department	
Date	Issued by	Location	Signature

 A member of National Healthcare Group
 leading guests of healing life

Accident Photo



Accident Photo



Accident Photo



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