

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 13:17 |
| Date Of Accident | 06/02/2020 17:40 |
| Exact Location Of Accident | CTE (SLE) 9.1KM |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | FBP1830G |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHAMMAD NURFAKHRI BIN MISLAM |
| NRIC No | SXXXX382J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93393463 |
| Alternative Phone No | OFFICE-93393463 |

Vehicle Particulars

| | |
|--|-------------------|
| Manufacturer | BMW |
| Model | G310GS ABS MANUAL |
| 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? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5107584337 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | MUHAMMAD NURFAKHRI BIN MISLAM |
| NRIC No | SXXXX382J |
| Date Of Birth | 30/12/1990 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/11/2010 |
| Driving Experience | 9 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93393463 |
| Fax Number | |
| Contact Number | OFFICE-93393463 |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 613 BUKIT PANJANG RING ROAD #04-854 |
| Postcode | 670613 |
| 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 | NO COLLISION |
| 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 | 1 |
| 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) | 2 |
| Passenger 1 | NAME: : LIYANAH GENDER: : FEMALE |

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 |
| 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

REFER TO POLICE REPORT T/20200212/2080

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 INJURED PERSON 1

| | |
|---|-------------------------------|
| Name | MUHAMMAD NURFAKHRI BIN MISLAM |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | FBP1830G |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |

Postcode

DETAILS OF INJURED PERSON 2

| | |
|---|----------|
| Name | LIYANAH |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | FBP1830G |
| 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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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: 12/02/23 / 3.15 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

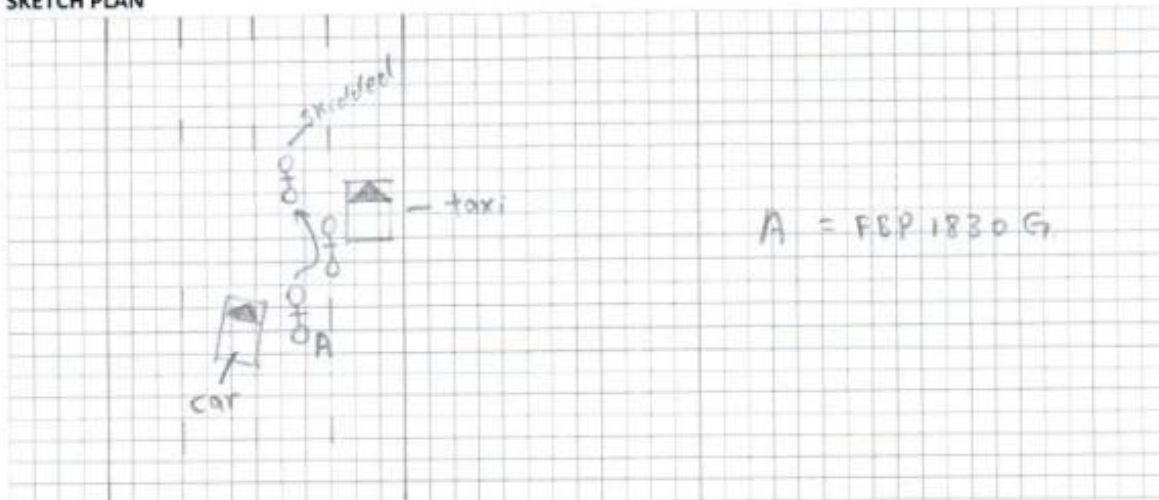
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

Policyholder's Signature _____
Date & Time: 11/02/20 / 3.15 pm

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200212/2080

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

1 of 3
Report No. T/20200212/2080

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------|
| Date/Time Report Made: 12/02/2020 14:20 | Vide Report No.: E/20200211/0098 | Station Diary No.: |
|--|-------------------------------------|--------------------|

Informant's Particulars

| | | | |
|--|---|------------------------------|-----------------------------|
| Name of Informant: MUHAMMAD NURFAKHRI BIN MISLAM | Address: APT BLK 613 BUKIT PANJANG RING ROAD #04-854 SINGAPORE 670613 | | |
| ID Type / ID No.: NRIC NO / S9050382J | Contact No.: Home/Office: Mobile: 93393463 | | |
| Nationality: SINGAPORE CITIZEN | Email: | | |
| Sex: Male | Age: 29 | Date of Birth: 30/12/1990 | Type of Informant: Rider |
| Race: Javanese | Language: | | Institution / School Name: |
| Occupation: Driving instructor/tester | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|-----------------------|--------------------|--|--------------------------------------|
| Type of Accident: | Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 06/02/2020 17:40 | Type of Location: |
| Location: Along Road 1 CENTRAL EXPRESSWAY CTE (SLE) 9.1KM | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: SELF SKIDDED | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------------------------|-------|------------------|-----------------|
| FBP1830G | Motorcycle | BMW | G310GS ABS MANUAL | Black | Slightly Damaged | 2 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|--------------|------------|-------------|
| FBP1830G | NTUC Income Insurance Co-Operative Limited | 5107584337 | 16/02/2019 | 15/02/2020 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200212/2080

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

2 of 3

Report No. T/20200212/2080

CONTINUATION OF REPORT

Brief Details.

On the above stated date time and place,

I was travelling on the right most lane and when I was switching lanes to the 2nd most right lane, I noticed a vehicle from the left most lane making a lane change to the 2nd most right lane beside me. In order to avoid collision, I swerved to my right and saw a taxi close to me therefore I swerved back to the left and skidded. I was unsure if there was any collision with both vehicles and both vehicles did not stop. My passenger and I was conveyed to TTSH and was given total of 7 days MC. That is all.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200212/2080

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

3 of 3

Report No. T/20200212/2080

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 /
CHUA YUEJUN GLADWYN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/02/2020 14:20

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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