

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 | 14/02/2020 13:11 |
| Date Of Accident | 29/11/2019 23:40 |
| Exact Location Of Accident | ALONG PASIR RIS DR 1/ELIAS ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | FBF5576S |
| Insured/Policyholder | |
| Name Of Registered Owner | RENT-A-BIKE PTE. LTD. |
| Co Reg No | 2XXXXX523C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-99999999 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | YAMAHA |
| Model | SPARK |
| 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 | BUS |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | 5108631899 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------------|
| Name of Driver | MOHAMED ABRYSYAM DANY BIN HAMDAN |
| NRIC No | TXXXX339D |
| Date Of Birth | 03/07/2001 |
| Occupation | INDOOR |
| Date Of Driving Pass | 11/11/2019 |
| Driving Experience | 0 YEAR AND 0 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96569921 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 234 PASIR RIS DR 4 #04-476 |
| Postcode | 510234 |
| 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 | RAINING |
| 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) | 2 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | PASIR RIS NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5852999 - FAX NO: 65855261 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191209/2128 & T/20200122

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 | SLE6494A |
| 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 | MOHAMED ABRYSYAM DANY BIN HAMDAN |
| Approximate Age | |
| Injuries Sustain | SERIOUS |
| Injured person in which vehicle? | FBF5576S |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

| DETAILS OF INJURED PERSON 2 | |
|---|----------|
| Name | SYAZANI |
| Approximate Age | |
| Injuries Sustain | SERIOUS |
| Injured person in which vehicle? | FBF5576S |
| 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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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.

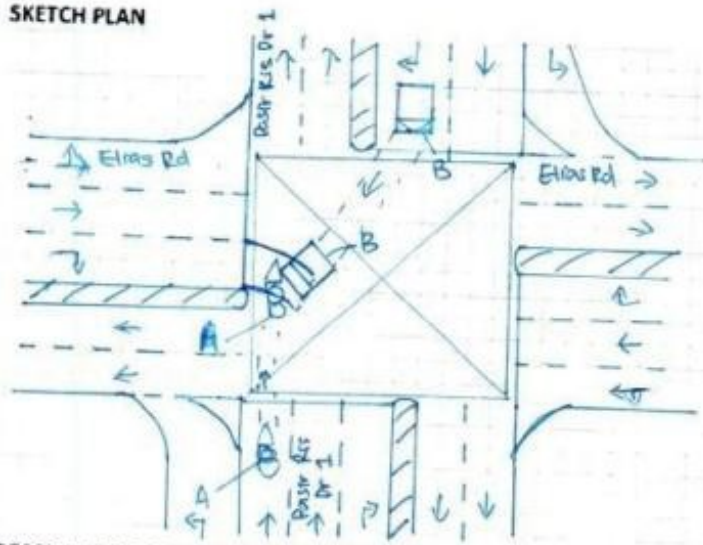
Policyholder's Signature
Date & Time:

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



Veh A : FBF 557CS
Veh B : SLE 6494 A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report
T/20191209/2128
Report No : T/20200122/2134

DECLARATION

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

2

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191209/2128

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20191209/2128

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------------------|------------------|---|
| Rider | | | |
| Name | MOHAMED ABRYSYAM DANY BIN HAMDAN | | ID No. T0120339D |
| Related Vehicle | FBF5576S (Motorcycle) | | Contact No. 96569921 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Serious |
| Pillion | | | |
| Name | SYAZANI | | ID No. NIL |
| Related Vehicle | FBF5576S (Motorcycle) | | Contact No. 98178306 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Serious |

Brief Details.

On the 12/11/2019 at about 11.41pm, I was riding on my motorcycle with a pillion along Pasir Ris Dr 1. As I was riding on the left lane and approaching the traffic light which was Green to my favor, suddenly I blackout. When I woke up, I was already in the hospital. I am unable to recall how the accident happened.

I got to know that there was a car that had hit me when I was in that junction. My motorcycle was completely damaged. I suffered broken right high thigh bone, right wrist fractured, swollen right eye, stitches on my right knee and right ankle and lung injury.

My pillion also suffered broken right high thigh bone and injuries on both his ankles.

I received a letter from Traffic Police to lodge a report vide TP/IP/74107/2019.

Individual Statement



T/20200122/2134

2 of 2

Report No. T/20200122/2134

Continuation of CSF For NP168

| Rider | | | |
|-----------------------------------|----------------------------------|--|-----------------------------------|
| Name | MOHAMED ABRYSYAM DANY BIN HAMDAN | ID No. | T0120339D |
| Related Vehicle | FBF5576S (Motorcycle) | Contact No. | 96569921 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | 60 | Degree of Injury | Serious |

Brief Facts.

The above mentioned amendment includes the vehicle number that was involved in the accident.
Vide T/20191209/2128
TP/IP/74107/2019

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20191209/2128

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852989

1 of 2

Report No: T/20191209/2128

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|---|------------|---|-----------------------------|--------------------------|
| Date/Time Report Made: 09/12/2019 16:49 | | Vide Report No.: | | Station Diary No.: 83 |
| Informant's Particulars | | | | |
| Name of Informant: MOHAMED ABRYSYAM DANY BIN HAMDAN | | Address: APT BLK 234 PASIR RIS DRIVE 4 #04-476 SINGAPORE 510234 | | |
| ID Type / ID No.: NRIC NO / T0120339D | | Contact No. Home/Office: Mobile: 96569921 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 18 | Date of Birth: 03/07/2001 | Type of Informant: Rider | |
| Race: Javanese | | Language: English | Institution / School Name: | |
| Occupation: Student | | 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: 29/11/2019 23:40 | Type of Location: X-Junction |
| Location: Along Road 1 PASIR RIS DRIVE 1 ELIAS ROAD X Junction of Pasir Ris Dr 1 and Elias Rd. | | | | |
| Weather: Raining | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | Traffic Volume: | |
| 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 |
|------------|------------|--------|-------|-------|--------------------|-----------------|
| PBF55768 | Motorcycle | YAMAHA | Spark | Red | Totally Damaged | 1 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Police Report



**SINGAPORE
POLICE FORCE**



T/20191209/2128

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852299

2 of 2

Report No: T/20191209/2128

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------------------|--|-----------------------------------|
| Rider | | | |
| Name | MOHAMED ABRYSYAM DANY BIN HAMDAN | ID No | T0120339D |
| Related Vehicle | F8F5576S (Motorcycle) | Contact No | 96589921 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Serious |
| Pillion | | | |
| Name | SYAZANI | ID No | NIL |
| Related Vehicle | F8F5576S (Motorcycle) | Contact No | 98178306 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Serious |

Brief Details:

On the 12/11/2019 at about 11.41pm, I was riding on my motorcycle with a pillion along Pasir Ris Dr 1. As I was riding on the left lane and approaching the traffic light which was Green to my favor, suddenly I blackout. When I woke up, I was already in the hospital. I am unable to recall how the accident happened.

I got to know that there was a car that had hit me when I was in that junction. My motorcycle was completely damaged. I suffered broken right high thigh bone, right wrist fractured, swollen right eye, stitches on my right knee and right ankle and lung injury.

My pillion also suffered broken right high thigh bone and injuries on both his ankles.

I received a letter from Traffic Police to lodge a report vide TP/1P/74107/2019.

Police Report



SINGAPORE
POLICE FORCE



T/001912008/2126

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
516457
Tel No: 1800-5852995

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Report No. T/2019/2009/2126

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
G /
Sr Staff Sgt WONG TING CHIEN

Signature Of Informant:

Sgt

Signature Of Interpreter:
Not applicable

Date/Time:
09/12/2019 18:49

Officer In Charge Of Case:
TP / GIT /
Staff Sgt QHAIRIL BIN ZULKEFLI
Contact No : 85476187

Classification Of Case:

Authentication Stamp
NP/58



Police Report



T/20200122/2134

1 of 3

Report No. T/20200122/2134

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No. -

Report Number: T/20200122/2134

Vide Report Number: T/20191209/2138

Date/Time of Report Made: 22/01/2020 16:30

Place Report Lodged: Traffic Police

Type of Informant: Rider

Name of Informant: MOHAMMED ABRYSYAM DANY BEN HAMDIAN

ID Type / ID No.: NRIC NO / T0426339D

Home Office: 0

Mobile: 95569921

Email:

Type of Accident: Injury / Conveyed By Ambulance

Drink Drive: No

Anyone conveyed by ambulance: Yes

Date/Time of Accident: 29/11/2019 23:40

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|-----------------|-----------------|
| FBF5576S | Motorcycle | | | | Totally Damaged | 1 |
| SLE6494A | Car | | | | | 0 |

Details of Person Involved

Any Pedestrian involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Police Report



T:20200122/2134

2 of 3

Report No. T:20200122/2134

Continuation of CSF For NP168

| Rider | | | |
|-----------------------------------|----------------------------------|--|-----------------------------------|
| Name | MOHAMED ABRYSYAM DANY BIN HAMDAN | ID No | T01203390 |
| Related Vehicle | F8F5576S (Motorcycle) | Contact No. | 86569921 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | 60 | Degree of Injury | Serious |

Brief Facts

The above mentioned amendment includes the vehicle number that was involved in the accident.

Vide T:20191209/2128

TP/JP/74107/2019

Police Report



T/00200122/2134

3 of 3

Report No: T/00200122/2134

Continuation of CSF For NP168

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.

Case Sensitivity: No

Officer In-Charge of Case

TP / GIT /
QHARIL BIN ZULKERLEE

Classification of Case

1) INJURY / CONVEYED BY AMBULANCE

Pasir Ris NPC
No. 1 Pasir Ris Drive 4
001-01 Singapore 519457
Tel: 1800-7451980