

## 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	31/01/2020 14:58
Date Of Accident	27/01/2020 08:35
Exact Location Of Accident	ALONG RD 1 AIRLINE RD TWDS CAFHI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9782G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAUFIQ BIN ABDUL RAHMAN
NRIC No	S7924339F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98553627
Alternative Phone No	OFFICE-98553627

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ 16
Exact Purpose for which vehicle was being used at time of accident	
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	5085422372-03
Cover Note Number	

### Driver

Name of Driver	TAUFIQ BIN ABDUL RAHMAN
NRIC No	S7924339F
Date Of Birth	22/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2015
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98553627
Fax Number	
Contact Number	OFFICE-98553627
Email Address	NOEMAIL

Address	BLK 810 TAMPINES AVE 4 #12-185
Postcode	520810
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 - CHANGE/CROSS LANE
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	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	TAMPINES N.P.C
Police Station Address	<b>ROAD:</b> TAMPINES N.P.C , <b>POSTCODE:</b> 529682 , <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 ATTACHED POLICE REPORT T/20200128/2030

#### 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	SHB4317E
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
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	TAUFIQ BIN ABDUL RAHMAN
Approximate Age	40
Injuries Sustain	
Injured person in which vehicle?	FBG9782G
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 810 TAMPINES AVE 4 #12-185
Postcode	520810

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE


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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.

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

  
\_\_\_\_\_  
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.:

## Sketch Plan #2

### SKETCH PLAN

A - FBG9702G  
B - SHB4317E

### 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:

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: veckb@vicom.com.sg

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

## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20200128/2030

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20200128/2030

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2020 10:41		Vide Report No.: P/20200127/0022		Station Diary No.: 40	
<b>Informant's Particulars</b>					
Name of Informant: TAUFIQ BIN ABDUL RAHMAN			Address: APT BLK 810 TAMPINES AVENUE 4 #12-185 SINGAPORE 520810		
ID Type / ID No.: NRIC NO / S7924339F			Contact No.: Home/Office: Mobile: 98553627		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 22/08/1979	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: FIRE SAFETY OFFICER			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/01/2020 08:05	Type of Location:
Location: Along Road 1 AIRLINE ROAD  AIRLINE ROAD TOWARDS CAFHI				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG9782G	Motorcycle	YAMAHA	FZ 16	Red		0
SHB4317E	Car					1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG9782G	NTUC Income Insurance Co-Operative Limited	5085422372-03	29/07/2019	28/07/2020

## Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20200128/2030

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20200128/2030

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAUFIQ BIN ABDUL RAHMAN	ID No.	S7924339F
Related Vehicle	FBG9782G (Motorcycle)	Contact No.	98553627
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/01/2020	Date Discharge	27/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

On 27/01/2020 at about 0835hrs, I was riding alone along the second lane of Airline road towards the directions of Cafhi when suddenly I noticed a taxi SHB4317E, suddenly cut into my lane and I wasn't able to avoid the taxi which resulted my motorbike to collide onto the rear right side of the said taxi near the tail light area which caused me to fell onto the road.

The taxi driver then came out to assist me subsequently the Aetos and police came to scene and called ambulance to attend to me which then I was being conveyed to Changi General hospital and was given a total of 5 days MC in regards to the pains and injuries I sustain from the accident. On 28/01/2020, I received a call from investigation officer Daniel and he will update me more about this accident vide to P/20200127/0022.



Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20200128/2030

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20200128/2030

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 /  
Sgt 2 NG JUNJIE, EDWIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/01/2020 10:41

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SUFIYAN BIN KHAIRI  
Contact No.: 65476390

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE



# Sketch Plan #6



ORIGINAL

MEDICAL CERTIFICATE

EMD202018364

Name TAUFIQ BIN ABDUL RAHMAN		NRIC No. S7924339F
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>27-Jan-2020</u> to <u>31-Jan-2020</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 27-Jan-2020	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  PAUL YUGENDRA, 61465C

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

