

## 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	09/03/2020 09:37
Date Of Accident	20/02/2020 08:30
Exact Location Of Accident	JUNC AMK AVE 5 & AMK AVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FL9208A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RIDHWAN BIN ABDUL RAHIMAN
NRIC No	SXXXX142I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90273119
Alternative Phone No	OFFICE-90273119

### Vehicle Particulars

Manufacturer	HONDA
Model	CBR400RR
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	5080952544-03
Cover Note Number	

### Driver

Name of Driver	RIDHWAN BIN ABDUL RAHIMAN
NRIC No	SXXXX142I
Date Of Birth	29/08/1991
Occupation	INDOOR
Date Of Driving Pass	11/05/2016
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90273119
Fax Number	
Contact Number	OFFICE-90273119
Email Address	NOEMAIL

Address	BLK 157 ANG MO KIO AVENUE 4 #04-542
Postcode	560157
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 - CROSS JUNCTION
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	YES
If Yes, against whom?	DRIVER OF SKG2330S

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200227/7006.

#### 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	SKG2330S
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	RIDHWAN BIN ABDUL RAHIMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FL9208A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### 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. 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: 05/01/20

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

AMIC AVE 8

AMIC AVE 5

A2

B

A: FL9208A  
R: SK623205

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20200227/7006.

## DECLARATION

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

Policyholder's Signature

Date & Time: 05/02/20

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/20200227/7006

1 of 4

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

Report No. T/20200227/7006

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2020 10:38		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: RIDHWAN BIN ABDUL RAHIMAN			Address: APT BLK 157 ANG MO KIO AVENUE 4 #04-542 SINGAPORE 560157		
ID Type / ID No.: NRIC NO / S9131142I			Contact No.: Home/Office:		Mobile: 90273119
Nationality: SINGAPORE CITIZEN			Email: ridhwan.bar@outlook.sg		
Sex: Male	Age: 28	Date of Birth: 29/08/1991	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Customer service manager			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/02/2020 08:30	Type of Location: X-Junction
Location:  ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FL9208A	Motorcycle	HONDA	CBR400RR	Blue		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FL9208A	NTUC Income Insurance Co-Operative Limited	5080952544-03	23/07/2019	22/07/2020

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200227/7006

2 of 4

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

Report No. T/20200227/7006

### CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RIDHWAN BIN ABDUL RAHIMAN	ID No.	S9131142I
Related Vehicle	FL9208A (Motorcycle)	Contact No.	90273119
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	20/02/2020	Date Discharge	26/02/2020
No. of Days granted Medical Leave	35	Degree of Injury	Serious

#### Brief Details.

In the morning of 20/02/2020, I left my home located at Block 157 Ang Mo Kio Avenue 4 04-542 (S560157) to leave for work, Fokker Services located at 1800 West Camp Road, Seletar Aerospace Dr, Park, 797521. I left my home at approximately 0815HRS, riding my bike, a Honda CBR 400 RR (Blue) - FL9208A. I followed my normal route to work, where I would pass by a major intersection - cross junction, located at Ang Mo Kio Avenue 5 by Ang Mo Kio Avenue 8.

At approximately 0830HRS I was riding on Ang Mo Kio Avenue 5 towards CTE approaching the major intersection stated above, I was riding on the second lane (from the left), I intended to ride straight while the green light was showing. I did not notice any vehicles in front of me as I was nearing the intersection. I was riding at a constant speed - at approximately 45KM/H, while ensuring clear passage through the junction. Since it was clear and it was my right of way, I did not stop nor slow down while proceeding through the junction.

However, when I was at the stop line, I noticed a navy blue sedan car turning right from the same road on the opposite side of the junction. He failed to give me way and obstructed my path by making the right turn. As the driver in the blue sedan was turning, he abruptly stopped right in my lane, approximately 15 meters ahead of me. As I was riding at 45KM/H, I tried to maneuver left, towards the front of the car - past the hood, to avoid the vehicle. However, as I was about to maneuver left, the driver of the blue sedan moved the vehicle forward. As the car was moving forward, I then quickly abandoned the maneuver and maintained my direction, straightening my bike in my lane - I did this to avoid the projected collision. However the car did not drive forward, it merely jerked forward.

Upon this realisation, it was by then too late to avoid the blue sedan. I then collided into the blue sedan at the front passenger side door. I believe I was flung away from the collision point. I was conscious and landed on my right arm, a passerby approached me informing me not to move. A few moments later, as I was attempting to remove my helmet, an LTA officer approached me advising me not to remove my helmet.

I was informed by a passerby to not worry and that an AB was called. There was a passerby(91376184) who reassured me while I was sprawled on the road, I requested for him to call my wife to inform him about the incident at 0840HRS. I also requested the blue sedan driver(90729613) to call my colleague Arif (91996902) at 0854HRS. AB arrived shortly after and after casualty

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200227/7006

3 of 4

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

Report No. T/20200227/7006

### CONTINUATION OF REPORT

management was complete at the site, I was loaded on the AB and conveyed to KTPH hospital -  
A&E&nbsp;



## Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20200227/7006

4 of 4

Report No. T/20200227/7006

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
LIM ENG KUAN, CLARENCE  
Contact No.: 65476195

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
27/02/2020 10:38

Classification Of Case:

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500200 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120029662 Vehicle Registration No: FL9208A  
Name(as shown in NRIC) : RIDHWAN BIN ABDUL RAHIMAN NRIC/FIN/Passport No : SXXXX142I  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 157 ANG MO KIO AVENUE 4 #04-542 Singapore( 560157)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 90273119  
Email Address : \_\_\_\_\_  
Date of Accident : 20/02/2020 Time of Accident : 08:30  
Place of Accident : JUNC AMK AVE 5 & AMK AVE 8  
Insurance Company: NTUC Income Insurance Co-operative Ltd


#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1) Amend driver name

2) Amend was notice of intended prosecution given - yes

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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