

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	25/03/2020 11:22
Date Of Accident	24/03/2020 17:35
Exact Location Of Accident	BUKIT BATOK WEST AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7948T
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	MUHAMMAD LUKMAN HAKIM BIN MOHAMED JUHARI
NRIC No	SXXXX803D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91892291
Alternative Phone No	OFFICE-91892291

Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA RUNNER ST 200
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	5116551855
Cover Note Number	

Driver

Name of Driver	MUHAMMAD LUKMAN HAKIM BIN MOHAMED JUHARI
NRIC No	SXXXX803D
Date Of Birth	18/07/1991
Occupation	INDOOR
Date Of Driving Pass	23/12/2009
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91892291
Fax Number	
Contact Number	OFFICE-91892291
EEmail Address	NOEMAIL

Address	BLK 438B BUKIT BATOK WEST AVENUE 8 #02-1037
Postcode	652438
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 - MAJOR/MINOR RD
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?	NO
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

REFER TO POLICE REPORT - T/20200325/7003.

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	SGW4091G
Vehicle Make/Model/Colour	TOYOTA 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 INJURED PERSON 1	
Name	MUHAMMAD LUKMAN HAKIM BIN MOHAMED JUHARI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBJ7948T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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:


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


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

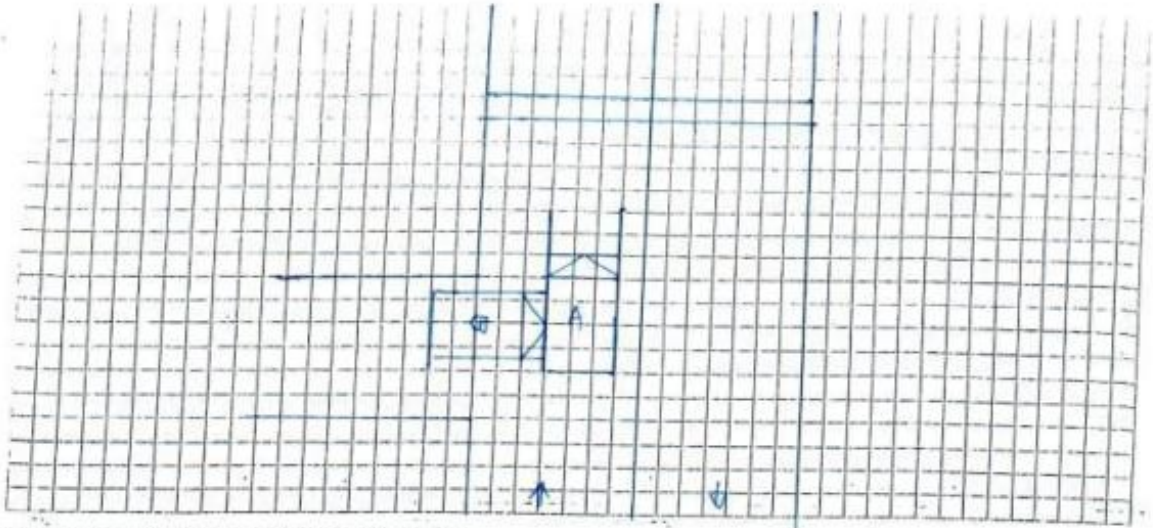
Accident Sketch Plan

VEHICLE A:

FBJ7948T

VEHICLE B:

SGW4091G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature:

Date & Time:

2020/02/20 10:00:00 AM

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/20200325/7003

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

1 of 3

Report No. T/20200325/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2020 10:27	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars			
Name of Informant: MUHAMMAD LUKMAN HAKIM BIN MOHAMED JUHARI		Address: APT BLK 438B BUKIT BATOK WEST AVENUE 8 #02-1037 SINGAPORE 652438	
ID Type / ID No.: NRIC NO / S9124803D		Contact No.: Home/Office: Mobile: 91892291	
Nationality: SINGAPORE CITIZEN		Email: lukmanhakimbmj@gmail.com	
Sex: Male	Age: 28	Date of Birth: 18/07/1991	Type of Informant: Rider
Race: Javanese		Language: English	Institution / School Name:
Occupation: SERVICE ENGINEER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/03/2020 17:35	Type of Location: Straight Road
Location: BUKIT BATOK WEST AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ7948T	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	White	Seriously Damaged	0
SGW4091G	Car	TOYOTA	ALTIS	Red	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ7948T	NTUC Income Insurance Co-Operative Limited	5116551855	04/03/2020	03/03/2021

Police Report



**SINGAPORE
POLICE FORCE**



T/20200325/7003

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

2 of 3

Report No. T/20200325/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD LUKMAN HAKIM BIN MOHAMED JUHARI	ID No.	S9124803D
Related Vehicle	FBJ7948T (Motorcycle)	Contact No.	91892291
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	24/03/2020	Date Discharge	24/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

ON THE STATED TIME AND DATE,
I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER FBJ7948T ON BUKIT BATOK WEST AVE 8. AS THE TRAFFIC LIGHT TURNED RED, I SLOWED DOWN WITH INTENTION TO STOP AT THE TRAFFIC LIGHT, SUDDENLY I FELT AN IMPACT FROM THE LEFT HAND SIDE. MY BIKE AND I FELL ON THE RIGHT. I WAS CONSCIOUS AT THE MOMENT, IN WHICH I UNDERSTOOD THAT VEHICLE B BEARING CARPLATE NUMBER SGW4091G WAS EXITING THE CARPARK ON THE SIDE WITH HIGH SPEED. I WISH TO STATE THAT I WAS ONLY TRAVELLING AT ABOUT 10-20KM/H AND DID NOT SEE WHERE THE VEHICLE IS COMING FROM. I WOULD ALSO LIKE TO INCLUDE THAT THE DRIVER OF THE OTHER VEHICLE INITIATED A PRIVATE SETTLEMENT AND ADMITTED FAULT, RESULTED IN US DISMISSING HELP FROM THE TRAFFIC POLICE, BUT LATER AT NIGHT SHE CALLED ME TO TELL ME THAT SHE'LL NOT OPT IN FOR PRIVATE SETTLEMENT AFTER SOME DISCUSSIONS WITH HER SPOUSE. AMBULANCE WAS ON SCENE BUT I WAS NOT CONVEYED. I FELT PAIN ON MY KNEE AND SUFFERED MULTIPLE ABRASIONS ON SEVERAL PARTS OF MY BODY (LIMB ETC) WHICH I THEN CONSULTED A DOCTOR AND WAS GIVEN A

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20200325/7003

3 of 3

Report No. T/20200325/7003

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 /
ONG YONG HOCK
Contact No.: 65476436

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:
25/03/2020 10:27

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

