

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 10:43
Date Of Accident	23/03/2020 22:00
Exact Location Of Accident	PASIR RIS DRIVE 1 / PASIR RIS STREET 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC110B
Insured/Policyholder	
Name Of Registered Owner	MOHD YUSAINI BIN HAMID
NRIC No	SXXXX343B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91884422
Alternative Phone No	OFFICE-91884422

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125
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
Fleet Policy	NO
Policy Number	5116276759 TP
Cover Note Number	

Driver

Name of Driver	MOHD YUSAINI BIN HAMID
NRIC No	SXXXX343B
Date Of Birth	31/01/1967
Occupation	OUTDOOR
Date Of Driving Pass	20/11/1989
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91884422
Fax Number	
Contact Number	OFFICE-91884422
EEmail Address	NOEMAIL

Address	BLK 489A #02-165 TAMPINES STREET 45
Postcode	520489
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 - HEAD ON 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	3
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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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	SMC3625H
Vehicle Make/Model/Colour	SUBARU / XV 2.0I-S EYESIGHT AWD CVT
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJZ245E
Vehicle Make/Model/Colour	TOYOTA / VIOS J AUTO
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	MOHD YUSAINI BIN HAMID
Approximate Age	53
Injuries Sustain	HIP & THIGH
Injured person in which vehicle?	FBC110B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

Policyholder's Signature

Date & Time:

25 MAR 2020

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

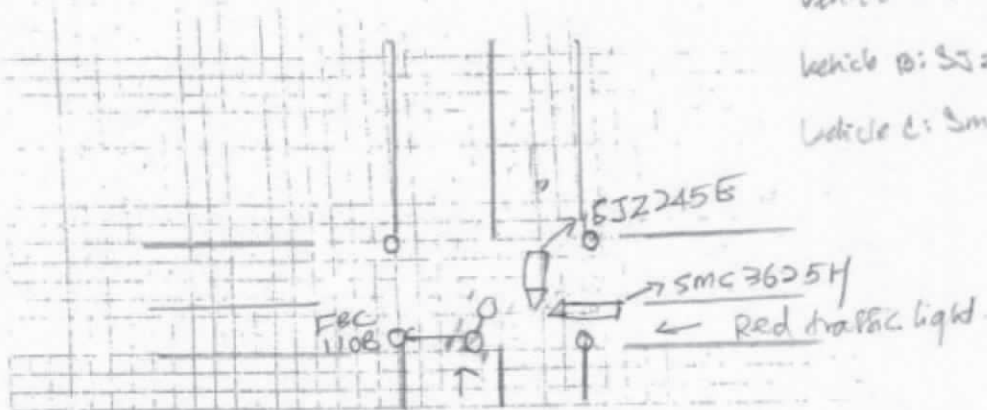
Representative Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report police no T/20200324/2007

2

DECLARATION

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

Policyholder's Signature
Date & Time:

25 MAR 2020

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

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Reporting Centre
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

NRIC/FIN No:



**SINGAPORE
POLICE FORCE**



T/20200324/2007

1 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20200324/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2020 02:06	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: MOHD YUSAINI BIN HAMID	Address: APT BLK 489A TAMPINES STREET 45 #02-165 SINGAPORE 520489
ID Type / ID No.: NRIC NO / S1804343B	Contact No.: Home/Office: Mobile: 91884422
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 53 Date of Birth: 31/01/1967	Type of Informant: Rider
Race: Malay	Language: Institution / School Name:
Occupation: FOOD DELIVERY	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: 23/03/2020 22:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 PASIR RIS DRIVE 1 PASIR RIS STREET 11				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC110B	Motorcycle	YAMAHA	YBR125	Red	Seriously Damaged	0
SJZ245E	Car	TOYOTA	VIOS	Black	Seriously Damaged	1
SMC3625H	Car	SUBARU		Silver	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20200324/2007

2 of 3

Report No. T/20200324/2007

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

CONTINUATION OF REPORT

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No	Insurance Company			
FBC110B	NTUC Income Insurance Co-Operative Limited	5116276759	18/02/2020	17/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHD YUSAINI BIN HAMID	ID No.	S1804343B
Related Vehicle	FBC110B (Motorcycle)	Contact No.	91884422
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 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 23rd March 2020 at about 10 pm, I was riding my motorcycle along Pasir Drive 1 when I stopped at the junction of Pasir Ris Street 11 as the traffic light signal was red in colour. When the traffic light signal turned green, I moved my motorcycle into the turning pocket as I was turning to the right into Pasir Ris Street 11 and there was an oncoming vehicle from the opposite of the traffic. However, as I was waiting for the vehicle (SJZ245E) from the opposite side of the traffic to pass by before I could turn right, suddenly another vehicle (SMC3625H) from my right side beat the red signal light. The said vehicle (SMC3625H) then collided into SJZ245E causing it to hit onto me and my motorcycle. Due to the collision, I was thrown off the motorcycle and my motorcycle was badly damaged. Both drivers of the vehicles alighted to render assistance and a passerby called for ambulance. I suffered a sprained hip and swollen thigh but I refused to be conveyed by ambulance. Traffic police came to the accident site and also attended to us. I had gone to Intemedical 24 Hr Clinic at Apt Blk 525 Ang Mo Kio Avenue 10 and was given 5 days medical leave.



SINGAPORE
POLICE FORCE



T/20200324/2007

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20200324/2007

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:

F /

Staff Sgt ALZRIN SHAFIQ BIN AHMAD
TARMIDI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALLSH 065

Contact No: 65476246

Authentication Stamp
NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

24/03/2020 02:06

Classification Of Case:

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5116276759

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: **FBC110B**

Chassis Number

: LBPKE096X70090693

2. Name of Policyholder

: MOHD YUSAINI BIN HAMID

3. Effective Date of Insurance

: 18 Feb 2020

4. Expiry Date of Insurance

: 17 Feb 2021

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

INSURE WITH COE

: N/A

NAMED DRIVER (1)

: MOHD YUSAINI BIN HAMID

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : PEOPLES INSURANCE AGENCY PTE LTD (00000614852)

Date of Issue : 18 Feb 2020 10:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive