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 witholding 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	27/03/2020 11:18
Date Of Accident	23/03/2020 17:45
Exact Location Of Accident	JUNC OF BENOI RD & GUL CIRCLE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM4666K
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAFASHAH BIN SAMAT
NRIC No	SXXXX027I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93880145
Alternative Phone No	OFFICE-93880145
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SNIPER T150
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5096081136-02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HAFASHAH BIN SAMAT

NRIC No SXXXX027I Date Of Birth 04/12/1988 Occupation **OUTDOOR Date Of Driving Pass** 24/02/2016

Driving Experience 4 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93880145

Fax Number

Contact Number OFFICE-93880145

EMail Address NOEMAIL

BLK 445 JURONG WEST ST 42 #02-260 Address

Postcode

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

YES

NO

YES

NO

General Information of the Accident

Type Of Accident **COLLISION - CROSS JUNCTION**

Weather Conditions **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JNC5234 (MOTORCYCLE)

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name WOODLANDS EAST N.P.C

ROAD: 3 WOODLANDS DRIVE 63, **POSTCODE**: 737890, **COUNTRY**: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200325/2132

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GBJ4799B Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 21

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JNC5234

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

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 3

Vehicle Registration Number FBK1587K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

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 4

Vehicle Registration Number SJS2628H

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 OTHER VEHICLE PROPERTY 5

Vehicle Registration Number PA3737T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

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 HAFASHAH BIN SAMAT

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? FBM4666K

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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- 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
- 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.
- 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.

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

KETCH PLAN			
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ECLARATION			
	particulars are true in every respe	ct.	tal
	particulars are true in every respe	ct.	ph.
We declare the foregoing	particulars are true in every respe Driver's Signature (If driver is not the po	Reporting Co	entre Personnel's Signature

GEARMC Skitch Plan Form _V3

POLICE REPORT





1 of 3

Report No. T/20200325/2132

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

Date/Tim	ne Report M 20 21:48		Vide Report No.: Station Diam 218		
Informa	nt's Particu	lars			
Name of	Informant:	SHAH BIN	Address: APT BLK 445 JURONG WES SINGAPORE 640445	ST STREET 42 #02-260	
ID Type	/ ID No.: D / S884802	271	Contact No.: Home/Office: Mobile: 93880145		
National	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 04/12/1988	Type of Informant:		
Race: Malay			Language:	Institution / School Name:	
Occupation: SURVEYOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 23/03/2020 17:4	Type of Location T-Junction	
Location: Junction of R GUL CIRCLE BENOI ROAI					
Weather: Raining		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Traffic Control: Traffic Light - Working				Traffic Volume: Heavy	
				Anyone conveyed by	

Details of Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK1587K	Motorcycle					0
FBM4666K	Motorcycle	YAMAHA	SNIPER T150	Blue		0
GBJ4799B	Van					0
JNC5234	Motorcycle					0
PA3737T	Van					0

POLICE REPORT

CONTINUATION OF REPORT





3 of 3

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

Report No. T/20200325/2132

Sketch Plan

NP168

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: L / Sr Staff Sgt YANG ZHESONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/03/2020 21:48
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp	

POLICE REPORT





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890

2 of 3 Report No. T/20200325/2132

Tel No: 1800-7679999

CONTINUATION OF REPORT

Details of V	ehicle Insurance	THE PERSON NAMED OF	STATE CONTRACTOR	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM4666K	NTUC Income Insurance Co-Operative Limited	5096081136-02	20/11/2019	19/11/2020

Details of Perso	n Involved	10517116	100 H	OT SHARE	- Charles	
Any Pedestrian I	nvolved: No					
No. of Pedestrian			Use of	Pedestriar	Cross	ing: NA
Rider		AUTO EST	Spinister Co.	Plant de contra	101035	ang. IVA
Name	MUHAMMAD HAFASHAH BIN SAMAT			ID No).	S8848027I
Related Vehicle	FBM4666K (Motorcycle)			Conta	act No.	93880145
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class Drivin Licend Expire	g	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	23/03/2020 Date D		ischarge	-	/2020	
No. of Days gran	ted Medical Leave	24		of Injury		

Brief Details.

On 23/03/2020 at about 1745hrs, I was riding my motorcycle, FBM4666K along Gul Circle on lane 1 and was intending to turn left into Benoi Road. As I approached at the T-Junction, I noticed the traffic light was red. As such, I stopped my motorcycle behind the traffic light to wait for the traffic light to turn green.

All of a sudden, a white van (GBJ4799B) which was travelling straight on Benoi Road collided with a white van (PA3737T) which was turning right into Gul Circle from Benoi Road as the driver of PA3737T did not check for oncoming traffic before making the turn. The collision caused white van (GBJ4799B) to spin and lost control. Eventually, the white van GBJ4799B spin towards my direction and collided with my motorcycle and 2 other motorcycles (JNC5234 and FBK1587K) behind of me. I was badly injured due to the accident and was conveyed to the NUH by the ambulance. I was given with 24 days of MC from 23/03/2020 to 15/04/2020. My motorcycle was towed away by the TP and I have yet to assess the damages on it.

I did not managed to take down the particulars of the other drivers and riders involved however my friend: Ricky Loh, Hp: 90174346 who was driving behind of me had assisted me to take down their particulars. My friend's car was installed with a in-car camera and managed to capture down the accident.























