

## 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	02/04/2020 14:44
Date Of Accident	26/03/2020 16:30
Exact Location Of Accident	KRANJI EXPRESSWAY / BUKIT TIMAH EXPRESSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL4961M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIFF ALI BIN MOHAMED SUKRI
NRIC No	S9643102C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94522594
Alternative Phone No	OTHERS-94522594

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15
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	5086274558-03
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SYAHIR BIN SARIF
NRIC No	S9742839E
Date Of Birth	08/12/1997
Occupation	INDOOR
Date Of Driving Pass	12/01/2018
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81111586
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 39 CHAI CHEE AVENUE #05-263
Postcode	461039
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 TO REAR
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	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 3 DOVER ROAD , <b>POSTCODE:</b> 130003 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7788999 - <b>FAX NO:</b> 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20200327/2087;

#### 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	SKX3003R
Vehicle Make/Model/Colour	SUBARU / FORESTER 2.0I-L CVT AWD SR
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 SYAHIR BIN SARIF
Approximate Age	22
Injuries Sustain	
Injured person in which vehicle?	FBL4961M
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 39 CHAI CHEE AVENUE #05-263
Postcode	461039

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

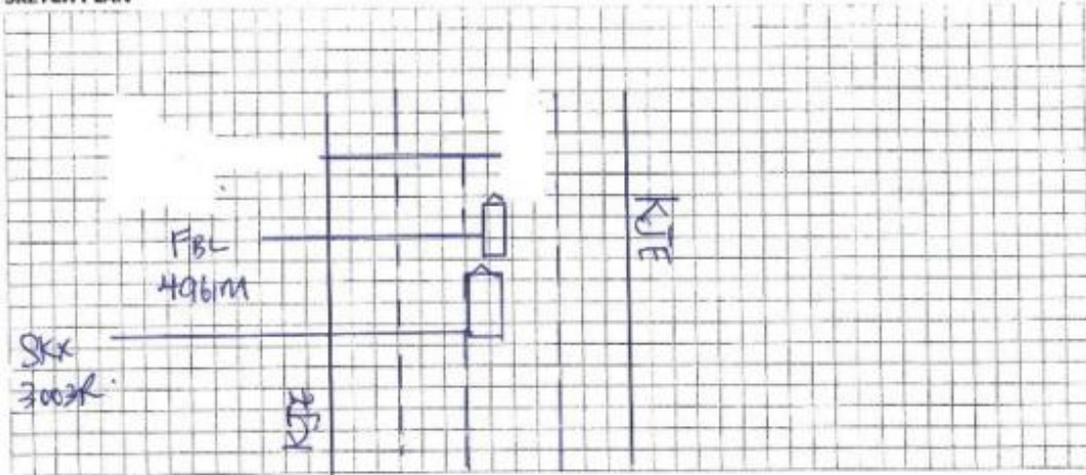
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: - 2 APR 2020  
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref  
To Police Report

A large, stylized handwritten signature or scribble in blue ink, spanning across several lines of the form.

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: vackb@vicom.com.sg

Reporting Centre Personnel's Signature  
Name: - 2 APR 2020  
NRIC/FIN No.:



**Accident Sketch Plan**



**SINGAPORE  
POLICE FORCE**



T/20200327/2087

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

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Report No. T/20200327/2087

**CONTINUATION OF REPORT**

Rider			
Name	MUHAMMAD SYAHIR BIN SARIF	ID No.	S9742839E
Related Vehicle	FBL4961M (Motorcycle)	Contact No.	81111586
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/03/2020	Date Discharge	27/03/2020
No. of Days granted Medical Leave	07	Degree of Injury	Serious

**Brief Details.**

On 26/03/2020 at about 1630hrs, I was riding my Motorbike(FBL4961M) along KRANJI EXPRESSWAY towards BUKIT TIMAH EXPRESSWAY Near Upper Bukit Timah Exit riding along lane 3, the vehicle(SKX3003R) approached from the rear and collided with my motorbike(hit on the rear left of my Motorbike) and the next moment I was on the ground at Lane 2 of the road while my bike was all the way in front of the road. I am conscience and notice that traffic police were at scene subsequently. I was also conveyed to the hospital by Ambulance. My Motorbike suffered damage after the accident as my Bike starter button is broken but can still be power on.

Accident Sketch Plan



SINGAPORE POLICE FORCE



T/20200327/2087

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

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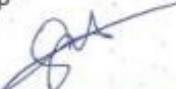
Report No. T/20200327/2087

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: D / Sgt 2 GOH SHAO ZHANG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/03/2020 16:46
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No. : 65476213	Classification Of Case:
<div style="border: 2px solid blue; padding: 5px;">  <span style="float: right;">SN 5</span>    <hr/> <p style="text-align: center;">SIGNATURE</p> </div>	

Accident Sketch Plan

Ng Teng Fong General Hospital



A member of the NUHS

**MEDICAL CERTIFICATE (Ref:67209102)**

**ORIGINAL**

**NAME: MUHAMMAD SYAHIR BIN SARIF**

**NRIC: R0000264Z**

Type of Medical Leave granted: **Outpatient Sick Leave**

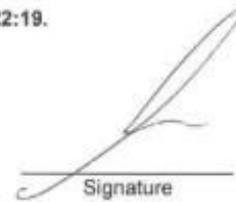
The above named is unfit for duty from **26/03/2020** to **01/04/2020** Inclusive.

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from **26/03/2020 17:58** to **26/03/2020 22:19**.

26/03/2020  
Date

Dr. Peng LEE (B4510I)  
Issued by

  
Signature

Location: NTFGH EMERGENCY

## Accident Sketch Plan

**National University  
Polyclinics**  
A member of the NUHS

ORIGINAL

MEDICAL CERTIFICATE

GEM2020151166

Name MUHAMMAD SYAHIR BIN SARIF		NRIC No. S9742839E
This is to certify that the above-named is unfit for duty for a period of <u>7</u> days from <u>02-Apr-2020</u> to <u>08-Apr-2020</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	Delivered on: _____
Admitted on: <u>N.A.</u>	<input type="checkbox"/> Maternity Leave	Operated on: _____
Discharged on: <u>N.A.</u>	<input type="checkbox"/> Sterilization Leave	
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u>		
Diagnosis N.A.	Surgical Operation (if applicable) N.A.	
Comments : N.A.		
NOT VALID WITHOUT CLINIC STAMP  Queenstown Polyclinic National University Polyclinics 580 Stirling Road Singapore 148958  For enquiries please call 66438959	Ward No. Queenstown Polyclinic  Date 02-Apr-2020	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.   LOH WENYING AMANDA , 15559D

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

