

## 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	15/04/2020 15:02
Date Of Accident	18/03/2020 17:45
Exact Location Of Accident	BETWEEN PIE TO KJE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ6920S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD NASIR BIN MOHD TAHIR
NRIC No	SXXXX994G
Email Address	BOI_NAS902@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81830288
Alternative Phone No	OFFICE-81830288

### Vehicle Particulars

Manufacturer	YAMAHA
Model	MX KING
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	REPORTING ONLY
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	5114532521
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD NASIR BIN MOHD TAHIR
NRIC No	SXXXX994G
Date Of Birth	24/05/1990
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2009
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81830288
Fax Number	
Contact Number	OFFICE-81830288
EEmail Address	BOI_NAS902@HOTMAIL.COM

Address	BLK 240A JURONG EAST AVE 1 #14-05 SINGAPORE
Postcode	601240
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 TO REAR
Weather Conditions	RAINING
Road Surface	WET

### 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	10 UBI AVENUE 3
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> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT REF:T/20200325/7000

### 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	PA5168Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 NASIR BIN MOHD TAHIR
Approximate Age	
Injuries Sustain	NECK, BACK, HAND & LEG
Injured person in which vehicle?	FBQ6920S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN


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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:

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

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

Accident Sketch Plan

SKETCH PLAN

VEH A: FRG 69205  
VEH B: PA 51684

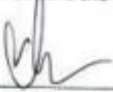
Location:  
Between TIE to LJE


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report  
REF: T/20200325/700

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:

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

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20200325/7000

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

1 of 3

Report No. T/20200325/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/03/2020 00:23	Vide Report No.: J/20200318/0081	Station Diary No.:
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Informant's Particulars			
Name of Informant: MUHAMMAD NASIR BIN MOHD TAHIR		Address: APT BLK 240A JURONG EAST AVENUE 1 #14-05 SINGAPORE 601240	
ID Type / ID No.: NRIC NO / S9016994G		Contact No.:	Mobile: 81830288
Nationality: SINGAPORE CITIZEN		Email: boi_nas90@hotmail.com	
Sex: Male	Age: 29	Date of Birth: 24/05/1990	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Grabfood rider		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 18/03/2020 17:30	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ6920S	Motorcycle	YAMAHA	MX KING T150 MANUAL	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ6920S	NTUC Income Insurance Co-Operative Limited	5114532521	02/12/2019	01/12/2020

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20200325/7000

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

2 of 3

Report No. T/20200325/7000

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	FBQ6920S (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Fatal
<b>Rider</b>			
Name	MUHAMMAD NASIR BIN MOHD TAHIR	ID No.	S9016994G
Related Vehicle	FBQ6920S (Motorcycle)	Contact No.	81830288
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

**Brief Details.**

I was travelling from jurong east and intended to go to woodlands via pie-kje tuas at about 5plus pm. It started raining heavily. And i could not remember how the accident happen. I only realise that im already in the ambulance and headed to the hospital. And again lose cautiousness till reach NUH. I cannot remember how the accident happen at that moment. I assume that i hit a yellow van and was knock out

Police Report



**SINGAPORE  
POLICE FORCE**



T/20200325/7000

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

3 of 3

Report No. T/20200325/7000

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 / TPiB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204

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 00:23
Classification Of Case:



MEDICAL

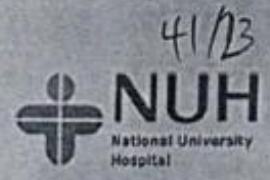
Admission Date: 18-Mar-2020      DCM: 24-4552-1874  
Ward: Ward 41 (Surg)      Room: ROOM 08  
Patient Type: Inpatient      Patient Class: Class C  
Attending Dr: A/E ANN LYNETTE LDD (182642)      Medical Service Code: GS Trauma

**DISCHARGE DETAILS**  
Discharge Date/Time: 23-Mar-2020 12:20      Condition at Discharge: Improved - Condition better than at time of admission  
Discharge Status: Follow up at SOC

**DIAGNOSIS**  
TALAM

**PROCEDURE**  
Date/Time:  
SIMULTANEOUS TISSUE LACERATION/DEEP/MULTIPLE LACERATIONS REPAIR  
SIMULTANEOUS TISSUE DEEP EXTENSIVE CONTAMINATED  
SIMULTANEOUS TISSUE DEEP EXTENSIVE CONTAMINATED

**National University Hospital (Singapore) Pte Ltd**  
5 Lower Kent Ridge Road, Singapore 119074  
TEL: (65) 6779 5555  
Business Registration No: 198500843R



MEDICAL CERTIFICATE ORIGINAL NUH20073224  
NAME: MUHAMMAD NASIR BIN MOHD TAHIR NRIC: S9016994G

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 20 day(s) from 18-Mar-2020 to 06-Apr-2020 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 18-Mar-2020 17:55 to 23-Mar-2020 17:50

23-Mar-2020  
Date  
A member of the NUHS

CHONG KAR MUN (P1294A)  
Issued by

NW53  
Location

Signature

MEDICAL

NATIONAL UNIVERSITY HOSPITAL

5 Lower Kent Ridge Road, Singapore 119074 Tel: (65) 6778 5555



HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY

MUHAMMAD NASIR BIN MOHD TAHIR | S9016994G | 29Y 9M | M | Malay | 1520469451C | 18-Mar-2020 | 23-Mar-2020

ADMISSION DETAILS

Admission Date: 18-Mar-2020 DOB: 24-May-1990 Age: 29Y 9M (as of admission)
Ward: Ward 41 (Surg) Room: ROOM 06 Bed: BED 023
Patient Type: Inpatient Patient Class: Class C
Attending Dr: MEE ANN LYNETTE LOO (15268D) Medical Service Code: GS Trauma

DISCHARGE DETAILS

Discharge Date/Time: 23-Mar-2020 12:26
Discharge Status: Follow Up at SOC Condition at Discharge: Improved - Condition better than at time of admission

DIAGNOSIS

TRAUMA

PROCEDURE

Procedure Date/Time
SKIN & SUBCUTANEOUS TISSUE,LACERATION(DEEP)/MULTIPLE LACERATIONS,REPAIR 20-Mar-2020 12:31
SKIN & SUBCUTANEOUS TISSUE,DEEP/EXTENSIVE CONTAMINATED WOUND,DEBRIDEMENT 20-Mar-2020 12:31
SKIN & SUBCUTANEOUS TISSUE,DEEP/EXTENSIVE CONTAMINATED WOUND,DEBRIDEMENT 20-Mar-2020 12:31

DRUG ALLERGY DATA

Adverse Drug Reaction / Drug Allergy
No drug allergy

Medical Alert

No medical alert
The drug allergy data is accurate as at 23-Mar-2020 19:22

CLINICAL SUMMARY

Follow up

On discharge, twice a week OPS dressing change
TCU HRM Dr Ellen 3/4/20 for KIV STO
TCU Ortho Trauma Prof Lau Leok Lim in 2/52, WI OA
TCU NES 1 month with CT brain OA
TCU GS Trauma 2/52
TCU PRAS Dressing Clinic Friday 27/3/20
TCU Eye PRN

Discharge Medication

The discharge medication data is accurate as at 23-Mar-2020 17:23

Table with columns: Route, Medication Name, Dosage Regimen, Instructions. Includes CHLORTETRACYCLINE Eye Oint and NEUROBION Tablet.

By : CHONG KAR MUN(P1294A)

Date : 23-Mar-2020 19:22

This is a computer-generated summary of information available and correct at point of print. Please refer to your doctor for further information or clarification.

Printed by: OOI KITT GIN
Printed Date/Time: 23-Mar-2020 19:38
A member of NUHS

MEDICAL

NATIONAL UNIVERSITY HOSPITAL  
5 Lower Kent Ridge Road, Singapore 119074 Tel: (65) 6779 5555



HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY

MUHAMMAD NASIR BIN MOHD TAHIR | S9016994G | 29Y 9M | M | Malay | 1520469451C | 18-Mar-2020 | 23-Mar-2020

PO	PARACETAMOL Tablet	1 G every 6 hours 2 WEEKS	
PO	TRAMADOL Tablet	50 MG every 8 hours when necessary 1 WEEK	Pain,
PO	METOCLOPRAMIDE Tablet	10 MG every 8 hours when necessary 1 WEEK	Nausea and/or vomiting.
PO	ETORICOXIB Tablet	90 MG every morning 4 DAYS	
PO	OMEPRAZOLE Cap	20 MG before breakfast 4 DAYS	

Medical Certificate

MC Number	: NUH20073224	Issued by	: CHONG KAR MUN
Leave Type	: Hospitalization Leave	Fit to attend court	: Yes
Unfit for duty	: 18-Mar-2020 to 06-Apr-2020	Fit for light duty	:
Remarks	:		:

Future Appointment

Not Applicable

Planned Orders

Not Applicable

By : CHONG KAR MUN(P1294A)

This is a computer-generated summary of information available and covers all parts of print  
Please refer to your doctor for further information or clarification

Date : 23-Mar-2020 18:22

Printed by : OOI KITT GIN

Accident Photo



Accident Photo



Accident Photo



Accident Photo







Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

