

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	29/04/2020 14:55
Date Of Accident	27/04/2020 14:00
Exact Location Of Accident	TOH GUAN RD EAST OUTSIDE ENTRANCE ENTERPRISE HUB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ8375H
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Insured/Policyholder

Name Of Registered Owner	MOHAMED HAFIZ BIN SYED MAIDEEN
NRIC No	SXXXX433I
Email Address	ELSON@EQUIPMENTEXTREME.COM
Mobile Phone No	(LOCAL) +65-91864424
Alternative Phone No	OTHERS-91864424

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC
Exact Purpose for which vehicle was being used at time of accident	TO GO BIKE SHOP TO PAY INSTALLMENT
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	5107314817-01
Cover Note Number	

Driver

Name of Driver	MOHAMED HAFIZ BIN SYED MAIDEEN
NRIC No	SXXXX433I
Date Of Birth	03/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91864424
Fax Number	
Contact Number	OTHERS-91864424
Email Address	ELSON@EQUIPMENTEXTREME.COM

Address	BLK 251 JURONG EAST STREET 24 #04-112
Postcode	600251
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200427/2082

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	SMR4961B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KELVIN PHAN CHONG SENG
NRIC/Passport Number	SXXXX442E
Contact Number	96615540
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMED HAFIZ BIN SYED MAIDEEN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FZ8375H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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: 29/4/20 1331 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

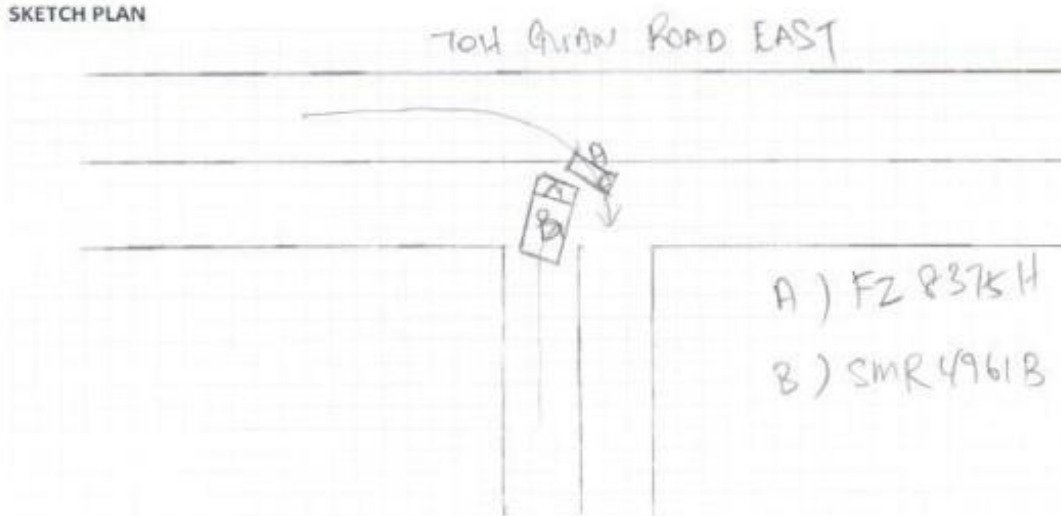
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


REFER TO POLICE REPORT T/20200427/2082

DECLARATION

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


Policyholder's Signature
Date & Time: 29/4/2020

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


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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200427/2082

1 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20200427/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2020 21:29		Vide Report No.:		Station Diary No.: 61	
Informant's Particulars					
Name of Informant: MOHAMED HAFIZ BIN SYED MAIDEEN			Address: APT BLK 251 JURONG EAST STREET 24 #04-112 SINGAPORE 600251		
ID Type / ID No.: NRIC NO / S94074331			Contact No.: Home/Office: Mobile: 91864424		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 03/03/1994	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: SMRT ASSISTANT STATION MANAGER			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/04/2020 14:00	Type of Location: Straight Road
Location: Along Road 1 TOH GUAN ROAD EAST Outside the entrance of Enterprise Hub				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FZ8375H	Motorcycle	HONDA	CB400	White	Slightly Damaged	0
SMR4961B	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ8375H	NTUC Income Insurance Co-Operative Limited	5107314817-01	16/02/2020	15/02/2021

POLICE REPORT



**SINGAPORE
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T/20200427/2082

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20200427/2082

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED HAFIZ BIN SYED MAIDEEN	ID No.	S9407433I
Related Vehicle	FZ8375H (Motorcycle)	Contact No.	91864424
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	27/04/2020	Date Discharge	27/04/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	Kelvin Phan Chong Seng	ID No.	S6823442E
Related Vehicle	SMR4961B (Car)	Contact No.	96615540
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 27.04.2020 at about 2.00pm, I was riding my M/cycle FZ8375H along Toh Guan Road East from Toh Guan Road and as I was about to reach the entrance of Enterprise Hub, I slow down my M/cycle and signal right with the intention to check for on coming traffic from the opposite road before turning into Enterprise Hub. When I was opposite the entrance, I saw a vehicle SMR4961B stopping at the entrance signaling right as he was exiting Enterprise Hub. As there is no traffic from the opposite road, I move my M/cycle forward as I wanted to turn into Enterprise Hub, when the said vehicle without any warning moved forward onto the road of Toh Guan Road East and the front of his vehicle hit onto the right of my M/cycle. I then fell onto the ground but managed to stand up on my own and I sustained some abrasion on my right arm. The Chinese driver then came out of his vehicle to check if I am ok. At that time I am still feeling ok and after we exchanged particulars, the driver left the scene. Subsequently I felt pain on my body and I proceed to NUH to seek treatment and was given 4 days MC .

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200427/2082

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No: T/20200427/2082

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 /
SI CHEONG SIN EE, ALFRED

Signature Of Informant:

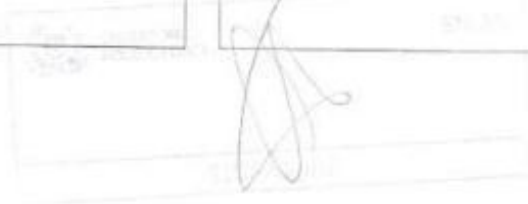
Signature Of Interpreter:
Not applicable

Date/Time:
27/04/2020 21:29

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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