

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	11/10/2019 13:42
Date Of Accident	29/08/2019 18:30
Exact Location Of Accident	X-JUNCTION OF BUANGKOK DRIVE AND PUNGGOL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE7193E
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Insured/Policyholder

Name Of Registered Owner	MUHAMMAD KHALILI D'CRUZ BIN MUHAMMAD RIDZWAN ABDUL
NRIC No	S9130244F
Email Address	MDKHALILIDCRUZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96543946
Alternative Phone No	OTHERS-96543946

Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA RUNNER 200
Exact Purpose for which vehicle was being used at time of accident	FOR 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
Fleet Policy	NO
Policy Number	5110828124
Cover Note Number	THIRD PARTY

Driver

Name of Driver	MUHAMMAD KHALILI D'CRUZ BIN MUHAMMAD RIDZWAN ABDUL
NRIC No	S9130244F
Date Of Birth	14/08/1991
Occupation	INDOOR
Date Of Driving Pass	29/06/2010
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96543946
Fax Number	
Contact Number	OTHERS-96543946
Email Address	MDKHALILIDCRUZ@GMAIL.COM

Address	BLK 645 #03-16 PASIR RIS DRIVE 10
Postcode	510645
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	FBM4632H - -
Insurance Company of Driver's Own Vehicle	NTUC INCOME INSURANCE CO-OPERATIVE LTD - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , 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

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC9743K
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 INJURED PERSON 1

Name	MUHAMMAD KHALILI D'CRUZ BIN MUHAMMAD RIDZWAN ABDULLAH D'CRUZ
Approximate Age	28
Injuries Sustain	
Injured person in which vehicle?	FBE7193E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 11/10/2019 / 13:36

Report No: MT/ _____

D.O.A: 29/08/2019

Vehicle No: FBE7193E

Reporting Type: _____

Time: 18:30: hrs
00 PM

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.


11/10/19 / 13:36

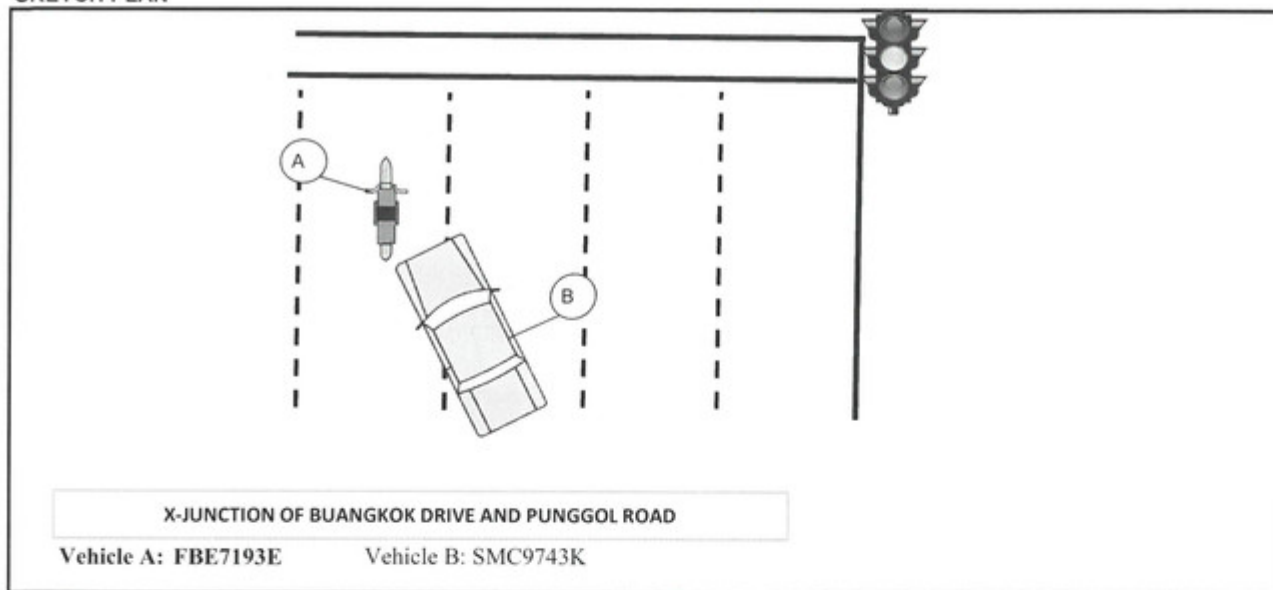
Policyholder's Signature / Date & Time

11/10/19 / 13:36

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


Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

Declaration

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


Policyholder's Signature / Date & Time

11/10/19 / 13:36


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

11/10/19 / 13:36

Witnessed by Reporting Centre Personnel

POLICE REPORT

**SINGAPORE
POLICE FORCE**

T/20190829/2199

1 of 3

Report No. T/20190829/2199

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2019 22:59	Vide Report No.:	Station Diary No.: 199
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Informant's Particulars

Name of Informant: MUHAMMAD KHALILI D'CRUZ BIN MUHAMMAD RIDZWAN ABDULLAH D'CRUZ		Address: APT BLK 645 PASIR RIS DRIVE 10 #03-16 SINGAPORE 510645	
ID Type / ID No.: NRIC NO / S9130244F		Contact No.: Home/Office: Mobile: 96543946	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 14/08/1991	Type of Informant: Rider
Race: Eurasian		Language: English	Institution / School Name:
Occupation: Concierge		Driving Licence Information: Class: 2B,2A,2	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/08/2019 18:30	Type of Location: X-Junction
Location: Along Road 1 BUANGKOK DRIVE X-JUNCTION OF BUANGKOK DRIVE AND PUNGGOL ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
FBE7193E	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	White	Slightly Damaged	0
SMC9743K	Car				Slightly Damaged	0

Details of Vehicle Insurance

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



T/20190829/2199

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20190829/2199

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE7193E	NTUC Income Insurance Co-Operative Limited	5110828124	01/07/2019	30/06/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD KHALILI D'CRUZ BIN MUHAMMAD RIDZWAN ABDULLAH D'CRUZ	ID No.	S9130244F
Related Vehicle	FBE7193E (Motorcycle)	Contact No.	96543946
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	29/08/2019	Date Discharge	29/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 29/08/2019 at about 1830hrs, I was driving my motorcycle bearing registration number FBE7193E along Buangkok Drive on the third lane approaching Punggol Road X-Junction. As the light turns amber, I gradually come to a stop behind another vehicle. Out of a sudden, I felt an impact from the back and saw another vehicle bearing registration number SMC9743K has hit onto me from the back. I looked at the driver immediately and noticed that he was using his mobile phone. There are a few passer-by assisted me as well and one of them has sent me a footage of the accident that took place earlier. I called for police thereafter.

Both Police and ambulance attended to us and I was conveyed to SKGH thereafter. I was given a 5 days MC due to left knee injuries.

**SINGAPORE
POLICE FORCE**

Station Of Origin:
Sengkang N.P.C
Sengkang Square #01-02 SINGAPORE
645025
Tel No: 1800-343 8999



T/20190829/2199

3 of 3

Report No. T/20190829/2199

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 /

Sgt 3 YE WEIJIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/08/2019 22:59

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

