

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	29/06/2020 16:41
Date Of Accident	28/06/2020 13:00
Exact Location Of Accident	ALONG GHIM MOH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD6863S
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RIFQIE BIN ABDULLAH
NRIC No	TXXXX694I
Email Address	MDRIFQIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96566126
Alternative Phone No	OFFICE-96566126

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM 200M-197CC (M)
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	5115430893
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RIFQIE BIN ABDULLAH
NRIC No	TXXXX694I
Date Of Birth	11/11/2001
Occupation	INDOOR
Date Of Driving Pass	07/01/2020
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96566126
Fax Number	
Contact Number	OFFICE-96566126
Email Address	MDRIFQIE@GMAIL.COM

Address	BLK 167 STIRLING ROAD #01-1211
Postcode	140167
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 ON COLLISION
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200629/7004 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SMS4158Z
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALFINO HO
NRIC/Passport Number	
Contact Number	91008049
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD RIFQIE BIN ABDULLAH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBD6863S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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: 24 June 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

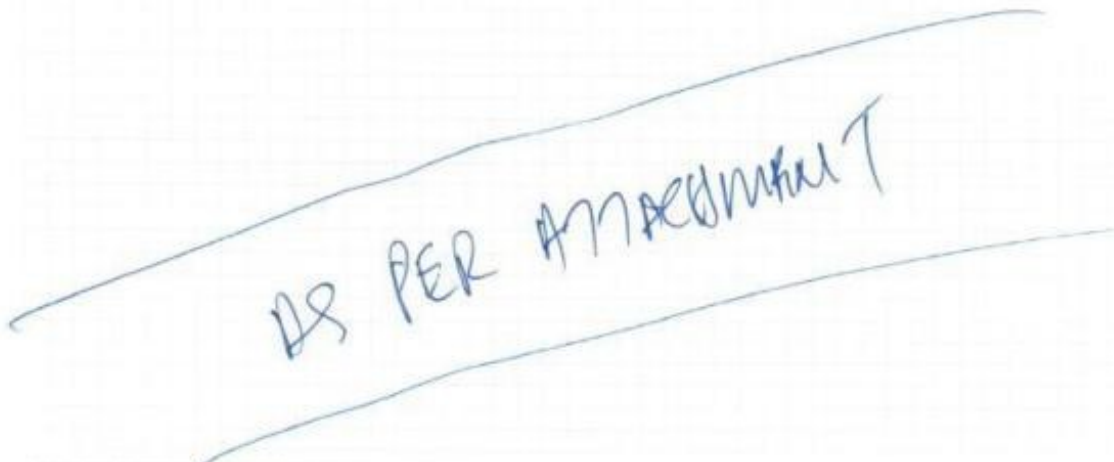
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Referred to Police Report 1/20200629/1004

[The remaining lines of the grid are crossed out with a large diagonal line.]

DECLARATION

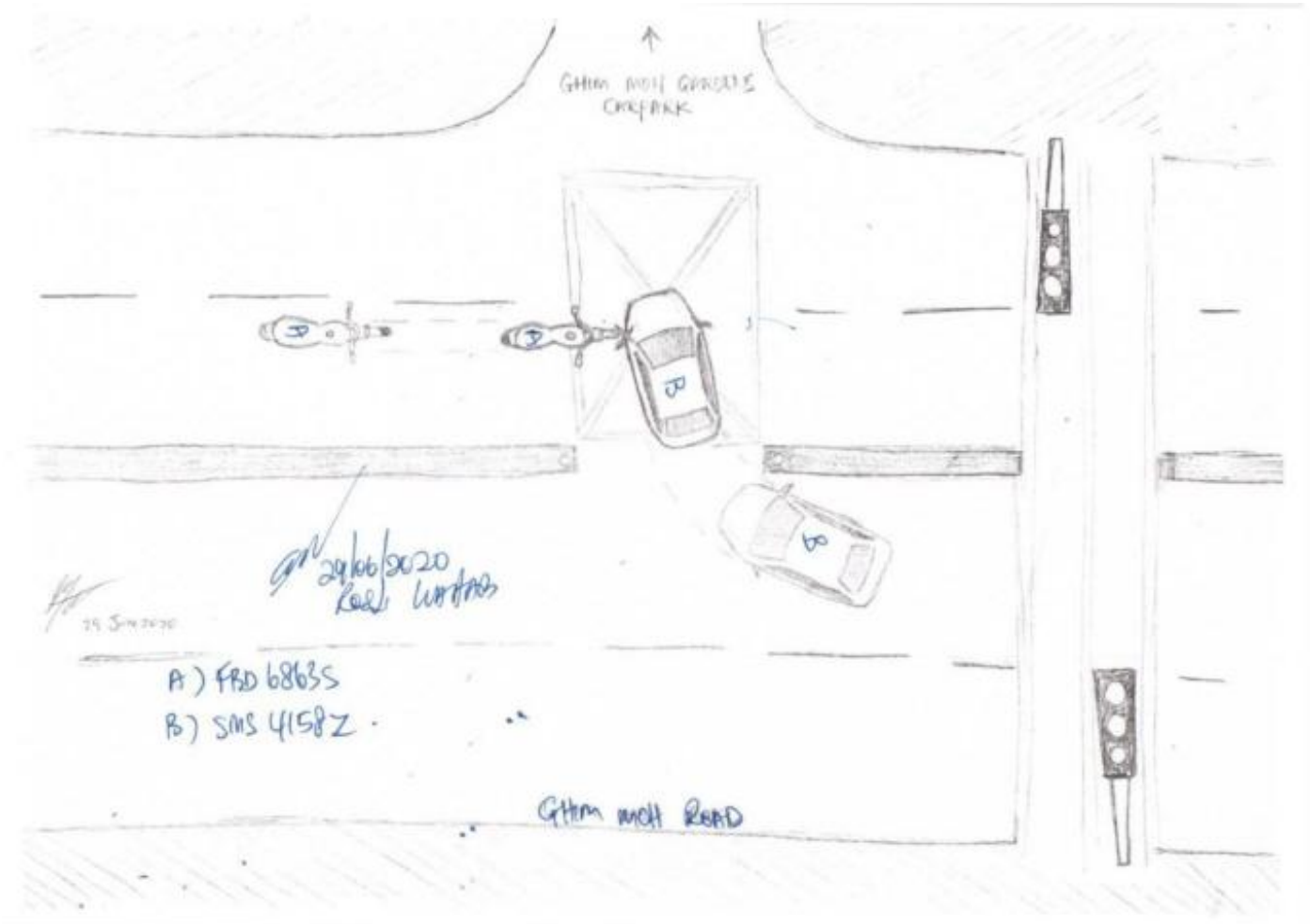
I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time: 24 June 2020

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

 29/06/2020
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]

Accident Sketch Plan



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200629/7004

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

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Report No. T/20200629/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2020 08:37		Vide Report No.: D/20200628/0098		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD RIFQIE BIN ABDULLAH			Address: APT BLK 167 STIRLING ROAD #01-1211 SINGAPORE 140167		
ID Type / ID No.: NRIC NO / T0137694I			Contact No.: Home/Office: Mobile: 96566126		
Nationality: SINGAPORE CITIZEN			Email: MDRIFQIE@GMAIL.COM		
Sex: Male	Age: 18	Date of Birth: 11/11/2001	Type of Informant: Rider		
Race: Indonesian			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/06/2020 13:00	Type of Location: Straight Road
Location: GHIM MOH ROAD				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD6863S	Motorcycle	HONDA	PHANTOM+ 200+M	Black		0
SMS4158Z	Car	HYUNDAI	Accent	Red		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD6863S	NTUC Income Insurance Co-Operative Limited	5115430893	07/01/2020	06/01/2021

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200629/7004

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

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Report No. T/20200629/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD RIFQIE BIN ABDULLAH	ID No.	T0137694I
Related Vehicle	FBD6863S (Motorcycle)	Contact No.	96566126
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	28/06/2020	Date Discharge	28/06/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	ALFINO HO	ID No.	NIL
Related Vehicle	SMS4158Z (Car)	Contact No.	91008049
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 28 June 2020 at about 1.00pm, I was on the right lane travelling straight along Ghim Moh Road from Commonwealth Avenue West on my Honda Phantom TA200 motorcycle, plate no. FBD6863S. It was raining heavily though traffic was light. From the opposite direction, a red Hyundai car, plate no. SMS4158Z, was stationary at the junction between lamp post 5 and 6. As I was nearing the junction, it abruptly turned right into Ghim Moh Gardens carpark and obstructed my lane despite me having the right of way. As a result, I could not brake in time and collided into the left side of said car. (Refer to sketch in attachment)

My body hit the car on impact before dropping to the ground. I remained sprawled in the middle of the road primarily due to shock and pain on the left side of my body. The driver got out of the car and assisted me to the side of the road and called for ambulance.

After preliminary checks, I was conveyed to National University Hospital (NUH) at 2.05pm having sustained injuries on my left shoulder & thigh. I was discharged with 4 days MC at 3.30pm.

I wish to state that there is a Police camera at Blk 13 Ghim Moh Road facing above-mentioned junction.

(Vide report D/20200628/0098 TP IO Farhan)

POLICE REPORT



**SINGAPORE
POLICE FORCE**

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



T/20200629/7004

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Report No. T/20200629/7004

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
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Tel No: 65470000



T/20200629/7004

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Report No. T/20200629/7004

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 /
YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp

NP166

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
29/06/2020 08:37

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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