

## 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	07/07/2020 16:12
Date Of Accident	07/07/2020 07:00
Exact Location Of Accident	JUNCTION OF LOR 4 TOA PAYOH/TOA PAYOH CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5455M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD ISKANDAR BIN ELHAM WIJAYA
NRIC No	SXXXX518H
Email Address	MUHD_ISKANDAR87@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91123920
Alternative Phone No	OFFICE-91123920

### Vehicle Particulars

Manufacturer	HONDA
Model	CBR1000RR-999CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5057769922-07
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ISKANDAR BIN ELHAM WIJAYA
NRIC No	SXXXX518H
Date Of Birth	19/02/1987
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2009
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91123920
Fax Number	
Contact Number	OFFICE-91123920
Email Address	MUHD_ISKANDAR87@HOTMAIL.COM

Address	BLK 179 TOA PAYOH CENTRAL #04-464
Postcode	310179
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	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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , <b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200707/2040

#### 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	FBK2125D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	CHIA YAM HENG
NRIC/Passport Number	SXXXX694C
Contact Number	93370922
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD ISKANDAR BIN ELHAM WIJAYA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE5455M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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: 7/1/20  
2.50pm

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

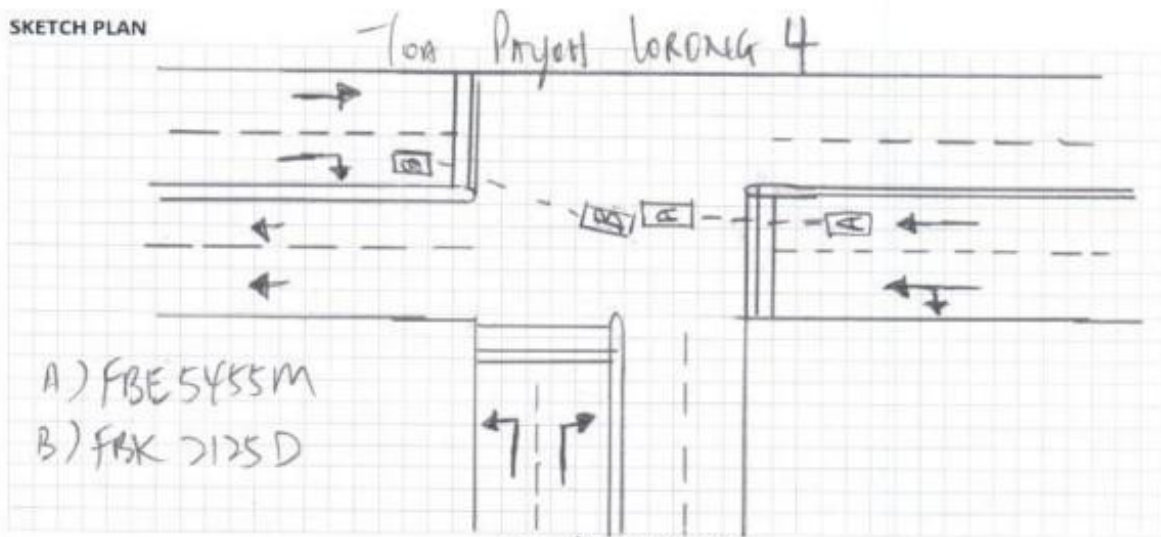
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT T-08 Project Location 4

REFER TO POLICE REPORT T/20200707/2046

## DECLARATION

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

Policyholder's Signature  
Date & Time: 7/7/20  
3pm

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

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



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200707/2040

Police Station Of Origin:  
Toa Payoh N.P.C.  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 4

Report No. T/20200707/2040

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2020 13:05	Vide Report No.:	Station Diary No.: 52
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### Informant's Particulars

Name of Informant: MUHAMMAD ISKANDAR BIN ELHAM WJAYA			Address: APT BLK 179 TOA PAYOH CENTRAL #04-464 SINGAPORE 310179		
ID Type / ID No.: NRIC NO / S8704518H			Contact No.: Home/Office: Mobile: 91123920		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 19/02/1987	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DRIVING TESTER			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/07/2020 07:00	Type of Location:
Location: Junction of Road 1 and Road 2 LORONG 4 TOA PAYOH TOA PAYOH CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
FBE5455M	Motorcycle	HONDA	CBR1000RR	Orange	Slightly Damaged	0
FBK2125D	Motorcycle	P.G.O.	I ME 150 WEL BIKE 3- WHEELER	Red	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200707/2040

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 4

Report No: T/20200707/2040

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE5455M	NTUC Income Insurance Co-Operative Limited	5057769922-07	10/06/2020	09/06/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD ISKANDAR BIN ELHAM WIJAYA		ID No.	S8704518H
Related Vehicle	FBE5455M (Motorcycle)		Contact No.	91123920
Hospital/Clinic	RAFFLES MEDICAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	07/07/2020		Date Discharge	07/07/2020
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Rider				
Name	Chia Yam Heng		ID No.	S0492694C
Related Vehicle	FBK2125D (Motorcycle)		Contact No.	93370922
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 7/7/20 at around 0700hrs, I was travelling along Lorong 4 Toa Payoh, on the first lane going straight.

The traffic light was still green so I proceeded forward. Suddenly, one motorcycle turned right towards toa payoh central. I saw the right turning green arrow was not turned on yet. I did not know why he turned right.

I tried to brake but could not stop it in time. Both our vehicles collided into each other. I fell down and tried to stand up. Next, I exchanged particulars with the other driver and took photos of the damaged vehicle.

Next, traffic police and ambulance arrived. Traffic police took down our details and left the scene vide incident E/20200707/0020 under IO Jofi, 65476960.

I suffered injuries on both elbows, right pelvic and right shin. Ambulance came and conveyed me to hospital. Doctor assessed me and gave me 4 days mc.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200707/2040

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 4

Report No. T/20200707/2040

Next, I came to police station to lodge a report.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200707/2040

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

4 of 4

Report No. T/20200707/2040

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:

E /

Sgt 3 KUAH JIA HAO

2

Signature Of Informant:

1

Signature Of Interpreter:

Not applicable

Date/Time:

07/07/2020 13:05

Officer In Charge Of Case:

TP / GIT /

SI VILTON HIA WEE SIANG

Contact No.: 65476178

SN 168

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





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