#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	01/08/2020 17:25
Date Of Accident	30/07/2020 15:35
Exact Location Of Accident	ALONG BUKIT BATOK RD TOWARDS PIE TRAFFIC LIGHT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD6820R
Insured/Policyholder	
Name Of Registered Owner	MOHD REIFAN AFIQ BIN MOHD RAMLI
NRIC No	SXXXX156E
Email Address	FULLSTOP423@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97990353
Alternative Phone No	OTHERS-97990353
Vehicle Particulars	
Manufacturer	YAMAHA
Model	X-1R-135CC (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
Fleet Policy	NO
Policy Number	5105694536-01
Cover Note Number	
Driver	
Name of Driver	MOHD RIFOLANIO RINI MOHD RAMI I

Name of Driver MOHD RIFQI ANIQ BIN MOHD RAMLI

NRIC No TXXXX322D

Date Of Birth 08/01/2002

Occupation OUTDOOR

Date Of Driving Pass 06/07/2020

Driving Experience 0 YEAR AND 0 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97990353

Fax Number

Contact Number OTHERS-97990353

EMail Address FULLSTOP423@GMAIL.COM

BLK 406 BUKIT BATOK WEST AVENUE 7 Address

#03-36

2

NO

1

Postcode 650406

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SIBLING** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

**COLLISION - HEAD TO REAR** Type Of Accident

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by YES

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name NANYANG N.P.C

ROAD: 2 JURONG WEST AVE 5, POSTCODE: 649482, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-7929999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT T/20200731/2094

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 SLG1137D

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

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# **DETAILS OF INJURED PERSON 1**

Name MOHD RIFQI ANIQ BIN MOHD RAMLI

Approximate Age

Injuries Sustain SLIGHT Injured person in which vehicle? FBD6820R

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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- 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.
- 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.
- 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
  - 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:
  - 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

NRIC/FIN No

#### **Accident Sketch Plan**

# SKETCH PLAN Bukit Batok Rd A) FBD 6820R B) SLG 1137D DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Date Driver's Signature Name: & Time: (If driver is not the policyholder) Date NRIC/FIN No .: & Time: GIARMC SketchPlanForm\_V3

### Police Report





T/20200731/2094

1 of 3

Report No. T/20200731/2094

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

DEDODT	OF	٨	TRAFFIC A	CCIDENT
REPURI	OF.	~	INAFFICA	COIDEIT

Date/Time Report Made: 31/07/2020 23:06		fade:	Vide Report No.: Station Diary 105			
Informa	nt's Partice	ulars		The state of the s		
Name of Informant: MOHAMMAD RIFQI ANIQ BIN MOHD RAMLI			Address: APT BLK 406 BUKIT BATOK WEST AVENUE 7 #03-36 SINGAPORE 650406			
ID Type / ID No.: NRIC NO / T0200322D			Contact No.: Home/Office:	Mobile: 97990353		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 18	Date of Birth: 08/01/2002	Type of Informant:			
Race: Malay		111	Language:	Institution / School Name: ITE WEST		
Occupation: NIL			Driving Licence Information: Class: 2B Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 30/07/2020 15:3	Type of Location T-Junction
BUKIT BATO BUKIT BATO	oad 1 and Road 2 K ROAD K WEST AVENUE 5 atok road towards PIE, traf	fic light Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: Dual Carriage	e Wav	Traffic Control: Traffic Light - W	/orking	Traffic Volume: Heavy
Type of Collis		Assistance of the Control of the Con	Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBD6820R	Motorcycle				Slightly Damaged	0
SLG1137D	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

#### **Police Report**





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

2 of 3 Report No. T/20200731/2094

#### CONTINUATION OF REPORT

Name	MOHAMMAD RIFO	ANIQ BIN	OHOM V	ID No	).	T0200322D
Deleted Maria	RAMLI			Mees Free		1.7.7.7.8.8888
Related Vehicle	NIL			Conta	act No.	97990353
Hospital/Clinic	NIL					The state of the s
	NIL			Class Drivin Licen	g	Class: 2B Date of Expiry: NIL
Date Treatment	NIL		Data Diag		-	
	ted Medical Leave	NIL	Date Disc	narge	NIL	
7-3-011	nodical reave	INIL	Degree of	Injury	NIL	

#### Brief Details.

On 30/0702020 at around 1535hrs. I was travelling along Bukit Batok Road towards PIE and stopped at the traffic light just before Bukit Batok West Avenue 5 as it turned red. As the light turned green, my motorbike (FBD6820R) stalled and I quickly attempted to kickstart the motorbike but to no avail. Because of this I raised my hand to signal the white Nissan Qashai (SLG1137D) that was around 10 meters behind me to let him know that I had engine problems. While my hand still raised up, I felt a hit to the back of my bike which caused me to lose my balance and almost fell over however I managed to lift my bike up before it fell to the side. The said Nissan Qashai had crashed into the back of my bike at what seemed to be travelling at around 10-15km/h. He immediately moved to the side of the road and stopped and I pushed my bike over to him. I called my big brother namely Mohd Reifan Afiq Bin Mohd Ramli (82007746) to come to the scene. After reaching the scene, my brother assisted to call the police. Ambulance and traffic police soon after arrived and I was conveyed to Ng Teng Fong hospital and received 4 days mc for a sprain on my left leg. My motorcycle rear rim was dented, mudguard was bent, number plate was bent and my engine was leaking as a result of the accident. The driver of the vehicle told me that he did not bring his IC thus I was unable to exchange particulars with him. Vide report number: J/20200730/0104.

#### **Police Report**

CONTINUATION OF REPORT





3 of 3

Report No. T/20200731/2094

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

# Sketch Plan

NP168

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:  J / Sgt 1 DANNY IRFAN BIN ROSLAN	Signature Of Informant.	
Signature Of Interpreter: Not applicable	Date/Time: 31/07/2020 23:06	
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394	Classification Of Case:	

















