### 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

	aforesaid.	
		ACCIDENT STATEMENT
	Date Of Report	03/08/2020 18:30
	Date Of Accident	29/07/2020 17:00
	Exact Location Of Accident	COMMONWEALTH AVE TWRDS COMMONWEALTH AVE WEST
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	FBL8161D
	Insured/Policyholder	
	Name Of Registered Owner	MUHAMMAD AZMY SAIFUDIN BIN JUFFRI
	NRIC No	SXXXX697I
	Email Address	AZMY.JUFFRI@GMAIL.COM
	Mobile Phone No	(LOCAL) +65-91142231
	Alternative Phone No	OTHERS-91142231
	Vehicle Particulars	
	Manufacturer	YAMAHA
ti A fo	Model	SNIPER T150-150CC
	Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
	Are you claiming under your own insurance policy for repair to your vehicle?	NO
	If No, Please state action to be taken	REPORTING ONLY
	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	5116964709
	Cover Note Number	
	Driver	
	Name of Driver	MUHAMMAD AZMY SAIFUDIN BIN JUFFRI
	NDIC No	\$22226071

NRIC No SXXXX697I

Date Of Birth 14/09/1981

Occupation OUTDOOR

Date Of Driving Pass 04/08/2014

Driving Experience 5 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91142231

Fax Number

Contact Number OTHERS-91142231

EMail Address AZMY.JUFFRI@GMAIL.COM

Address BLK 70C TELOK BLANGAH HEIGHTS

#04-537

Postcode 103070

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

gurange Company of Privar's Own Vahiola

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING
Road Surface WET

**Other Information** 

ambulance?

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

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

YES

YES

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 TELOK BLANGAH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 51 TELOK BLANGAH DRIVE, POSTCODE: 100051,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2729999 - FAX NO: 63772526

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT T/20200730/2109

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 SGK6968C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 22

## **DETAILS OF INJURED PERSON 1**

Name MUHAMMAD AZMY SAIFUDIN BIN JUFFRI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBL8161D

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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- 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
- 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
- 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.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.

### **Accident Sketch Plan**

SKETCH PLAN COMMONIL	UKBUH AVI	K TOWHERS	Commonyyazza	t Aslat WAS	37
		Cor	Let !		Ļ
A) FBL 816 []	) <	<- ·	<b>(-</b>		
B) SGK 6968 C				-	
		<- <			
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT				SHELL
Riding Hong	Common col H	the on	1/3 loves	behind	
SGK696AC.	Lose was	heavy and	all relider a	ree sow	
Lorelling. W	es about 1	for lay de	6 believed	56K 6988C	
when stro	90PC JOHN	ned on o	he broker. I	do 47 0	He
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TP was pre	vent on s	Rene.			
Polick RAN	orn tho	200730/21	9.		
DECLARATION	WITH SERVICE AND S	W		/	
I/We declare the foregoing particle	lars are true in every	respect.	0.1	pelastana	1
Poliomoider's Signature Date & Time:	Driver's Signatur (If driver is not ti Date & Time:		Reporting Cent Name: NRIC/FIN No.:	re Perspinnel'I Signatur	BARRA

### **POLICE REPORT**





Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

1 of 3 Report No. T/20200730/2109

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2020 17:48			Vide Report No.: D/20200729/0066	Station Diary No.:	
Informa	int's Partic	ulars			
Name of Informant: MUHAMMAD AZMY SAIFUDIN BIN JUFFRI ID Type / ID No.: NRIC NO / S8129697I Nationality: SINGAPORE CITIZEN			Address: APT BLK 70C TELOK BLANGAH HEIGHTS #04-537 SINGAPORE 103070 Contact No.: Home/Office: Mobile: 91142231 Email:		
Race: Malay			Language:	Institution / School Name:	
Occupation: Delivery Rider			Driving Licence Information: Class: 2B,2A,2,3,3A	Date of Evolog	

Type of Accident:	Injury Conveyed By Ambulance		nk ve:	Date/Time of Accident: 29/07/2020 17:00	Type of Location Straight Road
COMMONWE COMMONWE	Traveling Toward Road : ALTH AVENUE ALTH AVENUE WEST Inwealth Avenue towards imber: 43				
Drizzling We			Maria.	10	
Drizzling		vvet			Road Speed Limit:
Drizzling Traffic Flow: One Way Type of Collis		Traffic Cor Traffic Ligh			Traffic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Dece
FBL8161D	Motorcycle	YAMAHA SNIPER T150	ONUMBER		Condition	No of Passenger
. 5251515	Widtorcycle		White	Slightly	0	
	Car		1100		Damaged	
						0

ry Date
į

### POLICE REPORT



7/20200730/2109

Date of Expiry: NIL

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

2 of 3 Report No. T/20200730/2109

## CONTINUATION OF REPORT

Details of Ve	hicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	
RI 8161D NTI IC I		5116964709	27/03/2020	26/03/2021
	rson involved in Involved: No		UBUS BIOL	
No. of Pedest Driver		se of Pedestrian C	rossing: NA	
NAME OF TAXABLE PARTY.	The second secon			100000000000000000000000000000000000000
Name	MUHAMMAD AZMY SAIFUDIN BIN JUFFRI	ID No.	S8129697I	
Related Vehic	le FBL8161D (Motorcycle)	Contact	No. 91142231	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITA	L Class of	Class: 2B,2	A 2 3 3A

Driving

Date Discharge 30/07/2020

Degree of Injury Slight

Licence & Expiry Date

### Brief Details.

Date Treatment 29/07/2020

No. of Days granted Medical Leave

On 29/07/2020 at 1700hrs, I was travelling along commonwealth avenue towards commonwealth avenue west on 1/3 lane, LP/43. During that timing, it was drizzling(Road surface Wet) and traffic flow was heavy. Out of sudden, there is one vehicle(SGK6968C) in front of me jammed brake and I did not managed to stop in time and hit onto his rear bumper hence I suffered injuries and was being conveyed to NUH by ambulance. The vehicle behind me was able to stop in time hence did not hit onto my bike. I wished to state that I am having 10 days of MC by NUH (Ref no.: NUH20146331).

10

### POLICE REPORT





Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

3 of 3 Report No. T/20200730/2109

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 / Sgt 2 ALFRED TAN JUNWEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/07/2020 17:48
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No.: 65478083	Classification Of Case:
Authentication Stamp	



























