

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	12/08/2020 19:53
Date Of Accident	09/07/2020 17:15
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6407P
Insured/Policyholder	
Name Of Registered Owner	IBNUHAYAT BIN KALJOENI@NORHAYAT BIN OSMAN
NRIC No	SXXXX369E
Email Address	IRHAIDA1966@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96274653
Alternative Phone No	OTHERS-96274653
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400X-399CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5114144996
Cover Note Number	
Driver	
Name of Driver	IBNUHAYAT BIN KALJOENI@NORHAYAT BIN OSMAN
NRIC No	SXXXX369E
Date Of Birth	26/02/1966
Occupation	OUTDOOR
Date Of Driving Pass	18/11/1987
Driving Experience	32 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96274653
Fax Number	
Contact Number	OTHERS-96274653
Email Address	IRHAIDA1966@GMAIL.COM

Address	BLK 106 PASIR RIS STREET 12 #09-113
Postcode	510106
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 TO REAR
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	3
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 NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE . POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200723/2095

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	SME7079Y
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLV3813T

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

IBNUHAYAT BIN KALJOENI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBK6407P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

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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 interested parties.
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:

12/8/20

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

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

12/8/2020
Name: [Signature]
NRIC/FIN No.: [Signature]

SKETCH PLAN



SIAMALAI
KUALA

- A) FBK 6407P
- B) SME 7019Y
- C) SLV 3813T



BUKIT TIMAH ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER 20 POLICE REPORT T120200723/2095.

DECLARATION

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

[Signature]
Policyholder's Signature

Date & Time:

12/8/20

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

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

13/08/2020

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 9 / 7 / 20 (DD/MM/YYYY), TIME: 17:15 (HH:MM)

LOCATION: Bukit Timah Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 6407 P
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5114149996
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: CB 400X - Honda
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Ibrahim B. Kaljoni (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1765369-E CONTACT: 96274653
 c) ADDRESS: BK 106 PASIR RIS ST 12 #09-113
S(510106)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1765369-E CONTACT: 96274653
 c) ADDRESS: BK 106 PASIR RIS ST 12 #09-113
S(510106)

* d) DATE OF BIRTH: 26 / 2 / 66 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1987

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) cloudy

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Sengkang NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: irhaida1966@gmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20200723/2095

1 of 3

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

Report No. T/20200723/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2020 16:48	Vide Report No.: T/20200713/7039	Station Diary No.: 68
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Informant's Particulars

Name of Informant: IBNUHAYAT BIN KALJOENI			Address: APT BLK 106 PASIR RIS STREET 12 #09-113 SINGAPORE 510106		
ID Type / ID No.: NRIC NO / S1765369E			Contact No.: Home/Office: Mobile: 96274653		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 26/02/1966	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/07/2020 17:15	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD BUKIT TIMAH ROAD				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBK6407P	Motorcycle	HONDA	CB400X	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK6407P	NTUC Income Insurance Co-Operative Limited	5114144996	20/11/2019	19/11/2020



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	IBNUHAYAT BIN KALJOENI	ID No.	S1765369E
Related Vehicle	FBK6407P (Motorcycle)	Contact No.	96274653
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2A Date of Expiry: NIL
Date Treatment	09/07/2020	Date Discharge	12/07/2020
No. of Days granted Medical Leave	17	Degree of Injury	Slight

Brief Details.

On the 9/7/2020 evening, I'm on my way home after my last GrabFood delivery trip at Sixth Avenue Centre. I am travelling from Anamalai Avenue towards Bukit Timah Road.

I was about to make a U-turn ahead to Dunearn Road. I checked my blind spot and the road was clear for the move. Within split seconds, I felt something hit me from the back. I did not notice what exactly the vehicle is but I suspect that it was a car. I could not see or remember anything at that time.

I stayed at the same location until the ambulance came. Passerby rendered assistance while waiting for ambulance.

I suspect that a Caucasian lady as the eye witness because I heard her saying the car is moving too fast towards me.

The ambulance then arrived and I was conveyed to National University Hospital, I was warded on 9/7/2020 and discharged on 12/7/2020 and was granted 17 days of medical leave.

The injuries that I had sustained was fracture on the left toe, left knee swollen suspected torn ligament, right thumb fracture with torn ligament and abrasions on my both arms and face.

One week after I made the police report online vide T/20200713/7039, my son, IBNU HAZZWAN BIN IBNUHAYAT, S9129591A, called the IO in-charge of my case. The IO informed me thru the phone that the vehicles involved are 'SME7079Y' and 'SLV3813T'.



SINGAPORE
POLICE FORCE



T/20200723/2095

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

3 of 3

Report No. T/20200723/2095

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

o

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 2 RAY ONG YONG AN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/07/2020 16:48

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident MT/1096828

Policy No.	SL14244906	Vehicle No.	F8K6427F	GST Registration No.	
Certificate No.					
Policyholder Name	ISMAILAHAT BIN KALJED	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	G17653649
Product Code	RECTORCHLO INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	94	Special Remarks		Contact No.(Home)	
Email Address		TCA	No / Yes	eCode	No / Y
EPF	No / Yes	NCD Excluded(%)	25	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	14/07/2020 15:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross Lane
Date of Accident	09/07/2020	Time of Accident (hr:min)	17:00	Country of Accident	Singapore
Reporting Centre		Orange Police		ICM No.	
Accident Location	STARBUCKS BUKIT TIMAH RD NEAR ANJALAL AVE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Applicable
OD Standard Excess	0.00	TP Standard Excess	0.00		
TTED OD Excess		TTED TP Excess			
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	001 108 809-112	Address 2	PASIR RID STREET 12	Address 3	SINGAPORE 510186
Address 4		Address Type	Residential address	Post Code	510186
Unit No.	08-112	Related Policy Number	SL14244906		

OD Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed Driver Name		Driver MISC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 2	
Address 2		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore registered car?	Yes / No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Class 003

New

Claim Type *	OD-RX	Insured Name	ISMAILAHAT BIN KALJED	Insured MISC	117653649
Contact No.(Mobile)	96276633	Contact No.(Home)	ML	Contact No.(Office)	
Email Address		OT	TP	Vehicle Number	98054830
Claim Description		F8K6427F / 98054830 ON 9 JUL 2020	Name of preferred Workshop		
Preferred Workshop		Insured Liability	Partially at Fault	QSR report	Received
Report No.		Preferred Report Option	Preferred Workshop, Name unknown	Claim Date	13/08/2020 10:55
Date Registered				Date Received	13/08/2020 00
Report Taken By					

Print RA letter

Save Submit

Attachment

Accident No.	MT/1096828	Claim No.	003
Last Doc. Reviewed	Yes / No	Upload Date	13/08/2020 10:55
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Urgency *	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Max Size (KB)
	MAC_BUKIT_MERAH_BROUIN NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Aug 2020 10:55	Photos	Normal	Photos 2020-8-13	
	MAC_BUKIT_MERAH_BROUIN NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Aug 2020 10:55	Photos	Normal	Photos 2020-8-13	

Send Mail

[illegible]

Video List

Uploaded By/Date:	Folder Date:	File Name:	Source:
		Display in New Window Scan and uploading	

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT [CHAPTER 189]
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1963
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1939 (MALAYSIA)

Certificate Number : 5114144806

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBK6407P

Class's Number

: H2NC4798EK000288

2. Name of Policyholder

: IBNUHAYAT BIN KALJOENI

3. Effective Date of Insurance

: 20 Nov 2019

4. Expiry Date of Insurance

: 19 Nov 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only:

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward,

(b) Use for racing, pace-making, reliability trial or speed-testing,

(c) Use for the carriage of goods (other than samples) in connection with any trade or business,

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 2 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: IBNUHAYAT BIN KALJOENI @ NORHAYAT BIN QSMAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE PTE. LTD. (00000572842)

Date of Issue : 15 Nov 2019 12:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive