

## 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	18/08/2020 14:58
Date Of Accident	29/07/2020 10:25
Exact Location Of Accident	ALONG NORTH BUONA VISTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY462Y
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#### Insured/Policyholder

Name Of Registered Owner	MOHAMED YAZID BIN MOHAMED SAOD
NRIC No	SXXXX163A
Email Address	OCSMYMS@NUS.EDU.SG
Mobile Phone No	(LOCAL) +65-92425351
Alternative Phone No	OTHERS-92425351

#### Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM 200M-197CC (M)
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME FROM 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	THIRD PARTY
Fleet Policy	NO
Policy Number	5073808264-04
Cover Note Number	

#### Driver

Name of Driver	MOHAMED YAZID BIN MOHAMED SAOD
NRIC No	SXXXX163A
Date Of Birth	11/06/1968
Occupation	OUTDOOR
Date Of Driving Pass	14/10/1994
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92425351
Fax Number	
Contact Number	OTHERS-92425351
Email Address	OCSMYMS@NUS.EDU.SG

Address	BLK 105 BUKIT PURMEI ROAD #13-13
Postcode	090105
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 128 KIM TIAN ROAD #01-123/ 125 , <b>POSTCODE:</b> 160128 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2739999 - <b>FAX NO:</b> 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200817/2110

#### 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	SFS1771E
Vehicle Make/Model/Colour	JAGUAR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO KEE SIN
NRIC/Passport Number	
Contact Number	66979407
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHAMED YAZID BIN MOHAMED SAOD
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FY462Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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:

18/08/20  
2:44pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

18/08/20  
2:44pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18/08/2020  
Resdi

# Accident Sketch Plan

## SKETCH PLAN

A) FY 4624  
B) SFS 1711E



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT. 7/200817/210.

## DECLARATION

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

Policyholder's Signature

Date & Time:

18/08/20  
2:44 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

18/08/20  
2:44 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18/08/2020  
Resd. LIAHOS

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200817/2110

1 of 4

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

Report No. T/20200817/2110

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2020 18:48		Vide Report No.:		Station Diary No.: 63	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED YAZID BIN MOHAMED SAOD			Address: APT BLK 105 BUKIT PURMEI ROAD #13-13 SINGAPORE 090105		
ID Type / ID No.: NRIC NO / S6818163A			Contact No.: Home/Office: Mobile: 92425351		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 11/06/1968	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: SECURITY OFFICER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Fatal Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/07/2020 00:00	Type of Location: Straight Road
Location:  NORTH BUONA VISTA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY462Y	Motorcycle	HONDA	PHANTOM2 00M	Blue	Slightly Damaged	0
SFS1771E	Car				Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY462Y	NTUC Income Insurance Co-Operative Limited	5073808264-04	06/12/2019	05/12/2020



# POLICE REPORT



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T/20200817/2110

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

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Report No. T/20200817/2110

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED YAZID BIN MOHAMED SAOD	ID No.	S6818163A
Related Vehicle	FY462Y (Motorcycle)	Contact No.	92425351
Hospital/Clinic	Alexandra Hospital	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/07/2020	Date Discharge	04/08/2020
No. of Days granted Medical Leave	17	Degree of Injury	Slight
Driver			
Name	Ho Kee Sin	ID No.	NIL
Related Vehicle	SFS1771E (Car)	Contact No.	66979407
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 the 29/07/2020 I was riding along North Buona Vista Road towards AYE Keppel Road. I was at the major road wanting to turn down to AYE Keppel Road. When I came back to conscious, I was already in the ambulance.

The insurance company (AXA) (Peter) of Mr 'Ho kee Sin' who is the driver of the white colour Jaguar (SFS1771E) that bang into me manage to get my details via my plate number and contacted me on 14/08/2020 informing me about what he had manage to capture via the on-cam video of Mr 'Ho Kee Sin'. Peter then told me on that day while I am about to turn down to AYE Keppel Road, Mr 'Ho Kee Si' supposed to stop at the waiting line as I am in the major road and I have the right of way but instead of stopping at the waiting line, Mr Ho didn't and this is how the accident happened.

My mechanic then advised me to head down to lodge a police report in order to claims the damages done to my vehicle and also my hospitalization fee.

I also like to state that I am only able to recall myself about to turn down to AYE. What happened afterwards I am unsure as I went black out immediately.

I sustained the following injuries

- 1) Open wound on left heel (3 stitches)
- 2) Open wound near my left eye ( 1 stitches)

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200817/2110

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Report No. T/20200817/2110

CONTINUATION OF REPORT

3) Abrasion on my left, right arm and my leg



POLICE REPORT



SINGAPORE  
POLICE FORCE

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160128  
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T/20200817/2110

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Report No. T/20200817/2110

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:

A /

Sgt 1 LIM WEE ERN GABRIEL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / FAIT /

Sr Staff Sgt KAMALIAH BINTE KAMIS

Contact No.: 65476435

Authentication Stamp

NP168



Signature Of Informant:

Date/Time:

17/08/2020 18:48

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



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