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

alorodia.	
	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
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

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

YES

NO

2

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) 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 ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125, POSTCODE: 160128,

ice Station Address COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-2739999 - **FAX NO**: 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

Page 2 of 28

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

IMPORTANT NOTICE

- 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.
- 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.
- 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 & Jime

Driver's Signature

(If driver is not the policyholder)

18/08/20

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	THE REPORT
B) SFQ 1711	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT
DECLARATION //We declare the foregoing partic	
Policyholder's Signature Date & Time: 7 08/20 2:44 PM	Driver's Signature (If driver is not the policyholder) Date & Time: 18/88 20 NRIC/FIN No.: 18/08/2020 Reporting Centre Personnel' Signature Name: NRIC/FIN No.:





Police Station Of Origin: Tiong Bahru NPP

Report No. T/20200817/2110

1 of 4

128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2020 18:48			Vide Report No.:	Station Diary No.: 63
Informa	nt's Particu	ulars		
	Informant: ED YAZID	BIN MOHAMED	Address: APT BLK 105 BUKIT PURI 090105	MEI ROAD #13-13 SINGAPORE
	/ ID No.: D / S681816	83A	Contact No.: Home/Office:	Mobile: 92425351
National	ity; ORE CITIZ	EN	Email:	
Sex: Male	Age: 52	Date of Birth: 11/06/1968	Type of Informant: Rider	
Race: Malay			Language: Institution / School Na	
Occupation: SECURITY OFFICER		ER	Driving Licence Information: Class: 2B,3 Date of Expiry:	

Type of Accident:	Fatal Conveyed By Ambula	nce Drink No	Date/Time of Accident: 29/07/2020 00:00	Type of Location Straight Road
NORTH BUC		Road Surface:		Road Speed Limit:
Clear	Traffic Flow: Traffic			
Clear Traffic Flow: One Way		Traffic Control: Traffic Light - W	orking	Traffic Volume: Moderate

Details of V	ehicle Involve	d	a Forest Art	Tono establish	Personal Property and	Maria de la Companio
Vehicle No.	Туре	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	



T/20200817/2110

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

2 of 4 Report No. T/20200817/2110

Tel No: 1800-2739999

CONTINUATION OF REPORT

Details of Perso	on Involved					
Any Pedestrian	Involved: No					
No. of Pedestria	ns Injured: NIL		Lies of De	alaatal-	- 0	
Rider	A STATE OF THE STA	The Later	Use of Pe	destria	n Cross	sing: NA
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 Disc				-	10000
No. of Days granted Medical Leave 17			Degree of			
Driver	THE RESERVE	E-MINISTER.	- Degree of	mjury	Signi	
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 Disch		NIL	
No. of Days grant	led 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 Sin' 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 stiches)
- 2) Open wound near my left eye (1 stiches)





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

3 of 4 Report No. T/20200817/2110

CONTINUATION OF REPORT

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





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

4 of 4 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 Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/08/2020 18:48
Officer In Charge Of Case: TP / FAIT / Sr Staff Sgt KAMALIAH BINTE KAMIS Contact No.: 65476435	Classification Of Case:
Contact No.: 65476435 Authentication Stamp	

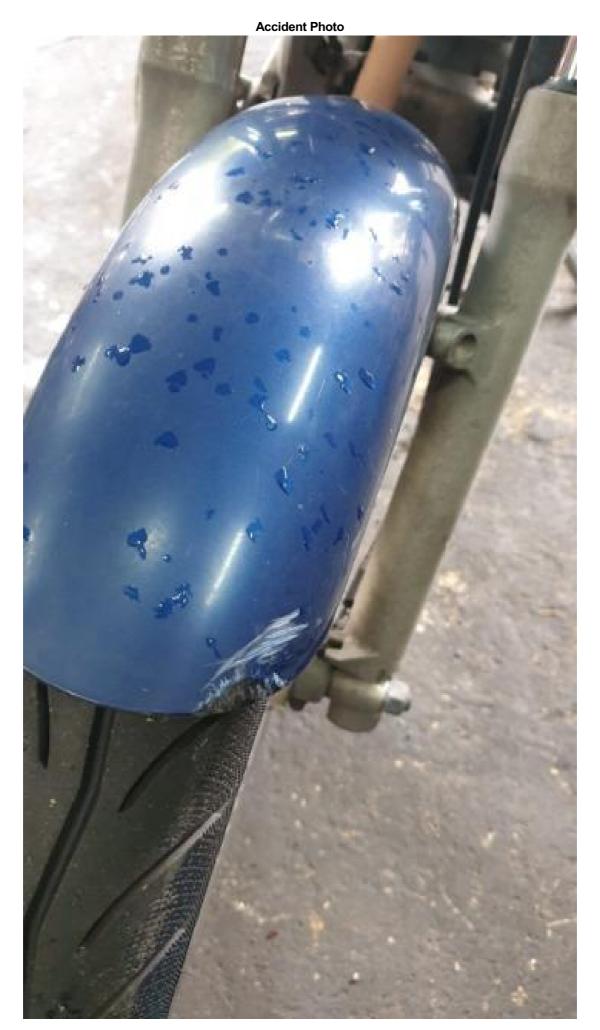


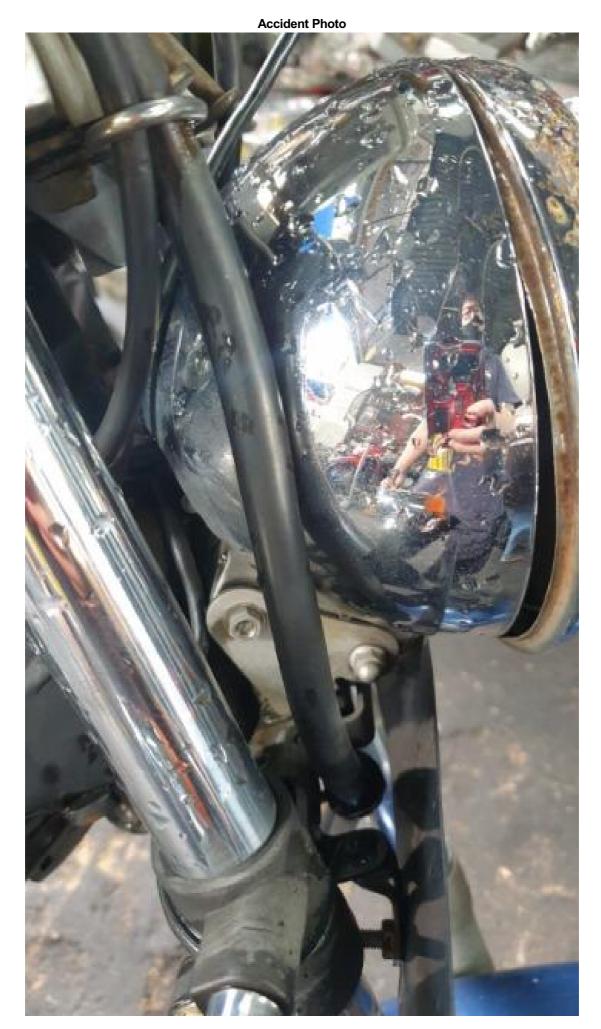


Accident Photo



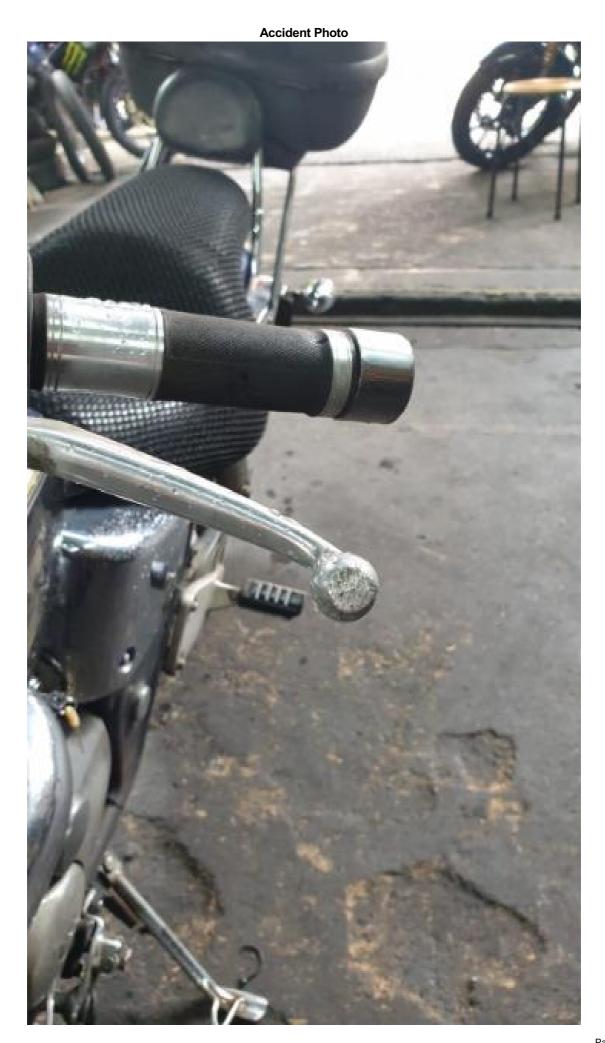






Accident Photo











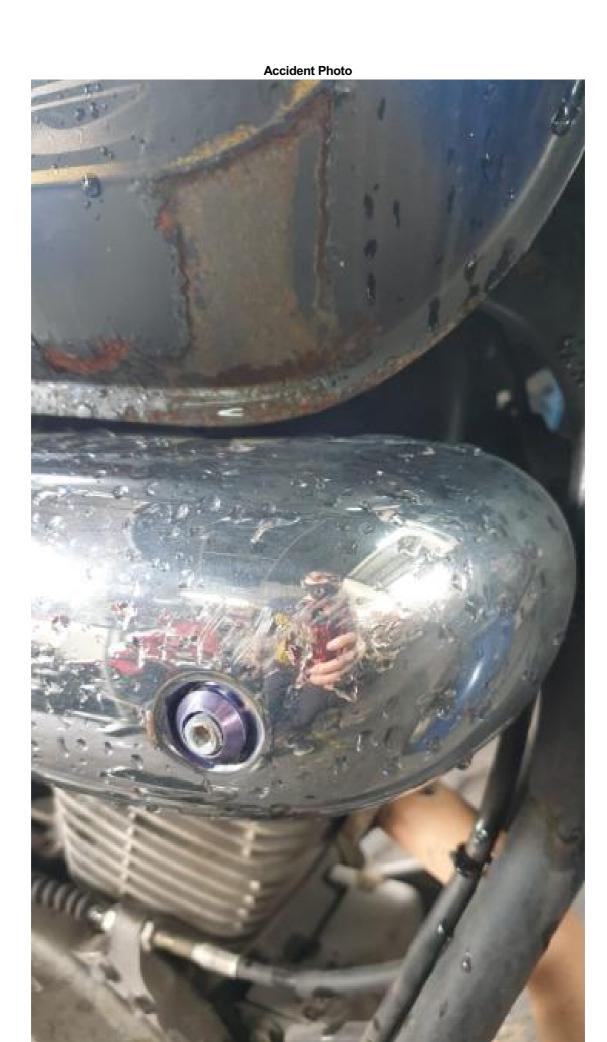






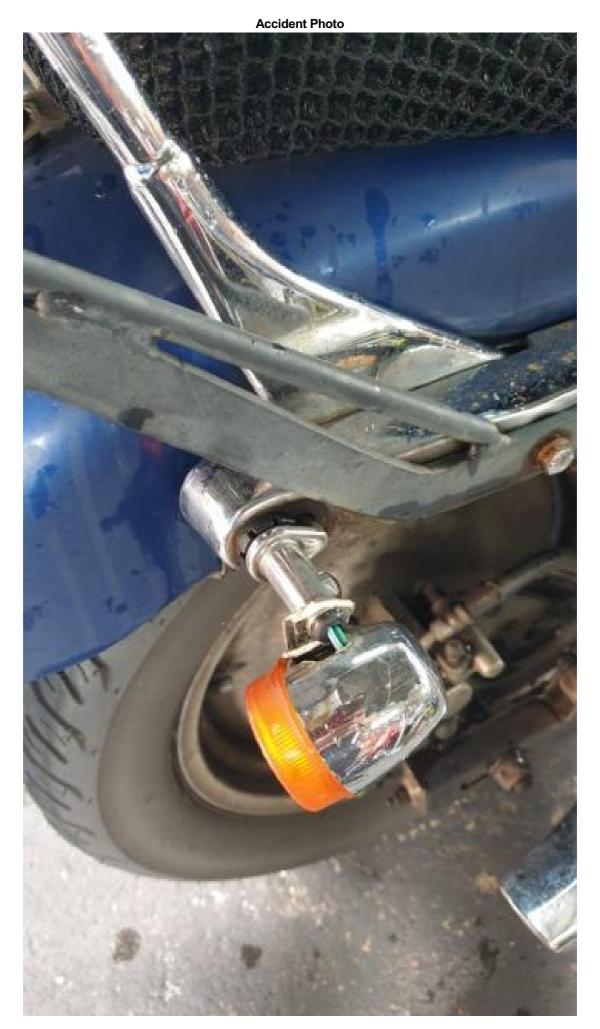












Accident Photo





