

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	14/09/2020 18:54
Date Of Accident	13/09/2020 20:00
Exact Location Of Accident	LAGUNA FLYOVER EXIT TOWARDS BEDOK SOUTH AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR4455B
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD JOE HAFIQH BIN JOHARI
NRIC No	SXXXX652D
Email Address	MDJOEE94@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91712407
Alternative Phone No	OTHERS-91712407

Vehicle Particulars

Manufacturer	YAMAHA
Model	NMAX155-155CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5118118287
Cover Note Number	

Driver

Name of Driver	MUHAMMAD JOE HAFIQH BIN JOHARI
NRIC No	SXXXX652D
Date Of Birth	15/08/1994
Occupation	INDOOR
Date Of Driving Pass	15/08/1994
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91712407
Fax Number	
Contact Number	OTHERS-91712407
EEmail Address	MDJOEE94@GMAIL.COM

Address	BLK 155 MEI LING STREET #09-273
Postcode	140155
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : DEWI RATNASARI BINTE AZUWAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/2020914/2062

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	SHD1384U
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TANG NAM MENG
NRIC/Passport Number	SXXXX603C
Contact Number	94898457

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD JOE HAFIQH BIN JOHAR
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? FBR4455B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name DEWI RATNASARI BINTE AZUWAN
Approximate Age
Injuries Sustain BODY PAIN
Injured person in which vehicle? FBR4455B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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.

 14/09/2020

Policyholder's Signature
Date & Time:

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

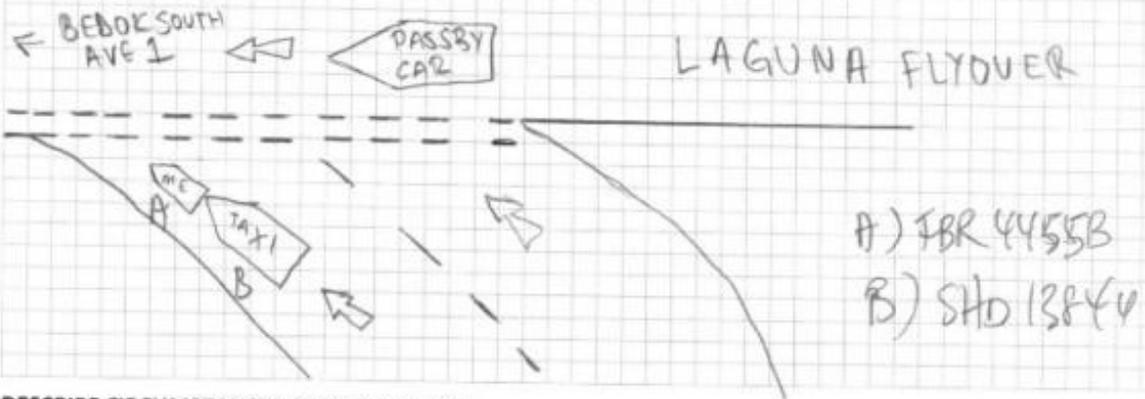
 14/09/2020

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

Accident Sketch Plan

SKETCH PLAN

First Coast Parkway Comp Post No: 43



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 1/202-0214/2062

DECLARATION

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

14/09/2020

Policyholder's Signature
Date & Time:

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

14/09/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200914/2062

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20200914/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2020 13:06	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars			
Name of Informant: MUHAMMAD JOE HAFIQH BIN JOHARI		Address: APT BLK 155 MEI LING STREET #09-273 SINGAPORE 140155	
ID Type / ID No.: NRIC NO / S9432652D		Contact No.:	Mobile: 91712407
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 15/08/1994	Type of Informant: Rider
Race: Javanese		Language: English	Institution / School Name:
Occupation: DISPATCH RIDER		Driving Licence Information: Class: 2B,3,4	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/09/2020 20:00	Type of Location: Bend
Location: EAST COAST PARKWAY				
Lamp Post Number: 43				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
FBR4455B	Motorcycle	YAMAHA	NMAX155 ABS	Grey	Slightly Damaged	1
SHD1384U	Car	HYUNDAI		Silver	Slightly Damaged	3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR4455B	NTUC Income Insurance Co-Operative Limited	5118118287	04/07/2020	03/07/2021

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200914/2062

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20200914/2062

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	DEWI RATNASARI BINTE AZUWAN	ID No.	S9626891B
Related Vehicle	FBR4455B (Motorcycle)	Contact No.	87930165
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/09/2020	Date Discharge	13/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Rider			
Name	MUHAMMAD JOE HAFIQH BIN JOHARI	ID No.	S9432652D
Related Vehicle	FBR4455B (Motorcycle)	Contact No.	91712407
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	13/09/2020	Date Discharge	13/09/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TANG NAM MENG	ID No.	S0033603C
Related Vehicle	SHD1384U (Car)	Contact No.	94898457
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 13/09/2020 at about 2000hrs, I was riding my motorbike, registration number FBR4455U, with my pillion, along ECP Exit Bedok South Ave 1. At that point of time, I was at a stopped at the filter lane, waiting for oncoming vehicle. Suddenly, a taxi from the rear hit us. Due to the impact, my pillion jerk forward. We then alighted from our vehicle and managed to exchanged particulars and took photos of the accident.

Due to the impact, we felt pain. We seek treatment at Changi General Hospital and was given five and three days of MC each. My pillion and I suffered pain at the back of our body.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200914/2062

Police Station Of Origin:
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Report No. T/20200914/2062

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200914/2062

Police Station Of Origin:
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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20200914/2062

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 1 NOORHIDAYAT BIN WAHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2020 13:06
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

