

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 | 18/09/2020 11:04 |
| Date Of Accident | 09/09/2020 10:55 |
| Exact Location Of Accident | ALONG BUKIT BATOK ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | FBJ8465M |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHAMMAD AFIQ FARHAN BIN BAHARIN |
| NRIC No | SXXXX661E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-85696469 |
| Alternative Phone No | OTHERS-85696469 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | YAMAHA |
| Model | FZ16-153CC (M) |
| 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 | 5101112140-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------------|
| Name of Driver | MUHAMMAD AFIQ FARHAN BIN BAHARIN |
| NRIC No | SXXXX661E |
| Date Of Birth | 15/08/1998 |
| Occupation | INDOOR |
| Date Of Driving Pass | 21/05/2018 |
| Driving Experience | 2 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-85696469 |
| Fax Number | |
| Contact Number | OTHERS-85696469 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 116 JALAN BUKIT MERAH #02-1639 |
| Postcode | 160116 |
| 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 - MAJOR/MINOR RD |
| 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? | 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 | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200911/7010

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 | XD9035K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| 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 | MUHAMMAD AFIQ FARHAN BIN BAHARIN |
| Approximate Age | |
| Injuries Sustain | SERIOUS INJURIES |
| Injured person in which vehicle? | FBJ8465M |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

Accident Sketch Plan


SKETCH PLAN

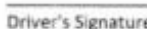
IMPORTANT NOTICE


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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.

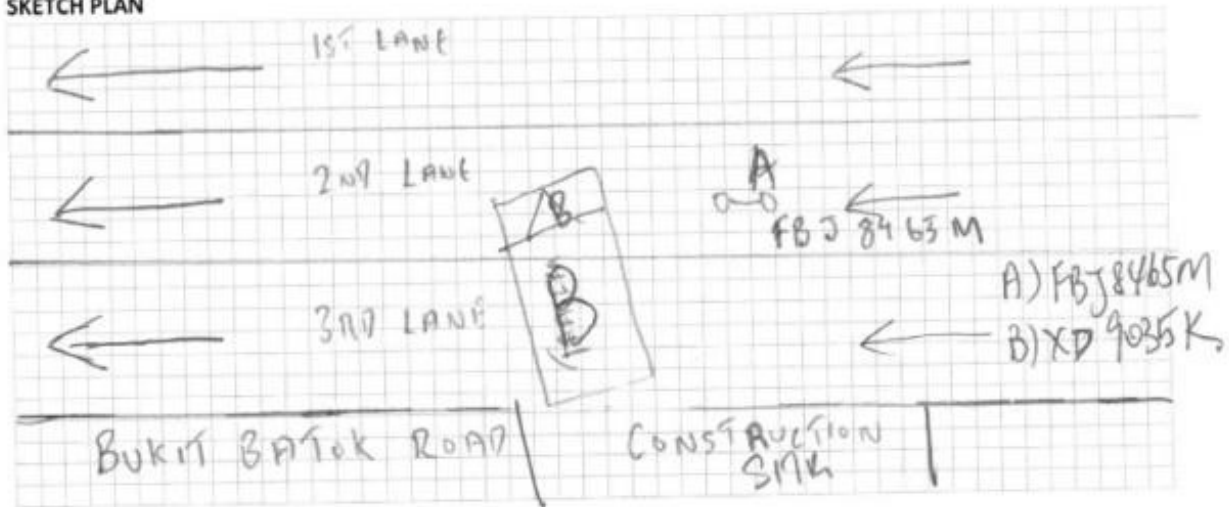

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200911/7010

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200911/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200911/7010

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------|
| Date/Time Report Made: 11/09/2020 11:43 | Vide Report No.: J/20200909/0055 | Station Diary No.: |
|--|-------------------------------------|--------------------|

| Informant's Particulars | | | |
|--|------------|---|-----------------------------|
| Name of Informant: MUHAMMAD AFIQ FARHAN BIN BAHARIN | | Address: 116 JALAN BUKIT MERAH #02-1639 SINGAPORE 160116 | |
| ID Type / ID No.: NRIC NO / S9826661E | | Contact No.: Home/Office: Mobile: 85696496 | |
| Nationality: SINGAPORE CITIZEN | | Email: akitestry@gmail.com | |
| Sex: Male | Age: 22 | Date of Birth: 15/08/1998 | Type of Informant: Rider |
| Race: Malay | | Language: English | Institution / School Name: |
| Occupation: Hotel receptionist | | Driving Licence Information: Class: 2B Date of Expiry: | |

| General Information of the Accident | | | | |
|--|------------------------------|------------------------------------|---|------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 09/09/2020 10:55 | Type of Location: Straight Road |
| Location: BUKIT BATOK ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 70 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: No Traffic | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | Anyone conveyed by ambulance: Yes | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|--------|-----------------|--------|--------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| FBJ8465M | Motorcycle | YAMAHA | FZ 16 MANUAL | Blue | | 0 |
| XD9035K | Lorry | SCANIA | | Yellow | No Damage | 1 |

| Details of Vehicle Insurance | | | | |
|------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200911/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200911/7010

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBJ8465M | NTUC Income Insurance Co-Operative Limited | 5101112140-02 | 31/05/2020 | 30/05/2021 |

| Details of Person Involved | | | |
|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MUHAMMAD AFIQ FARHAN BIN BAHARIN | ID No. | S9826661E |
| Related Vehicle | FBJ8465M (Motorcycle) | Contact No. | 85696496 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry | Class: 2B Date of Expiry: NIL |
| Date | 09/09/2020 | Date | 10/09/2020 |
| No. of Days granted Medical Leave | 14 | Degree of | Serious |

Brief Details.

On 09/09/2020 at around 1055hrs while i was on my way to ITE College West along bukit batok road from my house, i met into an accident with a Vehicle Number XD9035K, i was travelling on a straight road on the middle lane around 40-50 km/h as i was approaching a traffic light junction. After i passed by the traffic light junction, The vehicle plate number XD9035K exited the construction site without checking for oncoming traffic. The company of that trailer vehicle also did not provide any traffic marshall to stop any upcoming vehicles upon the vehicle exit. After seeing the vehicle exit i tried to swerve to the right most lane but still collided with the vehicle on its driver side. i also couldnt manage to brake in time as the vehicle went out suddenly and covered all the 3 lanes. I fell and suffer dislocation on my right shoulder, avulsion on my left foot and also abrasions on my right knee and left hand.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20200911/7010

3 of 3

Report No. T/20200911/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476138

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/09/2020 11:43

Classification Of Case:

MC

Ng Teng Fong General Hospital



A member of the NUHS

MEDICAL CERTIFICATE (Ref:75871115)

ORIGINAL

NAME: MUHAMMAD AFIQ FARHAN BIN BAHARIN

NRIC: S9826661E

Type of Medical Leave granted: **Hospitalisation Leave**

The above named is unfit for duty from 10/09/2020 to 23/09/2020 Inclusive.


The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from 09/09/2020 11:43 to 09/09/2020 11:59.

The aboved name was admitted from 09/09/2020 11:59 to 10/09/2020 12:54.

10/09/2020
Date

Dr. Sze Chuan ONG (P2050B)
Issued by


Signature

Location: WARD B09 SUBSIDISED

ORIGINAL

MEDICAL CERTIFICATE

EMD2020278761

| | | |
|--|---|---|
| Name MUHAMMAD AFIQ FARHAN BIN, BAHARIN | | NRIC No. S9826661E |
| This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>17-Sep-2020</u> to <u>21-Sep-2020</u> inclusive. | | |
| Type of medical leave granted : | | |
| <input type="checkbox"/> Hospitalization Leave | <input checked="" type="checkbox"/> Outpatient Sick Leave | |
| Admitted on : _____ | <input type="checkbox"/> Maternity Leave, | Delivered on : _____ |
| Discharged on : _____ | <input type="checkbox"/> Sterilization Leave, | Operated on : _____ |
| This certificate is not valid for absence from court attendance. | | |
| Fit for light duty from <u>N.A.</u> to <u>N.A.</u> | | |
| Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u> | | |
| Diagnosis | | Surgical Operation (if applicable) |
| Comments : | | |
| Hospital/Clinic Emergency Medicine Singapore General Hospital | Ward No. Emergency Department Date 17-Sep-2020 | Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  JEEVAN RAAJ SO THANGAYAH, 18596E |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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