

## 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	06/11/2020 12:28
Date Of Accident	06/11/2020 08:15
Exact Location Of Accident	ALONG LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM485S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD TAUFIQ BIN ZULKEFLI
NRIC No	SXXXX463G
Email Address	M.TAUFIQ.ZULKEFLI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91077055
Alternative Phone No	OTHERS-91077055

### Vehicle Particulars

Manufacturer	HONDA
Model	NC750XA-745CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5117863238
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD TAUFIQ BIN ZULKEFLI
NRIC No	SXXXX463G
Date Of Birth	22/06/1989
Occupation	INDOOR
Date Of Driving Pass	27/04/2010
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91077055
Fax Number	
Contact Number	OTHERS-91077055
EEmail Address	M.TAUFIQ.ZULKEFLI@GMAIL.COM

Address	BLK 812B CHOA CHU KANG AVENUE 7 #06-643
Postcode	682812
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)	2
Passenger 1	NAME: : NURSYUHADAH BINTE MOHAMMED WAHID GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	<b>ROAD:</b> 500 BUKIT MERAH VIEW #01-01 , <b>POSTCODE:</b> 159682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201106/2031

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM1829H
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ADI
NRIC/Passport Number	

Contact Number 86965724  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD TAUFIQ BIN ZULKEFLI  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FBM485S  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name NURSYUHADAH BINTE MOHAMMED WAHID  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FBM485S  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
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:

6/11/20  
1226 hrs

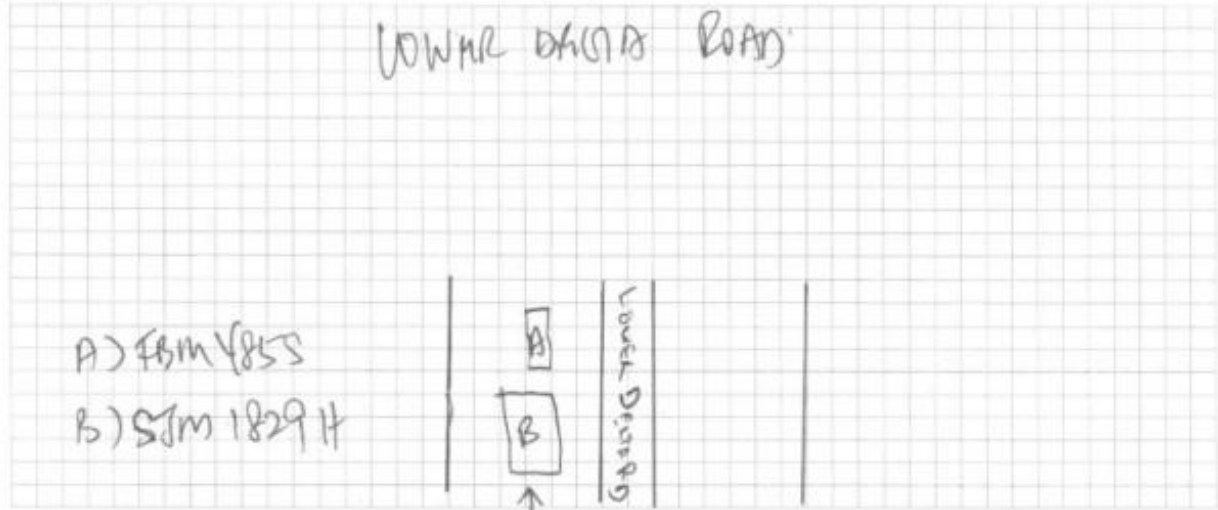
Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

6/11/2020  
Rosa Vithan

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20201106/2031

## DECLARATION

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

6/11/20  
1226hrs

06/11/2020  
Red

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201106/2031

1 of 4

Report No. T/20201106/2031

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2020 12:04	Vide Report No.:	Station Diary No.: 39
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<b>Informant's Particulars</b>		
Name of Informant: MUHAMMAD TAUFIQ BIN ZULKEFLI		Address: APT BLK 812B CHOA CHU KANG AVENUE 7 #06-643 SINGAPORE 682812
ID Type / ID No.: NRIC NO / S8921463G	Contact No.: Home/Office:	Mobile: 91077055
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 31	Date of Birth: 22/06/1989
Type of Informant: Rider		Institution / School Name:
Race: Malay	Language:	
Occupation: MOM	Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/11/2020 08:15	Type of Location: Junction
Location: LOWER DELTA 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
FBM485S	Motorcycle	HONDA	NC750XA (LED)	Red	Slightly Damaged	1
SJM1829H	Car	HONDA		Silver	No Damage	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM485S	NTUC Income Insurance Co-Operative Limited	5117863238	30/06/2020	29/06/2021

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201106/2031

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Report No. T/20201106/2031

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Pillion			
Name	Nursyuhadah Binte Mohammed, Wahid	ID No.	S9212723J
Related Vehicle	FBM485S (Motorcycle)	Contact No.	82091918
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/11/2020	Date Discharge	06/11/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Rider			
Name	MUHAMMAD TAUFIQ BIN ZULKEFLI	ID No.	S8921463G
Related Vehicle	FBM485S (Motorcycle)	Contact No.	91077055
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	06/11/2020	Date Discharge	06/11/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	Adi	ID No.	NIL
Related Vehicle	NIL	Contact No.	86965724
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 06/11/2020 at about 0815hrs, I was riding my motorbike(FBM485S, Red Honda NC750X) along the Junction of Lower Delta Road and subsequently remain stationery at the traffic junction as the traffic light was Red. Suddenly, the vehicle(SJM1829H, Silver Honda) behind of me hit onto my rear and caused my bike to fall towards the left side. My wife and I subsequently went to visit SGH for a body check up as both of us are not feeling quite well after the accident and was given a 04 days mc by SGH. I wished to state that my Motorbike has a in-built camera and the SD card footage is still with me.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201106/2031

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CONTINUATION OF REPORT



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20201106/2031

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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Report No. T/20201106/2031

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 2 ALFRED TAN JUNWEI

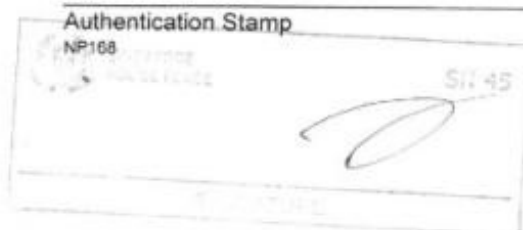
Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/11/2020 12:04

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No.: 65476219

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

