

## 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 18:18
Date Of Accident	05/11/2020 14:35
Exact Location Of Accident	SLIP RD FROM WOODLANDS AVE 1 TWRDS WOODLANDS AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV767J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD ISHAK BIN ABDUL RAHMAN
NRIC No	SXXXX590B
Email Address	ISHAKBLACK93@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87840341
Alternative Phone No	OTHERS-87840341

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5117945824
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ISHAK BIN ABDUL RAHMAN
NRIC No	SXXXX590B
Date Of Birth	08/03/1993
Occupation	INDOOR
Date Of Driving Pass	21/05/2014
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87840341
Fax Number	
Contact Number	OTHERS-87840341
Email Address	ISHAKBLACK93@GMAIL.COM

Address	BLK 341 TAMPINES STREET 33 #06-266
Postcode	520341
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201106/7014

#### 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	SG5781J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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 ISHAK BIN ABDUL RAHMAN
Approximate Age	
Injuries Sustain	SERIOUS INJURIES
Injured person in which vehicle?	FV767J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

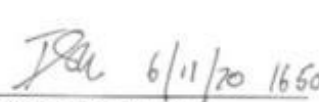
### SKETCH PLAN


#### 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.

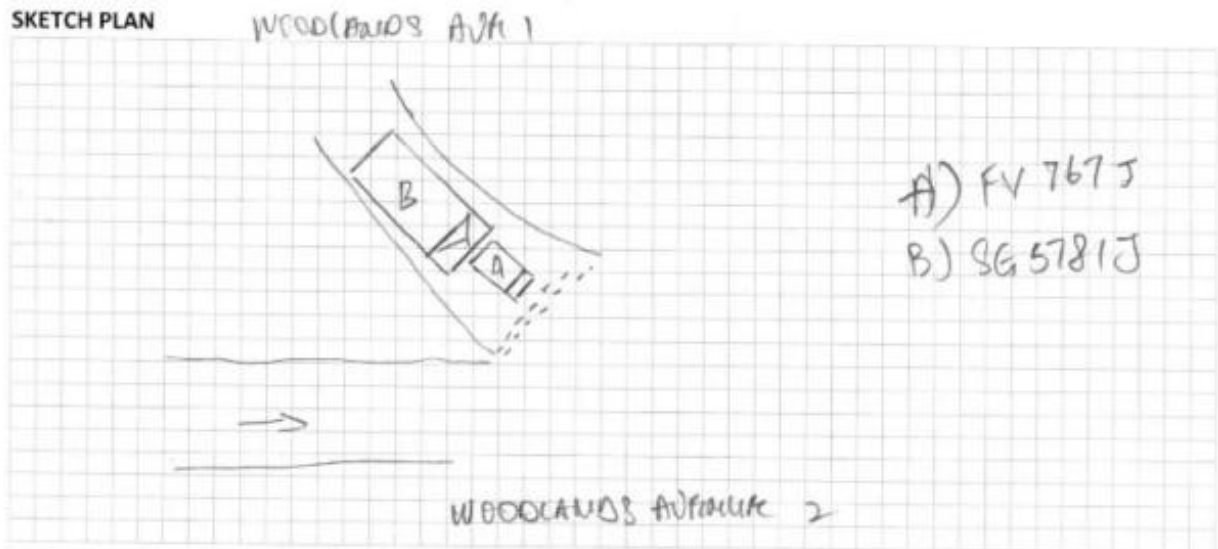
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/2020/106/7014

[A large curved line is drawn across the remaining lines of this section.]

## DECLARATION

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

8/4 6/11/20 1650

06/11/2020  
1650 11/11/20

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201106/7014

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

1 of 3

Report No. T/20201106/7014

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2020 15:02			Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD ISHAK BIN ABDUL RAHMAN			Address: 341 TAMPINES STREET 33 #06-266 SINGAPORE 520341		
ID Type / ID No.: NRIC NO / S9311590B			Contact No.: Home/Office: Mobile: 87840341		
Nationality: SINGAPORE CITIZEN			Email: ISHAKSSDC@GMAIL.COM		
Sex: Male	Age: 27	Date of Birth: 08/03/1993	Type of Informant: Rider		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Driving instructor/tester			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 05/11/2020 14:38	Type of Location: filter lane
Location:  WOODLANDS AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Heavy	
Type of Collision: smrt bus hit my rear			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FV767J	Motorcycle	HONDA	wave 125	Black	Seriously Damaged	0
SG5781J	smrt bus	MAN		Green	Slightly Damaged	0

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20201106/7014

2 of 3

Report No. T/20201106/7014

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV767J	NTUC Income Insurance Co-Operative Limited	5117945824	20/06/2020	19/06/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	MUHAMMAD ISHAK BIN ABDUL RAHMAN	ID No.	S93115908
Related Vehicle	FV767J (Motorcycle)	Contact No.	87840341
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date	05/11/2020	Date	05/11/2020
No. of Days granted Medical Leave	05	Degree of	Serious

### Brief Details.

On 5/11/2020 at woodlands avenue 1 nearby blk 370 around 1 pm i met into accident at filter lane when a smrt bus hit my bike from the back and i fall to the ground together with my bike.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201106/7014

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

3 of 3

Report No. T/20201106/7014

### 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 / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

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:  
06/11/2020 15:02

Classification Of Case:





90 Yishun Central,  
Singapore 768828  
Tel: (65) 6555 8000  
Fax: (65) 6602 3700  
Website: www.ktph.com.sg

**MEDICAL CERTIFICATE****ORIGINAL****KHANE201899808**

**NAME : MUHAMMAD ISHAK BIN ABDUL, RAHMAN**  
**NRIC : S9311590B**

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named attended Examination/Treatment from **05-Nov-2020 15:49** to **05-Nov-2020 18:32**.

The above named is unfit for duty for a period of **5** day(s), from **05-Nov-2020** to **09-Nov-2020** inclusive.

This certificate is **not valid** for absence from court attendance.

Remarks :

<b>05 Nov 2020</b>	<b>Dr Koh, Yu Le Joshua (62069F)</b>	<b>A&amp;E</b>	
Date	Issuing Doctor	Location	Doctor's Signature
Reg No. : 200717564H			
----- Tear Along Here -----			



90 Yishun Central,  
Singapore 768828  
Tel: (65) 6555 8000  
Fax: (65) 6602 3700  
Website: www.ktph.com.sg

**MEDICAL CERTIFICATE****DUPLICATE****KHANE201899808**

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

