

## 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	12/11/2020 17:12
Date Of Accident	11/11/2020 20:00
Exact Location Of Accident	ALONG PASIR RIS DRIVE 6 NEAR BLK 414
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8086A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROMADAN BIN MOHD DAHLAN
NRIC No	S9703269F
Email Address	AHBOI0717@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87507746
Alternative Phone No	OFFICE-87507746

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
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
Fleet Policy	NO
Policy Number	5118201009
Cover Note Number	

### Driver

Name of Driver	ROMADAN BIN MOHD DAHLAN
NRIC No	S9703269F
Date Of Birth	27/01/1997
Occupation	INDOOR
Date Of Driving Pass	26/02/2016
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87507746
Fax Number	
Contact Number	OFFICE-87507746
EEmail Address	AHBOI0717@GMAIL.COM

Address	APT BLK 425 PASIR RIS DRIVE 6 #07-85 SINGAPORE
Postcode	510425
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 - CROSS JUNCTION
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED

#### 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 Witness 1

Name	ROSDI
Phone Number	97985312
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA6115M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAN KIM SENG
NRIC/Passport Number	S1150316J

Contact Number	97758296
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	ROMADAN BIN MOHD DAHLAN
Approximate Age	23
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	FBE8086A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 425 PASIR RIS DRIVE 6 #07-85 SINGAPORE
Postcode	510425

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. 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.
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.

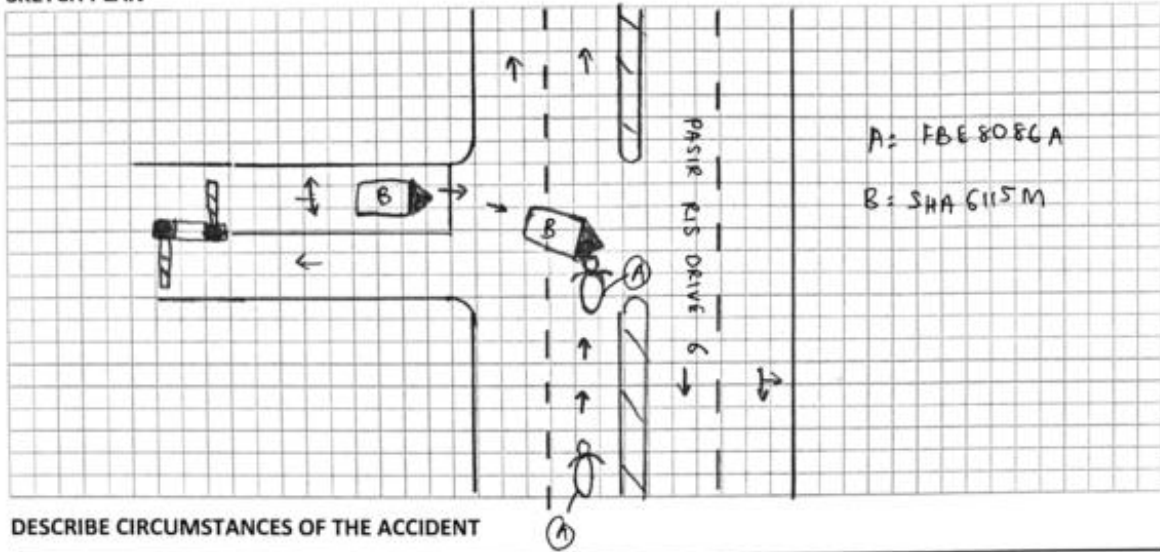
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

### DECLARATION

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

B.  
Policyholder's Signature  
Date & Time:

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

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



**SINGAPORE  
POLICE FORCE**



T/20201111/2152

1 of 4

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20201111/2152

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/11/2020 22:46	Vide Report No.:	Station Diary No.: 97
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**Informant's Particulars**

Name of Informant: ROMADAN BIN MOHD DAHLAN			Address: APT BLK 425 PASIR RIS DRIVE 6 #07-85 SINGAPORE 510425		
ID Type / ID No.: NRIC NO / S9703269F			Contact No.: Home/Office: Mobile: 87507746		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 27/01/1997	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/11/2020 20:00	Type of Location: Straight Road
Location:  PASIR RIS DRIVE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8086A	Motorcycle	YAMAHA	T135	Blue	Seriously Damaged	0
SHA6115M	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20201111/2152

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Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20201111/2152

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE8086A	NTUC Income Insurance Co-Operative Limited	5118201009	13/07/2020	11/08/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Rider</b>				
Name	ROMADAN BIN MOHD DAHLAN		ID No.	S9703269F
Related Vehicle	FBE8086A (Motorcycle)		Contact No.	87507746
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
<b>Passenger</b>				
Name	UNKNOWN FEMALE		ID No.	NIL
Related Vehicle	SHA6115M (Car)		Contact No.	NIL
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
<b>Passenger</b>				
Name	CHAN KIM SENG		ID No.	S1150316J
Related Vehicle	SHA6115M (Car)		Contact No.	97758296
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE  
POLICE FORCE**



T/20201111/2152

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Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457

Tel No: 1800-5852999

Report No. T/20201111/2152

**CONTINUATION OF REPORT**

**Brief Details.**

On 11/11/2020 at about 8pm, I was riding my motorbike, bearing vehicle plate no. FBE8086A, along Pasir Ris Dr 6 towards Pasir Ris Close. I was riding on the outer lane which was further to the pedestrian of the 4 lanes road (2-way) and there was a vehicle beside me. When the vehicle turned left into the open space carpark of Blk 414 Pasir Ris Dr 6, I continue to ride straight towards Pasir Ris Close. Suddenly, there was a blue colour taxi, bearing vehicle plate number SHA6115M, drove out from the open space carpark of Blk 414 Pasir Ris Dr 6 to the main road, as I could not stop my motorbike in time, I hit onto the taxi. I flung out from my motorbike and landed on the ground, in front of a blue colour taxi. The taxi driver got out from the taxi, we exchanged our particulars and there was a witness, namely, Rosdi, H/P: 97758296. I suffered painfulness and bruises on my left leg and abrasions on my left elbow. My motorbike was towed away from the scene and there was a Traffic Police attended to the accident.





**SINGAPORE  
POLICE FORCE**



T/20201111/2152

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20201111/2152

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: G / Sgt 2 TOH SHIMIN, KIMBERLY <i>Khy</i>	Signature Of Informant: <i>Br.</i>
Signature Of Interpreter: Not applicable	Date/Time: 11/11/2020 22:46
Officer In Charge Of Case: TP / GIT / MX 15 (2008) NORHIDAYAH BINTE MOHAMED LATIF Contact No.: 65476393 Authentication Stamp NP168	Classification Of Case:



T/20201112/2050

1 of 3

Report No. T/20201112/2050

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No 97

Report Number T/20201112/2050

Vide Report Number

Date/Time of Report Made 12/11/2020 13:52

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant ROMADAN BIN MOHD DAHLAN

ID Type / ID No. NRIC NO / S9703269F

Home/Office -

Mobile 87507746

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 11/11/2020 20:00

Accident Location PASIR RIS DRIVE 6

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8086A	Motorcycle	YAMAHA	T135	Blue	Seriously Damaged	0
SHA6115M	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20201112/2050

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Report No. T/20201112/2050

## Continuation of CSF For NP168

<b>Rider</b>			
Name	ROMADAN BIN MOHD DAHLAN		ID No. S9703269F
Related Vehicle	FBE8086A (Motorcycle)		Contact No. 87507746
Hospital/Clinic	CENTRAL 24HR CLINIC (PASIR RIS)		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	11/11/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	CHAN KIM SENG		ID No. S1150316J
Related Vehicle	SHA6115M (Car)		Contact No. 97758296
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 Facts.**

On 11/11/2020, I was involved in an accident and lodged a Traffic Accident report vide T/20201111/2152. I wish to add in that I went to Central 24HR Clinic (Pasir Ris) and was given 3 days medical leave. On 12/11/2020 at about 2am, I also went to Seng Kang General Hospital and was given 1 day medical leave.



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Report No. T/20201112/2050

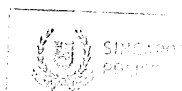
### Continuation of CSF For NP168

#### 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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / NORHIDAYAH BINTE MOHAMED LATIF
Classification of Case	1) INJURY / ATTENDED BY POLICE



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

