

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 Submission 04/12/2020 10:00 (SGT)
Date of Accident 25/11/2020 19:50 (SGT)
Exact Location of Accident Bendemeer Rd, Singapore
Additional Location Information L/P 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH5602P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMED HASAN ALI BIN MOHAMED AMEEN
NRIC No SXXXX510A
Email Address MUHDHASANALI1@GMAIL.COM
Mobile Phone No (Phone) +65-93294976
Alternative Phone No +65-93294976

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Fz16
Variant -
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 - Reporting only
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5100669131-02
Cover Note Number -

DRIVER

Name of Driver MOHAMED HASAN ALI BIN MOHAMED AMEEN
NRIC No SXXXX510A
Date Of Birth 22/12/1996
Occupation Outdoor

Date Of Driving Pass	24/08/2015
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93294976
Alt. Phone Number	+65-93294976
Email Address	MUHDHASANALI1@GMAIL.COM
Address	BLK 813 JELLICOE RD #14-24
Address complement	-
Postcode	200813
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201128/2109

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	SKD905M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -


INJURED PERSONS DETAILS


INJURED 1


Name of injured person	MOHAMED HASAN ALI BIN MOHAMED AMEEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBH5602P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

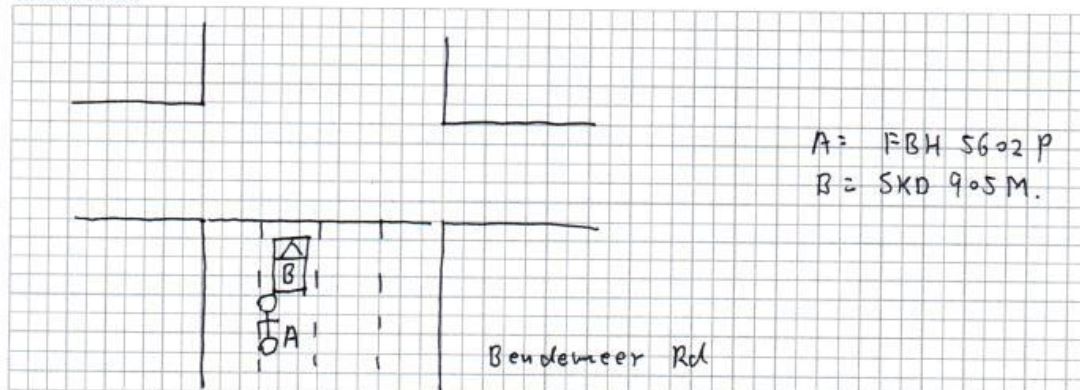
SKETCH PLAN**IMPORTANT NOTICE**

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 willful 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. 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 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.
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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to Police Report T/20201128/2109

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel

















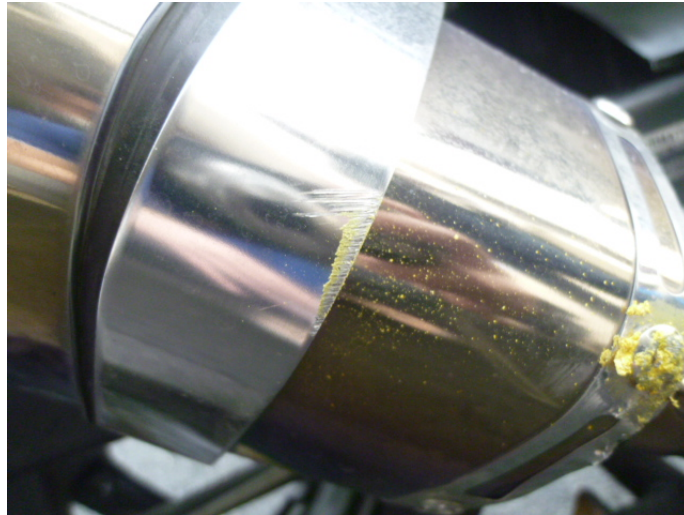


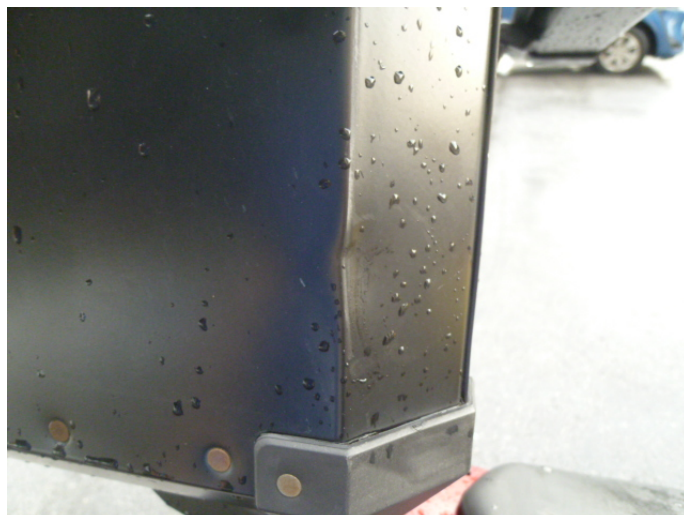














SINGAPORE POLICE FORCE



T/20201128/2109

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No: T/20201128/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2020 20:45	Vide Report No.: A/20201125/0128	Station Diary No.: 66
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: MOHAMED HASAN ALI BIN MOHAMED AMEEN			Address: APT BLK 813 JELICOE ROAD #14-24 SINGAPORE 200813	
ID Type / ID No.: NRIC NO / S9647510A			Contact No.: Home/Office: Mobile: 93294976	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 23	Date of Birth: 22/12/1996	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name:
Occupation: SCDF NSF			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: 25/11/2020 19:50	Type of Location: Straight Road
Location: BENDEMEER ROAD				
Lamp Post Number: 1				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH5602P	Motorcycle	YAMAHA	FZ 16	Red	Slightly Damaged	0
SKD905M	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH5602P	NTUC Income Insurance Co-Operative Limited	5100669131-02	18/07/2020	17/07/2021



**SINGAPORE
POLICE FORCE**



T/20201128/2109

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3

Report No. T/20201128/2109

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED HASAN ALI BIN MOHAMED AMEEN	ID No.	S9647510A
Related Vehicle	FBH5602P (Motorcycle)	Contact No.	93294976
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	26/11/2020	Date Discharge	27/11/2020
No. of Days granted Medical Leave	15	Degree of Injury	Serious
Driver			
Name	SOO BOO HOE	ID No.	S0948523F
Related Vehicle	SKD905M (Car)	Contact No.	98559438
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 25/11/2020, at about 1950hrs, I was riding my Singapore motorcycle FBH5602P along Bendemeer Road nearest to Blk 44 Bendemeer Rd. I was on the 3rd lane behind another Singapore vehicle SKD905M, about a car's length, when the traffic light turned amber. As the traffic light was already amber, I had expected him to brake, however I did not expect him to brake suddenly to a complete stop. Upon my brake, due to the wet weather, my motorcycle skidded to the left and then collided into his vehicle's rear left. I then fell off from my motorcycle. I then went forward to confront him about the sudden brake, which he then told me that he didn't noticed that I was riding behind him and as he only had "18 points" left, he decided to brake as he fear that he would beat a red light. Subsequently both of us went to the roadside and I called my friend for assistance. My friend then called for ambulance upon arriving.

Police and ambulance had attended to the accident and subsequently I was conveyed to TTSH. My motorcycle was also towed by the Traffic Police to their HQ. At TTSH, I had transferred to Raffles hospital and I had suffered deep cuts at my right hand's ring finger knuckle area and right elbow area.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20201128/2109

3 of 3

Report No. T/20201128/2109

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:
A /
Sgt 3 ONG CINDY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/11/2020 20:45

Officer In Charge Of Case:
TP / GIT /
SI VILTON HIA WEE SIANG
Contact No.: 65476232

Classification Of Case:



SIGNATURE