

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 12/01/2021 11:32 (SGT)
Date of Accident 07/01/2021 08:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information CENTRAL EXPRESSWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR6168S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD RADHI BIN RAZALI
NRIC No S9510608J
Email Address guatjrpa@gmail.com
Mobile Phone No (Phone) +65-96740743
Alternative Phone No +65-96740743

VEHICLE PARTICULARS

Manufacturer Yamaha
Model YAMAHA / AEROX GDR155R CVT
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 - Claiming third party
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5118710656
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD RADHI BIN RAZALI
NRIC No S9510608J
Date Of Birth 30/03/1995
Occupation Indoor

Date Of Driving Pass	09/06/2017
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96740743
Alt. Phone Number	+65-96740743
Email Address	guatjrpia@gmail.com
Address	BLK 782C #06-327 WOODLANDS CRESCENT WOODLANDS MEADOW
Address complement	-
Postcode	733782
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

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?	No
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210111/2083;

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	SMA6338C
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / PRIUS ALPHA HYBRID 1.8S CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YU ZHIYONG

NRIC No	S7288180Z
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	MUHAMMAD RADHI BIN RAZALI
Address	BLK 782C #06-327 WOODLANDS CRESCENT WOODLANDS MEADOW
Address Complement	-
Post Code	733782
Approximate Age Years Old	25
Injuries Sustained	-
Injured person in which vehicle?	FBR6168S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

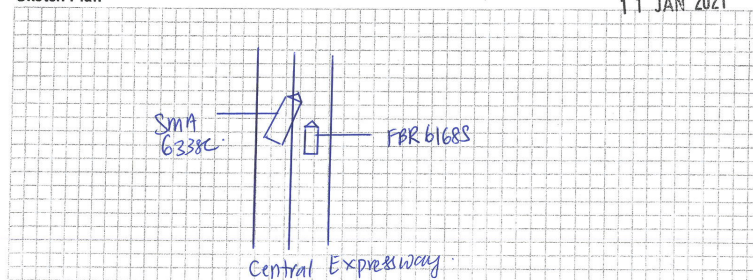
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

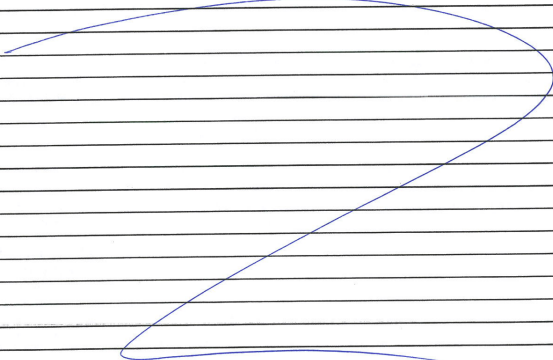
Sketch Plan

11 JAN 2021



Describe Circumstances of the Accident

RP
To Police Report



Declaration

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
Personnel
11 JAN 2021









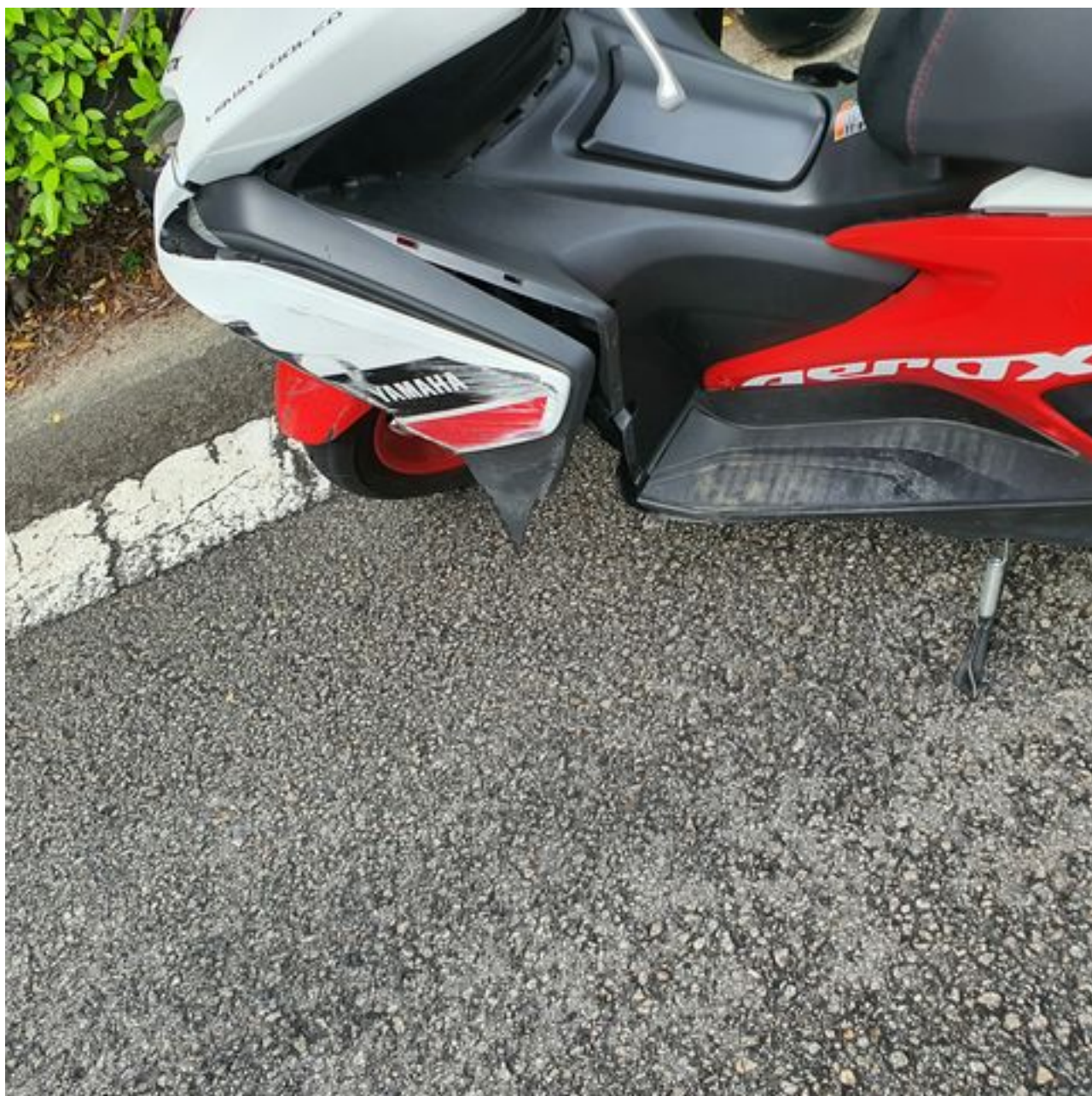




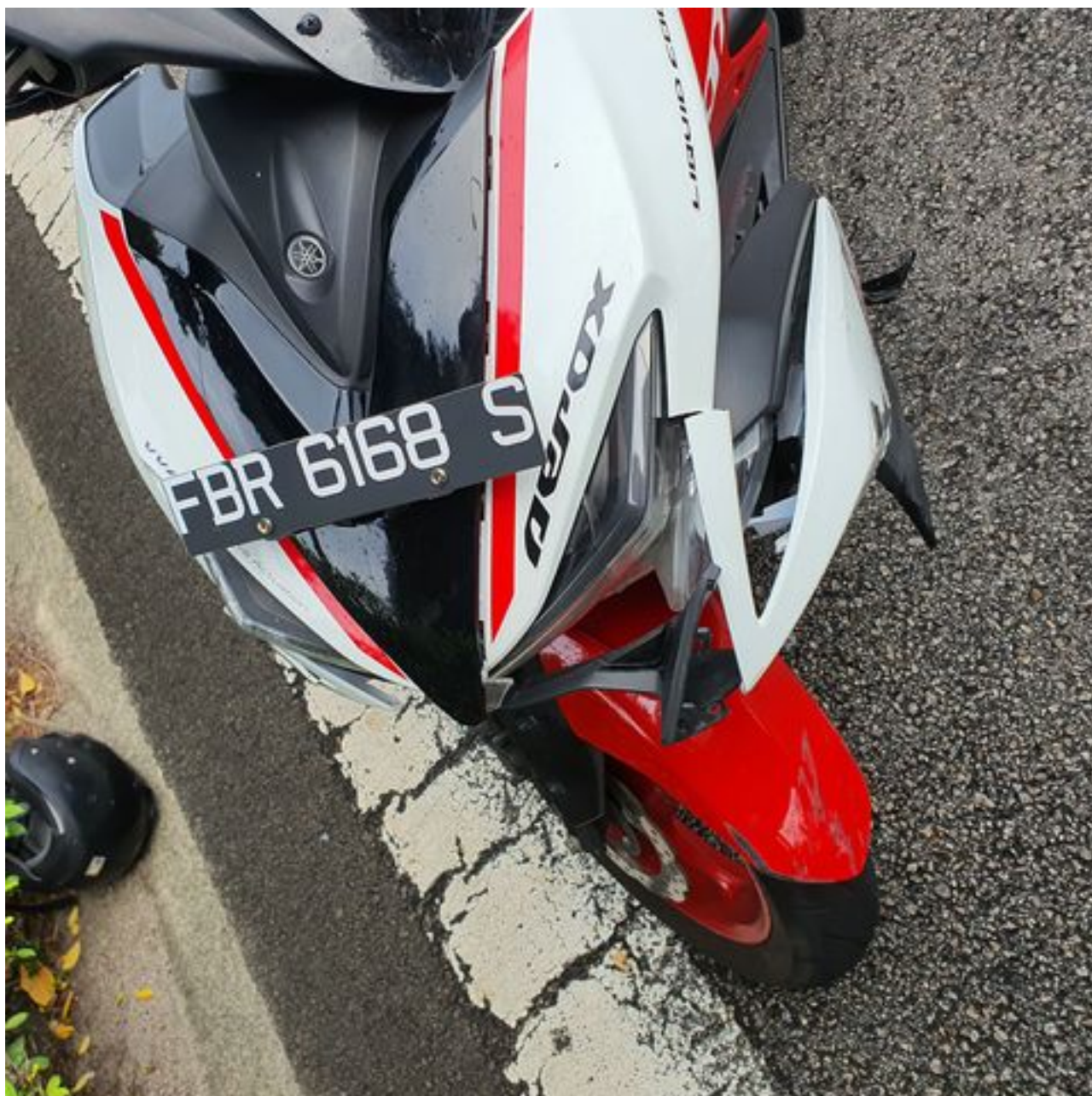


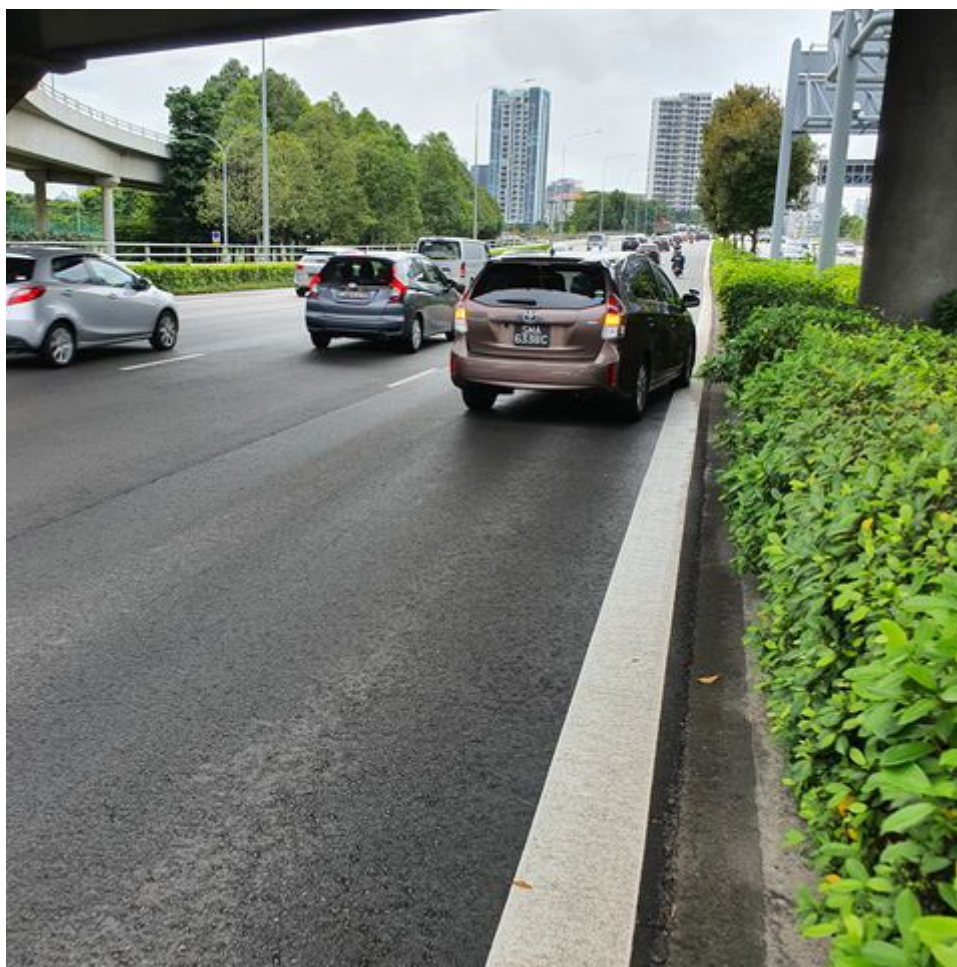


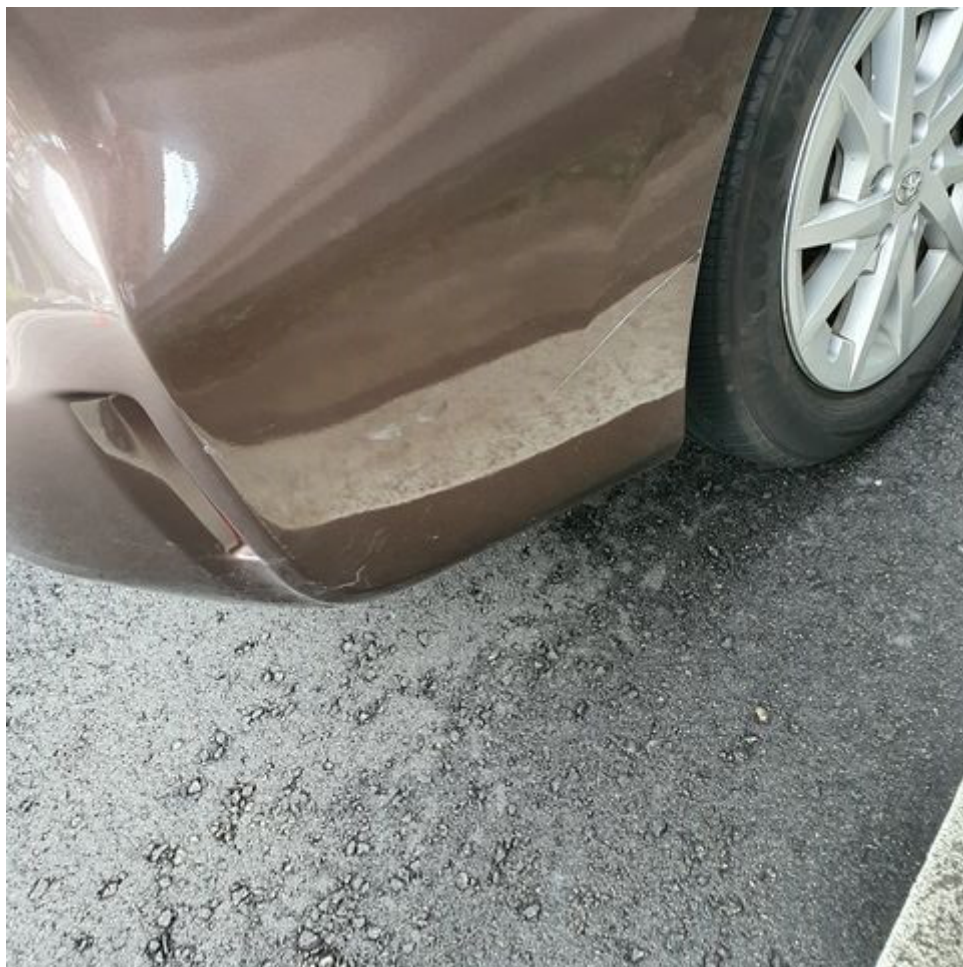




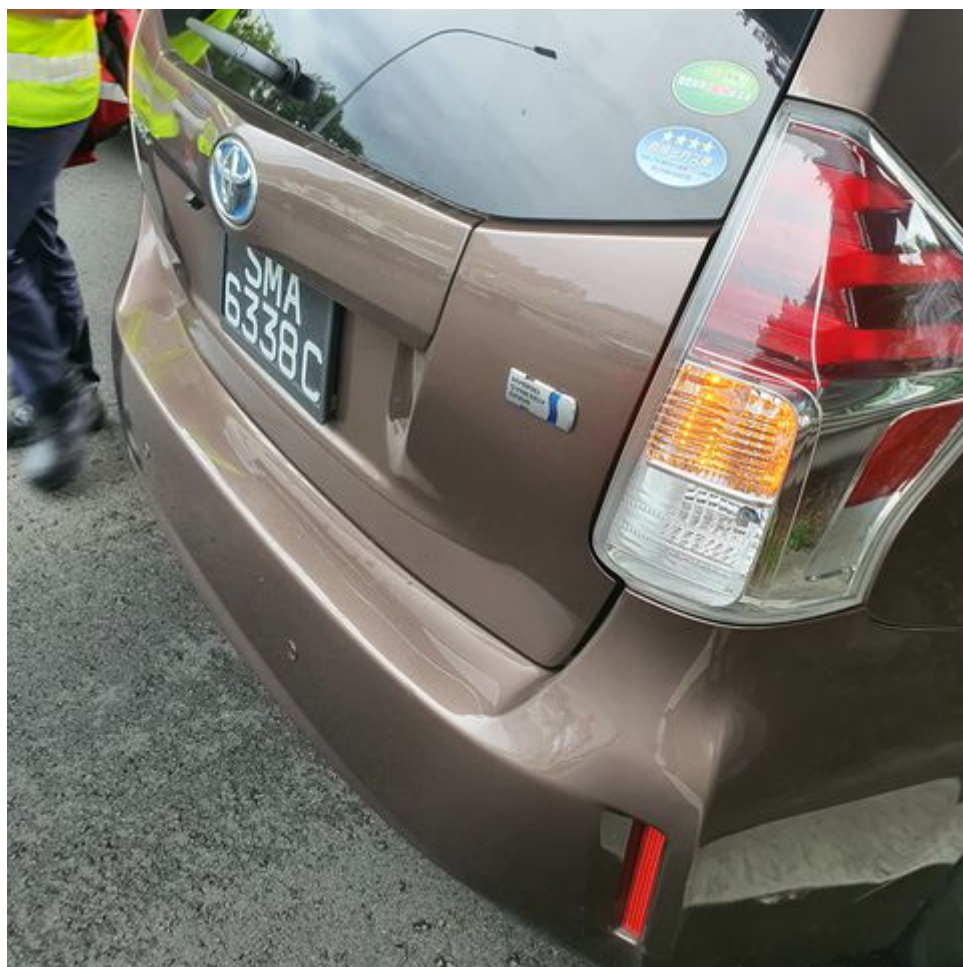














**SINGAPORE
POLICE FORCE**



T/20210111/2083

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 4

Report No. T/20210111/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2021 14:53		Vide Report No.:		Station Diary No.: 80	
Informant's Particulars					
Name of Informant: MUHAMMAD RADHI BIN RAZALI			Address: APT BLK 782C WOODLANDS CRESCENT #06-327 SINGAPORE 733782		
ID Type / ID No.: NRIC NO / S9510608J			Contact No.: Home/Office: Mobile: 96740743		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 30/03/1995	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: OPERATION EXECUTIVE			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: 07/01/2021 08:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBR6168S	Motorcycle	YAMAHA	AEROX GDR155R CVT	White	Seriously Damaged	0
SMA6338C	Car				Slightly Damaged	0

Details of Vehicle Insurance

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



T/20210111/2083

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20210111/2083

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR6168S	NTUC Income Insurance Co-Operative Limited	5118710656	19/08/2020	18/08/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD RADHI BIN RAZALI		ID No.	S9510608J
Related Vehicle	FBR6168S (Motorcycle)		Contact No.	96740743
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	Serious
Driver				
Name	YU ZHIYONG		ID No.	S7288180Z
Related Vehicle	SMA6338C (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

Brief Details.

On 07/01/2021 at 0800hrs, I was riding my motorcycle (FBR6168S) along CTE towards AYE. I was riding at the Lane 1 when suddenly a car (SMA6338) from Lane 2 signal change to my lane and the front of my motorcycle collided onto the right rear of the car and I fell off my motorcycle. Police and ambulance were called down to scene but no convey was done. After exchanging particulars we left the scene. I only felt bearable pain on my left hand and it was swollen so I did not get conveyed by ambulance.

I went to Khoo Teck Puat Hospital and I was given 10 days MC from 07/01/2021 to 16/01/2021. I suffered two fractures in my left wrist and abrasions around my right hand and right elbow.

MC no: KHANE211933297



**SINGAPORE
POLICE FORCE**



T/20210111/2083

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Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20210111/2083

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20210111/2083

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20210111/2083

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 WONG QING JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/01/2021 14:53

Officer In Charge Of Case:

TP / GIT /
Sgt 3 MUHAMMAD ZICKIE BIN AHMAD
SUYUTI

Contact No.: 65476904

Authentication Stamp

NP168



SIGNATURE



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

MEDICAL CERTIFICATE

ORIGINAL

KHANE211933297

NAME : MUHAMMAD RADHI BIN RAZALI
NRIC : S9510608J

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named attended Examination/Treatment from 07-Jan-2021 16:55 to 07-Jan-2021 20:06.

The above named is unfit for duty for a period of 10 day(s), from 07-Jan-2021 to 16-Jan-2021 inclusive.

This certificate is not valid for absence from court attendance.

Remarks :
fracture

07 Jan 2021 Dr Fang, Xian Amelea (62858A)

A&E

Date Issuing Doctor

Location

Doctor's Signature

Reg No. : 20071756411

..... Tear Along Here



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

MEDICAL CERTIFICATE

DUPLICATE

KHANE211933297

NAME : MUHAMMAD RADHI BIN RAZALI
NRIC : S9510608J

Type of Medical Leave granted : HOSPITALIZATION LEAVE

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