SN07213V0018 / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 31/03/2021 20:37 (SGT) SUBMITTED BY: Muhammad Haziq Shah Bin Abdul Aziz Shah VERSION: 1 (31/03/2021 20:37 (SGT))

# **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 witholding 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.

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   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 31/03/2021 20:37 (SGT) Date of Accident 26/02/2021 14:00 (SGT) Exact Location of Accident Singapore Additional Location Information LORONG BAKAR BATU Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number FV5045B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ASHIQUR RAHMAN S/O ABDUL RAHMAN NRIC No S9611233E Email Address rahmanashigur@yahoo.com.sq Mobile Phone No (Phone) +65-83623314 Alternative Phone No +65-83623314

VEHICLE PARTICULARS

Manufacturer

Model TA200 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? Vehicle Category

No - Claiming third party Motorcycle Transmission Manual CC 200

**INSURANCE COMPANY** 

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdParty Fleet Policy Policy Number 5072861392-05 Cover Note Number

DRIVER

Name of Driver ASHIQUR RAHMAN S/O ABDUL RAHMAN NRIC No S9611233E

Date Of Birth 04/04/1996 Occupation Outdoor Date Of Driving Pass 09/07/2015 Driving experience 5 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-83623314 Alt. Phone Number +65-83623314 Email Address rahmanashiqur@yahoo.com.sg Address BLK 104 ALJUNIED CRESENT #06-245 Address complement Postcode 380104 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 - U-Turn Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJA1791U Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

WONG SI XIONG
S9701265B
(Phone) +65-92473081
<del>-</del>
-
-
-
-
-
-

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person Address	ASHIQUR RAHMAN S/O ABDUL RAHMAN BLK 104 ALJUNIED CRESENT #06-245
Address Complement	-
Post Code	380104
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FV5045B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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:
  - 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

الدصر | 20 | Date & Time: 3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: 4921X 5444 NRIC/FIN No.: 293359538

Date &

LOKONG BAKAK BATU

A - FV5045B
B - SDA1791U

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO PEPORT Num T 20210305 7016	

### DECLARATION

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

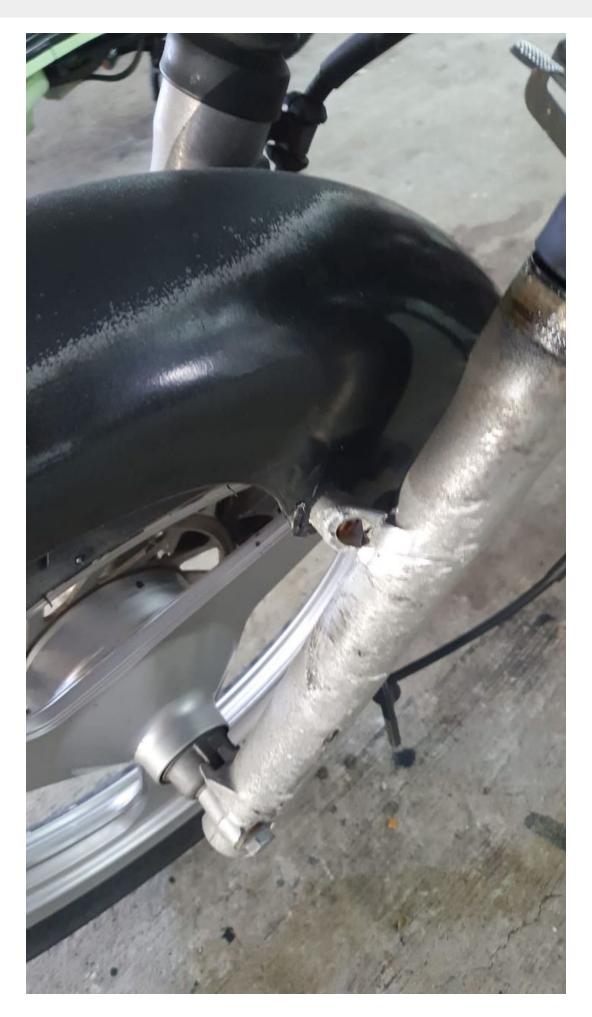
Policyholder's Signature Date & Time: 21/03/2021

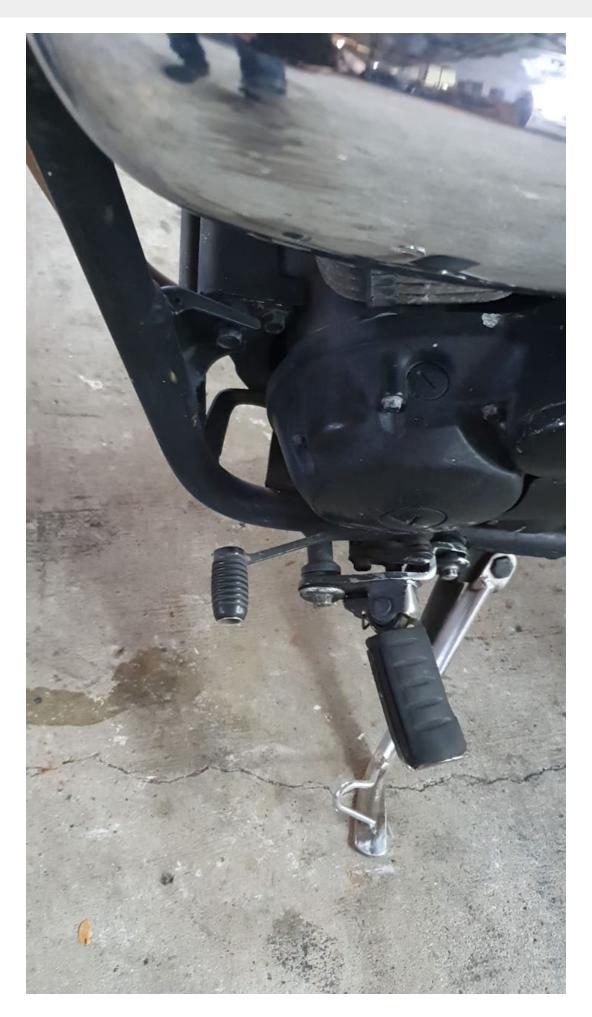
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: ##7218 SH## NRIC/FIN No.: 59324 9388























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#### REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 05/03/2021 14:26		Vide Report No.: G/20210226/0091	Station Diary No.:	
Informa	nt's Partic	ulars		A Buy Bound of East will	
Name of Informant: ASHIQUR RAHMAN S/O ABDUL RAHMAN			Address: 104 ALJUNIED CRESCEN	NT #06-245 SINGAPORE 380104	
ID Type / ID No.: NRIC NO / S9611233E		33E	Contact No.: Home/Office:	Mobile: 83623314	
	Nationality: SINGAPORE CITIZEN		Email: rahmanashiqur@yahoo.com.sg		
Sex: Male	Age: 24	Date of Birth: 04/04/1996	Type of Informant: Rider		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Assistant electrical engineer		engineer	Driving Licence Information Class: 2B,2A,3	n: Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/02/2021 14:00	Type of Location Straight Road
Location: LORONG BA	KAR BATU			
Weather:		Road Surface:		Road Speed Limit:
Sunny		Dry		50 Km/h
		Dry Traffic Control: Not Controlled		50 Km/h Traffic Volume: Light

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FV5045B	Motorcycle	HONDA	TA200	Black		0
SJA1791U	Car	TOYOTA	Vios	Silver	Slightly Damaged	2

Details of Vehicle Insurance			
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date





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#### CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV5045B	NTUC Income Insurance Co-Operative Limited	5072861392-05	10/09/2020	09/09/2021

Details of Perso	on Involved		COLUMN ASSES	Shan se	9995	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Per	destrian C	cross	sing: NA
Rider					34022	
Name	ASHIQUR RAHMAI	N S/O ABD	DUL RAHMAN	ID No.		S9611233E
Related Vehicle	FV5045B (Motorcyc	ele)		Contact	No.	83623314
Hospital/Clinic	RAFFLES HOSPITAL			Class of Driving Licence Expiry		Class: 2B,2A,3 Date of Expiry: NIL
Date	26/02/2021	171	Date	2	27/02	/2021
No. of Days gran	ted Medical Leave	09	Degree of		Serio	us
Driver					STATE	
Name	WONG SI XIONG			ID No.		S9701265B
Related Vehicle	SJA1791U (Car)			Contact	No.	92473081
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: 3A Date of Expiry: NIL
Date	NIL		Date	1	VIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	1	VIL	

#### Brief Details.

On the 26 of Feb, Friday 2pm, I was heading to work via my motorcycle along Lorong Bakar Batu, which is a two-way road.

Before approaching the junction of Macpherson road, I saw a Toyota Vios which was parked parallel along the way I was heading, was edging out to turn right. Upon seeing him, I braked to come to a stop but seeing him halting, thinking that he is giving me the way, since I have the right of way. I again throttled keeping myself on the move. But without any form of indication, the car then tried to do U-turn abruptly to get himself on the other side of the road, in which he suddenly stopped himself in the middle of the lane I was travelling. Trying to apply emergency brake and to evade a collision. I steered my bike to the right, where he was still moving ahead, causing me to hit his car's front bumper and then making me slide on the tar surface. With the bike lying on me, I was in a state of shock.

Meanwhile, the driver with his front plate(the cover all hanging loose), was dragging the car slowly and then hit the kerb.

With the help of a few passersby, I was lifted and brought to the side pavement. Noticing my





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CONTINUATION OF REPORT

left shoe flew off and blood oozing our profusely, they help to some immediate first aid and also called the ambulance.

Driver and I shared our info while waiting for the ambulance, as advised by the uncle who was assisting me.

Within a short period, SCDF ambulance arrived and major first aid was done, with a TP officer getting the statement from me. I was then conveyed to Raffles Hospital and got admitted at A & E around 2.40pm.



T/20210305/7016

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Report No. T/20210305/7016

CONTINUATION OF REPORT

Informant is	not able	to pro	vide sket	ch

Sketch Plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2021 14:26
Officer In Charge Of Case: TP / TPIB / LEE GUANG HUI Contact No.: 65476138	Classification Of Case:

NP168