

## 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 ..... 07/08/2019 16:44 (SGT)  
Date of Accident ..... 05/08/2019 09:10 (SGT)  
Exact Location of Accident ..... BUKIT BATOK WEST AVENUE 06  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBH6966H

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMMAD KHIDIR BIN KASSIM  
NRIC No .....   
Email Address ..... kydkassim@outlook.com  
Mobile Phone No ..... (Phone) +65-  
Alternative Phone No ..... (Phone) +

#### VEHICLE PARTICULARS

Manufacturer ..... Piaggio  
Model ..... VESPA GTS SUPER/SUPERSPORT 300 E4  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... -  
CC ..... -

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5102830496-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MOHAMMAD KHIDIR BIN KASSIM  
NRIC No ..... 

Date Of Birth .....	09/12/1992
Occupation .....	Indoor
Date Of Driving Pass .....	26/03/2014
Driving experience .....	5 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65 [REDACTED]
Alt. Phone Number .....	(Phone) + [REDACTED]
Email Address .....	kydkassim@outlook.com
Address .....	BLK 146 #02-357 BUKIT BATOK WEST AVENUE 6
Address complement .....	-
Postcode .....	650146
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 1 .....	-
Insurance Company of Other Vehicle Owned by Driver 1 .....	-
Vehicle Registration Number of Other Vehicle Owned by Driver 2 .....	-
Insurance Company of Other Vehicle Owned by Driver 2 .....	-
Vehicle Registration Number of Other Vehicle Owned by Driver 3 .....	-
Insurance Company of Other Vehicle Owned by Driver 3 .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
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? .....	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 .....	Bukit Batok Neighbourhood Police Centre
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20190806/2053;

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	-
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC656Y
Vehicle Manufacturer .....	-
Vehicle Model .....	HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	MOHAMMAD KHIDIR BIN KASSIM
Address .....	BLK 146 #02-357 BUKIT BATOK WEST AVENUE 6
Address Complement .....	-
Post Code .....	650146
Approximate Age Years Old .....	26
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**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.

- 6 AUG 2019



Policyholder's Signature  
Date & Time:



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

**IDAC KAKI BUKIT (VAC)**

Reporting Centre, 23 Kaki Bukit Ave 4  
Name: Singapore 415933  
NRIC/Tel: 67416697 Fax: 67492305  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

## National University Hospital (Singapore) Pte Ltd

5 Lower Kent Ridge Road, Singapore 119074

TEL: (65) 6779 5555

Business Registration No. 198500843R



MEDICAL CERTIFICATE	ORIGINAL	NUH19214822
NAME: MOHAMMAD KHIDIR BIN KASSIM		NRIC: [REDACTED]

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named is unfit for duty for a period of 3 day(s) from 05-Aug-2019 to 07-Aug-2019 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 05-Aug-2019 09:51 to 05-Aug-2019 15:15

05-Aug-2019	ONG YEOK KEIN VICTOR (06203J)	A&E	
Date	Issued by	Location	Signature

A member of the NUHS

National University Polyclinics			
National University Polyclinics A member of the NUHS		Bukit Batok Polyclinic	
		50 Bukit Batok West Avenue 3 Singapore 659164	
MEDICAL CERTIFICATE	ORIGINAL	BBK19052812-01	
Name : MOHAMMAD KHIDIR BIN KASSIM		NRIC : [REDACTED]	
Type of Medical Leave granted : OUTPATIENT SICK LEAVE			
The above name is unfit for duty for a period of 4 day(s) from 06/08/2019 to 09/08/2019 inclusive.			
The certificate is not valid for absence from court attendance.			
The above named attended Examination/Treatment from 08:05 AM to --			
Remarks :			
For enquiries, please call 63553000			
06/08/2019	Dr. WONG XIAO FUNG (19064J)	Bukit Batok	
Date	Issued By	Location	Signature





**SINGAPORE  
POLICE FORCE**



T/20190806/2053

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No. T/20190806/2053

**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:

J /

Sr Staff Sgt YUE SHUNXIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/08/2019 13:11

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No: 65476178

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE  
POLICE FORCE**



T/20190806/2053

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No. T/20190806/2053

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH6966H	NTUC Income Insurance Co-Operative Limited	5102830496-01	01/08/2019	31/07/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMMAD KHIDIR BIN KASSIM		ID No. <div></div>
Related Vehicle	FBH6966H (Motorcycle)		Contact No. 97964884
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date Class: 2A,2 Date of Expiry: NIL
Date Treatment	05/08/2019		Date Discharge 05/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 05/08/2019 at about 0910 hrs, I was riding my motorcycle V1) FBH6966H along Bukit Batok West Ave 6 towards Bukit Batok Road at lane 1. As I was near to Blk 152 Bukit Batok West Ave 6, there was a vehicle V2) SHC656Y at a lane 2 suddenly make an illegal U turn. I was not able to stop in time and my motorcycle collided onto V2 right front area. I fell from my motorcycle and managed to get up later and called for the Police.

Traffic Police arrived at scene and took down my particular before I was conveyed to NUH by ambulance. I had sustained swollen on left hip and lower back. I was given 5 days at NUH.





























**SINGAPORE  
POLICE FORCE**



T/20190806/2053

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

1 of 3

Report No. T/20190806/2053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/08/2019 13:11	Vide Report No.: J/20190805/0045	Station Diary No.: 66
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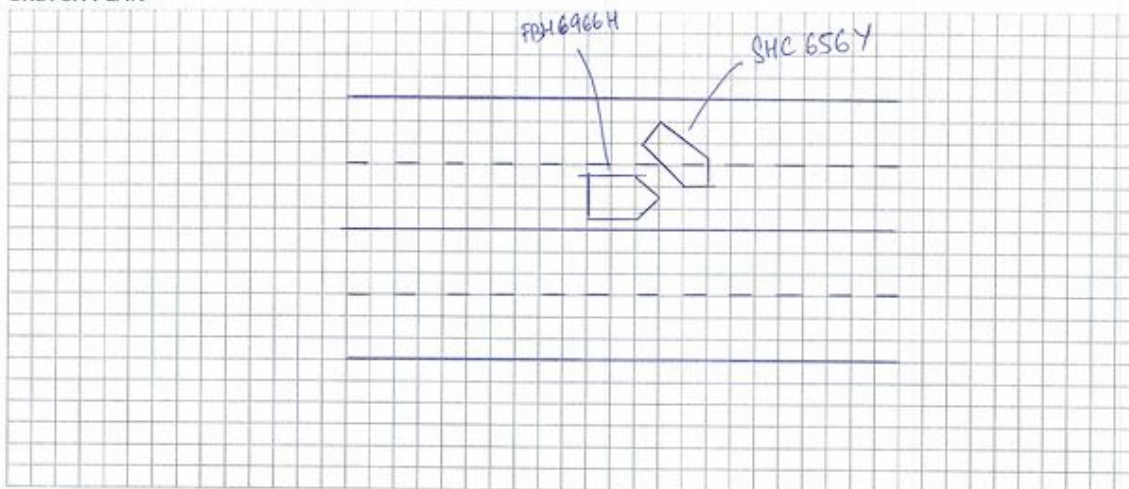
Informant's Particulars			
Name of Informant: MOHAMMAD KHIDIR BIN KASSIM		Address: APT BLK 146 BUKIT BATOK WEST AVENUE 6 #02-357 SINGAPORE 650146	
ID Type / ID No.: NRIC NO [REDACTED]		Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 09/12/1992	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Auxiliary police officer		Driving Licence Information: Class: 2A,2 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/08/2019 09:10	Type of Location: Straight Road
Location: Along Road 1 BUKIT BATOK WEST AVENUE 6				
Along Bukit Batok West Ave 6 towards Bukit Batok Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH6966H	Motorcycle	PIAGGIO	VESPA GTS SUPER/SUPERSPORT 300 E4	Grey	Slightly Damaged	0
SHC656Y	Car				Slightly Damaged	0

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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT.

## DECLARATION

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

Signature of Policyholder  
 Date & Time: 2019/08/05 10:00

Policyholder's Signature

Date & Time: 2019/08/05 10:00

GAICM SketchPlanForm-V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Kyd Kassim @ outlook.com

- 5 AUG 2019  
 IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Reporting Centre Personnel's Signature  
 Name: Tal: 67416697 Fax: 67492305

NRIC ID NO:

Email: vackb@singnet.com.sg