

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 Actual 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	22/08/2022 16:20 (SGT)
Reported by	Both
Date of Accident	22/08/2022 01:00 (SGT)
Exact Location of Accident	Claymore Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT9430D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ROSLAN BIN OSMAN
NRIC No	S7612394B
Email Address	RBINOSM@GMAIL.COM
Mobile Phone No	(Phone) +65-96745729
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	T155
Variant	T155
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	Private car
Transmission	Manual
CC	155

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	ROSLAN BIN OSMAN
NRIC No	S7612394B
Date Of Birth	30/04/1976
Occupation	Indoor

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

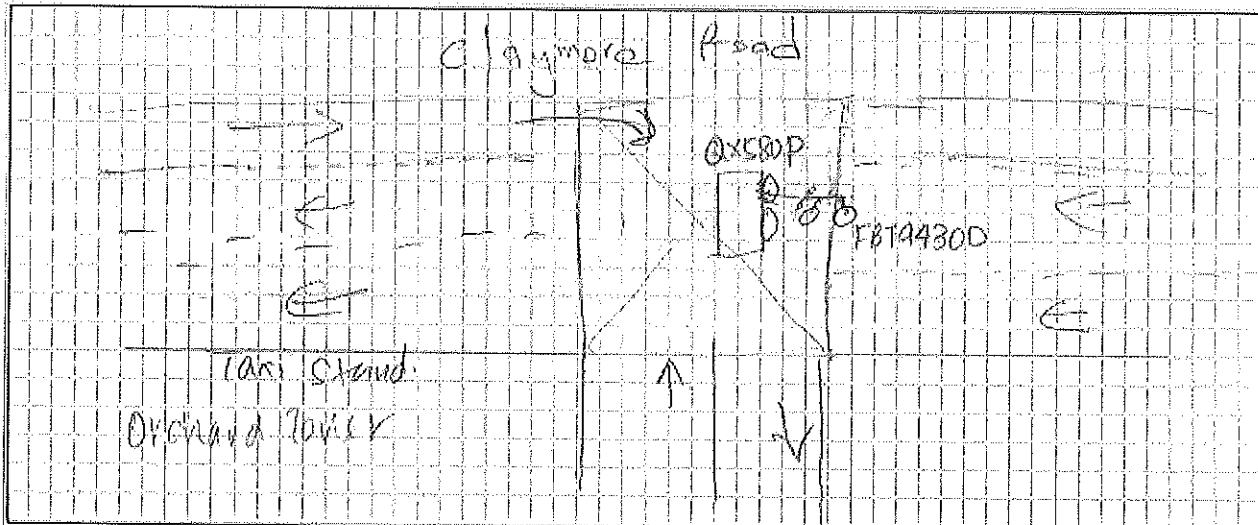
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

VEHICLE NO:

ACCIDENT DATE & TIME:

CONTACT NUMBER:

E-MAIL: rhinosm@gmail.com

LOCATION:

Refer to police report T120220822/2086

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE:

☐ CLAIM OWN POLICY

☐ CLAIM THIRD PARTY

☒ CLAIM OD/TP AT OTHER WORKSHOP

☐ REPORTING ONLY

Declaration

I/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

Witnessed by Reporting Control Personnel
(Name as in NRIC ID card)



SINGAPORE POLICE FORCE



T/20220822/2086

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20220822/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2022 08:54	Vide Report No.: E/20220822/0018	Station Diary No.: 34
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Informant's Particulars

Name of Informant: ROSLAN BIN OSMAN	Address: APT BLK 659D JURONG WEST STREET 65 #02-337 SINGAPORE 644659
ID Type / ID No.: NRIC NO / S7612394B	Contact No.: Home/Office: Mobile: 96745729
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 46 Date of Birth: 30/04/1976	Type of Informant: Driver
Race: Javanese	Language:
Occupation: GRAB RIDER	Institution / School Name:
	Driving Licence Information: Class: 2B, 2A, 2, 3, 4 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No.	Date/Time of Accident: 22/08/2022 01:00	Type of Location: T-Junction
Location: CLAYMORE ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	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
FBT9430D	Motorcycle	YAMAHA	T155	Grey	Seriously Damaged	0
QX580P	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT9430D	NTUC Income Insurance Co-Operative Limited	5128720351	05/07/2022	04/07/2023



**SINGAPORE
POLICE FORCE**



T/20220822/2086

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20220822/2086

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ROSLAN BIN OSMAN	ID No.	S7612394B
Related Vehicle	FBT9430D (Motorcycle)	Contact No.	96745729
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	22/08/2022	Date Discharge	22/08/2022
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Driver			
Name	SGT JEREMIAH SEAH	ID No.	NIL
Related Vehicle	QX580P (Car)	Contact No.	96440170
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 22/08/2022, at about 0100hrs, I was riding my motorcycle (FBT9430D) down Claymore Rd towards Orchard Rd as I wanted to pick up a Grabfood order from a place nearby Orchard Towers. Claymore Road is a two way road, and there was a police car (QX580P) driving in the opposite direction. At the junction between Claymore Road and Claymore Drive, while I was heading straight, the police car turned sharply towards Claymore Drive. I jammed my breaks and tried to evade crashing into the Police car but to no avail. My motorcycle collided with the rear passenger door of the Police Car. My motorcycle was seriously damaged, but the Police car was only slightly damaged. The junction is an uncontrolled junction. I initially felt fine, however, I soon started to feel giddy, and was experiencing some pain in the back of my head. I also suffered a few scratches on my torso. I was conveyed by ambulance to Singapore General Hospital. I wish to state that Traffic Police also attended the incident and provided my a case card with Incident Number E/20220822/0018. I was given a 5 day MC.

I wish to state that there were no pedestrians injured, there was no one injured from the other party, and there were a few witnesses to the incident. My vehicle does not have any camera, and neither does my helmet. However, I noticed there are CCTV cameras located at the junction.



**SINGAPORE
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T/20220822/2086

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Tel No: 1800-7929999

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Report No. T/20220822/2086

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 / SC KARTHIK SIVASUBRAMANIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/08/2022 08:54
Officer In Charge Of Case: TP / GIT / STAFF SGT SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476187	Classification Of Case:

NP163







