



**SINGAPORE  
POLICE FORCE**



T/20191004/2110

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20191004/2110

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/10/2019 16:49		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: FATHURRAHMAN BIN NGADIMAN			Address: APT BLK 232 PENDING ROAD #02-25 SINGAPORE 670232		
ID Type / ID No.: NRIC NO / S9444079C			Contact No.: Home/Office: Mobile: 82665626		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 21/11/1994	Type of Informant: Rider		
Race: Javanese		Language:		Institution / School Name:	
Occupation: NSF		Driving Licence Information: Class:		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/10/2019 20:00	Type of Location:
Location: Along Road 1 WOODLANDS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB5709Y	Motorcycle	YAMAHA	T135	Black		0
SJT966P	Car	AUDI	A6 2.0 TFSI MU	Black		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBB5709Y	NTUC Income Insurance Co-Operative Limited	5109563112	15/05/2019	14/05/2020



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Report No. T/20191004/2110

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	FATHURRAHMAN BIN NGADIMAN	ID No.	S9444079C
Related Vehicle	FBB5709Y (Motorcycle)	Contact No.	82665626
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/10/2019	Date Discharge	04/10/2019
No. of Days granted Medical Leave	18	Degree of Injury	NIL
<b>Driver</b>			
Name	NG JUN RUI	ID No.	S9213951D
Related Vehicle	SJT966P (Car)	Contact No.	82011863
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 THE STATED DATE, TIME AND LOCATION**

I WAS TRAVELLING ALONG THE LOCATION ALONG WOODLANDS ROAD. FROM THE SECOND LANE ONWARDS WAS TRAFFIC JAMS AND THE TRAFFIC FLOW WAS SLOW SO I RIDE ON THE FIRST LANE. WHILE GOING STRAIGHT, THERE WAS A BLACK CAR OF PLATE NUMBER SJT966P DASH OUT FROM THE SECOND LANE TO THE FIRST LANE. I WAS KNOCKED DOWN AND WAS CONVEYED TO NUH WITH 18 DAYS OF HOSPITALISATION LEAVE. THAT ALL.



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Report No. T/20191004/2110

**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:  
TP /  
EUGENE AW WEI XUAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
04/10/2019 16:49

Classification Of Case: **TRAFFIC**  
**ACCIDENT**

Signature

*Eugene*

## 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 Report	02/10/2019 17:45
Date Of Accident	01/10/2019 20:00
Exact Location Of Accident	ALONG WOODLANDS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT966P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG BOR KIAT
<b>Vehicle Particulars</b>	
Manufacturer	AUDI
Model	A6-2.0 TFSI MU (A)
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5065163701-05
Cover Note Number	
<b>Driver</b>	
Name of Driver	NG JUN RUI
NRIC No	S9213951D
Address	15 PAVILION PLACE SINGAPORE

### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR

### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	2

### Circumstances of Accident

REFER TO ATTACHED

### 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	FBB5709Y
Vehicle Make/Model/Colour	
Name of Driver	FATHURRAHMAN BIN NGADIMAN
Insurance Company Name	

**DETAILS OF INJURED PERSON 1**

Name	FATHURRAHMAN BIN NGADIMAN
Injured person in which vehicle?	FBB5709Y

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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

Policyholder's Signature  
Date & Time:

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

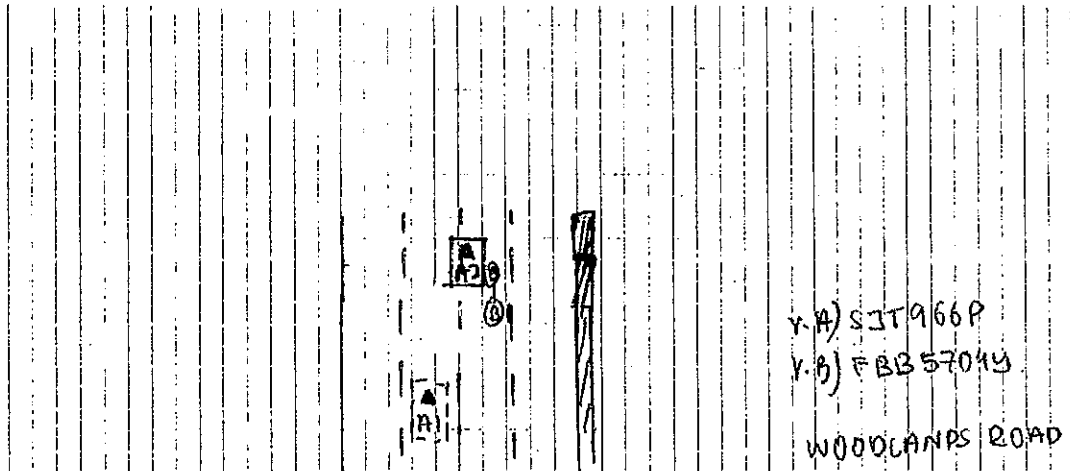
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

02/10/19

3:50 PM

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight in my lane, signalling my intention to filter to the right lane, when traffic turns green, I start to inch forward to the right, suddenly vehicle 'B' FBB5704Y came at a very fast speed and collided against my vehicle front right portion. I wish to state that I did check my blind spot and side mirror there was no incoming vehicles before I proceed to change lane.

Preferred workshop : DUNA AUTO

## 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:

Reporting Centre/Personnel's Signature  
Name:  
NRIC/FIN No.:

02/10/14  
3:50 PM

## Common Statement Pg. 1



**SINGAPORE  
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T/20191001/2222

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20191001/2222

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/10/2019 22:33		Vide Report No.: J/20191001/0135	Station Diary No.: 150
<b>Informant's Particulars</b>			
Name of Informant: NG JUN RUI		Address: 15 PAVILION PLACE SINGAPORE 658351	
ID Type / ID No.: NRIC NO / S9213951D		Contact No.: Home/Office: Mobile: 82011863	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 01/04/1992	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Accountant		Driving Licence Information: Class: 3A Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/10/2019 20:00	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS ROAD				
Along Woodlands Road, towards Woodlands direction, before the slip road into KJE				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
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
FBB5709Y	Motorcycle					0
SJT966P	Car					1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



## Common Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20191001/2222

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Report No. T/20191001/2222

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

## CONTINUATION OF REPORT

Rider Name	FATHURRAHMAN BIN NGADIMAN		ID No.	S9444079C	
Related Vehicle	FBB5709Y (Motorcycle)		Contact No.	82665626	
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	
Driver Name	NG JUN RUI		ID No.	S9213951D	
Related Vehicle	SJT966P (Car)		Contact No.	82011863	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	
Passenger Name	KOH HWEE YI, EVANGELINE		ID No.	S9647557H	
Related Vehicle	SJT966P (Car)		Contact No.	96927791	
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 1st October 2019 at about 2000hrs, I was driving along Woodlands Road, towards Woodlands direction. I was driving my vehicle (SJT966P) and I was with my girlfriend, Miss Koh Hwee Yi, Evangeline S9647557H H/P: 96927791. The traffic light was shown 'Red' at that time. My vehicle was stationary in the right lane and all lanes were filled with vehicles. I had signalled my intention to filter to the first lane. The first lane was empty. When the traffic light turned green, I checked my mirror and my blind spot. Everything was clear before I started my filtering. Just then one motorbike (FBB5709Y) came from behind and knocked into the right side of my vehicle. The rider fell to the ground.

We alighted from the vehicle and we observed that the rider has an external wound on his left arm and was bleeding. Immediately, my girlfriend called for the Police. I assisted the rider to call his phone as his phone was nowhere to be found back then. His phone was found after I dialed his number. Moments

## Common Statement Pg. 1



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Report No. T/20191001/2222

## CONTINUATION OF REPORT

later, Ambulance came. The rider was then conveyed by the Ambulance. After the rider was conveyed, the Traffic Police arrived. The rider's elder brother, Fadlurrahman Bin Ngadiman S8944048C H/P: 81826805, then came to the accident scene after the rider was conveyed. The rider is namely Fathurrahman Bin Ngadiman S9444079C H/P: 82665626.

The Traffic Police whom attended to us, issued me a case card (J/20191001/0135) and I was advised to lodge a Traffic Accident Report. Both me and my girlfriend are not injured. I had contacted the rider's brother, Mr Fadlurrahman and he informed me that the rider is at NUH and still at the A&E. I wish to state that there is no in car camera in my vehicle.

## Common Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20191001/2222

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Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20191001/2222

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 / Sgt 3 LUCAS KOH PEI SONG
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185

Signature Of Informant: 
Date/Time: 01/10/2019 22:33
Classification Of Case:

Authentication Stamp  Signature: SN 117 Singapore Police Force
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Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

