

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 First Submission	13/08/2024 08:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/08/2024 09:35 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TPE/UPP CHANGI RD NORTH TRAFFIC JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD2887A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	IBRAHIM BIN ZAMZAM
NRIC No	933Z
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cbf150
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
Transmission	Manual
CC	150
Vehicle Fuel	Petrol
First Registration Date	02/01/2009
Chassis no	LALKC11A283329826
Effective Date/Time of Ownership	02/01/2009 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5040908599-14

DRIVER

Name of Driver	IBRAHIM B'N ZAMZAM
NRIC No	
Date Of Birth	
Occupation	Indoor
Driving Pass Date	12/08/1985
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	39 YEARS
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	
Address complement	
Postcode	
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 - Head to Rear
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 vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN ATTACHED.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6169S
Vehicle Manufacturer	-

Vehicle Model	-
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	IBRAHIM BIN ZAMZAM
Gender	Male
Phone No	-
Address	
Address Complement	
Post Code	
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBD2887A
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

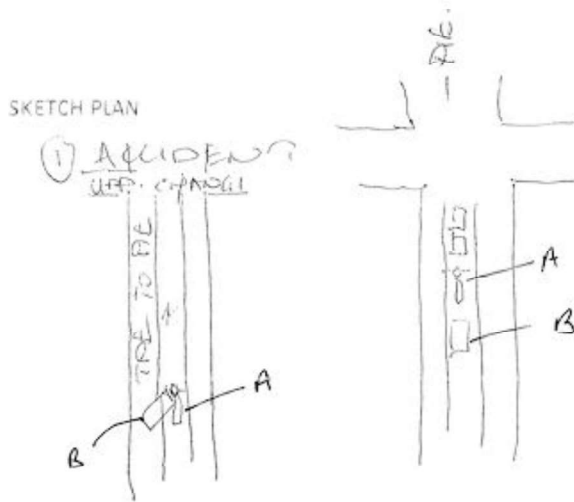
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)** I understand, 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.


 Policyholder's Signature Date
 & Time: 13/08/24


 Driver's Signature
 (If driver is not the policyholder) Date
 & Time: 13/08/24


 Reporting Centre Personnel's Signature
 Name: 13/4/24
 NRIC/FIN No:



A - FBD2887A

B - SHD61695

TOWARDS AT JUNCTION OF
UPPER CHANGLI ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FIRST INCIDENT WAS THIS TAXI SHD 61695, 50 METER IN FRONT OF ME HE CHANGE LANE TO THE LEFT. ABENTLY WHEN MY MOTOR ABREAST WITH HIS TAXI, SUDDENLY CHANGE LANE TO THE RIGHT. WE BOTH COLLIDED, BECAUSE MANAGED TO JAM SEAT. SINCE I NOT INJURED AND BIKE NOT NO DAMAGE, I MOVED FORWARD.

SECOND INCIDENT. IN FRONT OF ME HAVE TWO CARS AND TRAFFIC LIGHT TURN RED. I STOPPED BEHIND THE CARS IN THE CENTRE LANE. BUT SUDDEN THE TAXI SHD 61695 HIT MY MOTOR FROM BEHIND. MY MOTOR EXHAUST SMASH THEM HIS LEFT FRONT BUMPER. WHEN ASK HIM WHY HE HIT ME WHEN I ALREADY STOPPED HE CLAIM HIS BRAKE NOT WORKING. THIS ALSO SENTENCE REPEATED TO ME BY CHINESE LADY PASSENGER AND HE WAS TO HOSPITAL ADPT. WHEN ASK TO EXCHANGE PARTICULAR, HE ONLY SAID GO AND REPORT. MANAGED TO ASK HIS NAME MOHD

* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

Yusof

DECLARATION

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

[Signature]
12/08/24
Policyholder's Signature

[Signature]
12/08/24
Driver's Signature

13/4/24
[Signature]
Reporting Centre Personnel's Signature









