

## 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 .....	16/09/2024 10:17 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	13/09/2024 18:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CHANGI CITY POINT PICK UP POINT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBU6002X
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	AMIR ABDULLAH MD NASIR
NRIC No .....	S9122440B
Email Address .....	ADOKRIO91@GMAIL.COM
Mobile Phone No .....	(Phone) +65-87254415
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	ADV 160
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 .....	Auto
CC .....	160
Vehicle Fuel .....	Petrol
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5133332578-01

#### DRIVER

Name of Driver .....	AMIR ABDULLAH MD NASIR
NRIC No .....	S9122440B
Date Of Birth .....	21/06/1991
Occupation .....	Outdoor
Driving Pass Date .....	13/12/2022
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	1 YEAR AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87254415
Alt. Phone Number .....	-
Email Address .....	ADOKRIO91@GMAIL.COM
Address .....	BLK 499C TAMPINES AVENUE 9 #10-282
Address complement .....	-
Postcode .....	523499
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? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMU4113S
Vehicle Manufacturer .....	Volvo
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Private car
Name of Driver .....	YAM CHUNG WAI
NRIC No .....	S7102910G
Contact Number .....	(Phone) +65-87874113
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	4

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	AMIR ABDULLAH MD NASIR
Gender .....	Male
Phone No .....	(Phone) +65-87254415
Address .....	BLK 499C TAMPINES AVENUE 9 #10-282
Address Complement .....	-
Post Code .....	523499
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBU6002X
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN


**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 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.

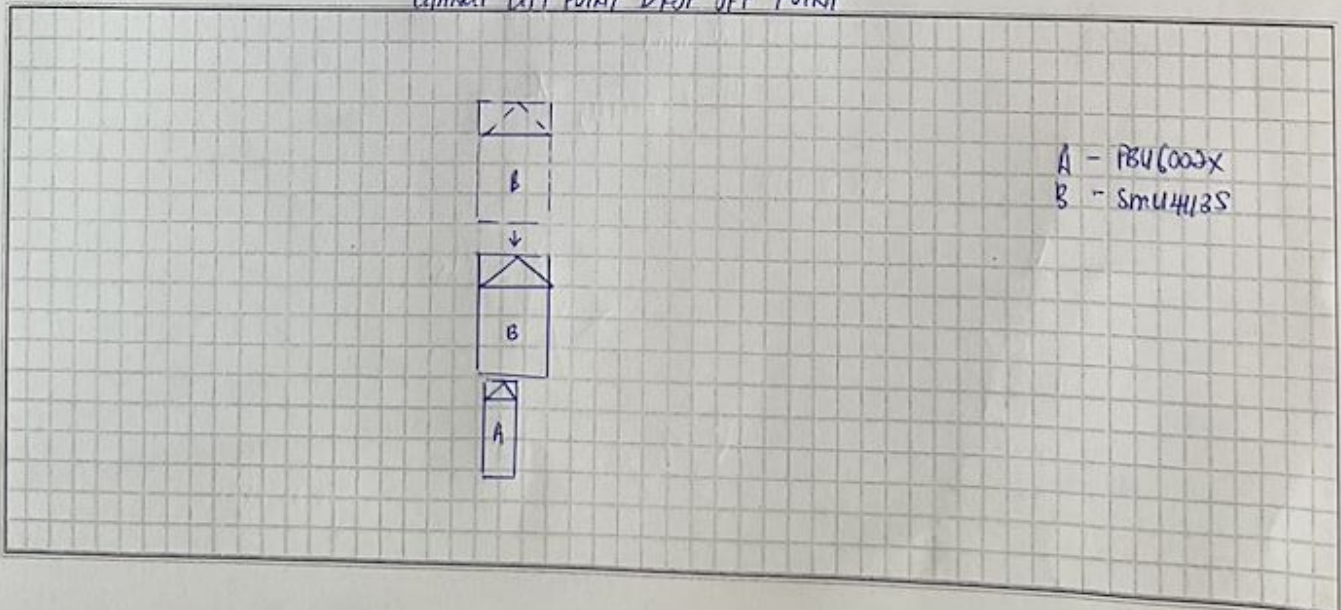
  
 Policyholder's Signature / Date & Time  
 16/9/24 1000

Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

CHANGI CITY POINT DROP OFF POINT




Describe Circumstance of the Accident

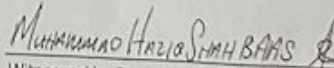
REFER TO REPORT Num G/20240914/7006

Declaration

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

  
Policyholder's Signature / Date & Time 16/9/24/1000

Driver's Signature (if driver is not the policyholder) / Date & Time

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

























**SINGAPORE  
POLICE FORCE**



G/20240914/7006

1 of 2

Report No. G/20240914/7006

**POLICE REPORT (NP299)**

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 14/09/2024 01:02	Vide Report No.	Station Diary No.
Name Of Informant AMIR ABDULLAH BIN MOHAMED NASIR	Address 499C TAMPINES AVENUE 9 #10-282 SINGAPORE 523499	
ID Type / ID No. NRIC NO / S9122440B	Contact No. Home/Office:	Mobile: 87254415
Nationality SINGAPORE CITIZEN	Email Address ADOKRIO91@GMAIL.COM	
Occupation GRAB FOOD RIDER	Sex Male	Age 33
Institution/School Name	Date of Birth 21/06/1991	Race Malay
Date/Time Of Incident 13/09/2024 18:43 - 13/09/2024 18:43	Location Of Incident 5 CHANGI BUSINESS PARK CENTRAL 1 #B1-01 CHANGI CITY SINGAPORE 486038	

**Brief details.**

i was working grabfood and wanted to collect 2 of my order at changi city point while at the basement carpark an accident happen which i was riding to the drop-off point, infront of me there is a black volvo car suddenly he stop and i also stop as the car wanted to turn right which he never turn but he just reverse while im at the back so i started to horn him twice to alert, a white car beside me help to horn too but he never hear and hit my motor cycle(FBU6002X) honda adv160  
After that we agree to private settlement as the driver are YAM CHUNG WAI (S7102910G) and than i went to the motorshop at ubi 3007 Dr helmet and tell them the costing price and the other party dont agreed if the cost is above \$500 and i have decided to claim the insurance

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: 14/09/2024 01:02
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Changi NPC Kiosk 1

**SINGAPORE  
POLICE FORCE**

G/20240914/7006

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20240914/7006

Subjects Involved			
Victim			
Person Name	AMIR ABDULLAH BIN MOHAMED NASIR		
ID Type	NRIC NO	ID No	S9122440B
Gender	Male	Age	33
Race	Malay	Language	English
Occupation	GRAB FOOD RIDER	Address	499C TAMPINES AVENUE 9 #10-282 SINGAPORE 523499
Mobile No	87254415	Is Informant A Victim?	Yes
Person Name	AMIR ABDULLAH BIN MOHAMED NASIR (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this  
report has been authenticated by Singpass.  
No signature is required.

Date/Time:  
14/09/2024 01:02

Classification Of Case:

This report is lodged at Changi NPC Kiosk 1