

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 ability.
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 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	28/08/2017 15:05
Date Of Accident	26/08/2017 14:30
Exact Location Of Accident	HOUGANG STREET 61
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ5155C
Insured/Policyholder	
Name Of Registered Owner	JAMAL BIN KAMIS
NRIC No	S8907226C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92349180
Alternative Phone No	OTHERS-92349180

Vehicle Particulars

Manufacturer	KTM
Model	390 DUKE
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5073758349-01 (TPFT)

Cover Note Number

Driver

Name of Driver	JAMAL BIN KAMIS
NRIC No	S8907226C
Date Of Birth	03/03/1989
Occupation	INDOOR
Date Of Driving Pass	01/04/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92349180
Fax Number	
Contact Number	OTHERS-92349180
Email Address	NOEMAIL

Address	BLK 329 ANG MO KIO AVE 3 #07-2036 HDB AMK
Postcode	560329
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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

I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
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Number of Passengers (Including Driver)	2
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Details of Police Action

Was the accident reported to the police?	YES
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If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]	10 UBI AVE 3
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Was notice of intended Prosecution given?	NO
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If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20170826/2146 ATTACHED. (ATTENDED BY CHRISTINA)

Attachment(s)

Are accident photos available for attachment?	YES
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Was there any video captured by Car Camera?	NO
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Was there any audio recorded?	NO
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA71U
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Name of Driver	DENNIS
NRIC/Passport Number	
Contact Number	97681086

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	DIAN AZRINDA BINTE KASRIN
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Approximate Age

Injuries Sustain

REFER TO POLICE REPORT

Injured person in which vehicle?

FBJ5155C

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

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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.
- (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.

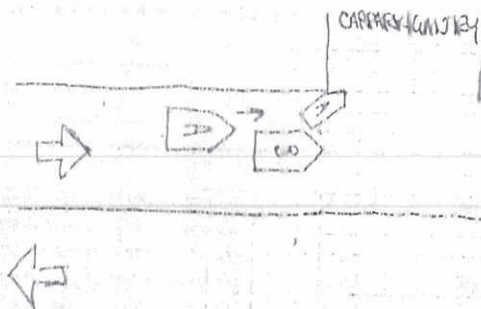
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

28 AUG 2017



A - FB5555 C
B - SHA 714
DCA - 26/8/17

Describe Circumstances of the Accident

On 26/08/17, at about 14:30hrs, at Woking, I (C. J. 1215) was involved in an accident with a taxi. She (115) the driver name MR. [unclear]. At that point of time my driver was my [unclear]. She was wanted to pay with some [unclear] [unclear]. She suffered cut and abrasions to her right face.

I was travelling behind the taxi just before a left turn into the carpark. Naturally due to the turn I was asked to wait. I had to slow down. The taxi driver failed to signal left and I proceeded to wait. I was in the queue, while I was waiting he made a sudden left turn. He was [unclear] [unclear]. Also he failed to [unclear] his [unclear].

This statement is all my best knowledge.

Declaration

We declare the foregoing particulars are true in every respect.

28 AUG 2017



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20170826/2146

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408866
Tel No: 65470000

1 of 3

Report No. T/20170826/2146

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2017 20:45		Video Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: JAMAL BIN KAMIS		Address: APT BLK 329 ANG MO KIO AVE 3 #07-2036 HDB-ANG MO KIO SINGAPORE 660329		
ID Type / ID No.: NRIC NO / S89072260		Contact No. Home/Office: Mobile: 92349180		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 28	Date of Birth: 03/03/1989	Type of Informant: Rider	
Race: Boyanesse		Language: English		Institution / School Name:
Occupation: ARMY OFFICER		Driving Licence Information: Class: 2B 2A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident: 26/08/2017 14:30	Type of Location: Straight Road
Location: Along Road 1 HOUGANG STREET 61				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ5155C	Motorcycle	KTM	390 DUKE	White		1
SHA71U	TAXI					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBJ5155C	NTUC Income Insurance Co-Operative Limited	5013768349-01	30/12/2016	29/12/2017



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T/20170826/2146

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Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20170826/2146

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JAMAL BIN KAMIS	ID No.	S89072260
Related Vehicle	FBJ5155C (Motorcycle)	Contact No.	92349180
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Pillion			
Name	DIAN AZRINDA BINTE KASRIN	ID No.	S8426307E
Related Vehicle	FBJ5155C (Motorcycle)	Contact No.	NIL
Hospital/Clinic	TAN TOCK BENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/08/2017	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

ON THE MENTIONED DATE, TIME AND LOCATION,
I WAS TRAVELLING ALONG HOUGANG STREET 01, WHILE RIDING IN FRONT OF ME HAVE ONE TAXI, I DO NOT KNOW HE WAS GOING TO MAKE A LEFT TURN TOWARDS THE OTHER LANE WHICH WAS THE SAME DIRECTION AS I INTENDED TO GO SO THE TAXI LEFT SIDE SWIPE UNTIL MY MOTORCYCLE RIGHT SIDE. I THEN FALL FROM MY MOTORCYCLE WITH MY PILLION. AFTER A WHILE AMBULANCE CAME AND CONVEYED MY PILLION TO HOSPITAL.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408665
Tel No. 65470000



T/2017/0826/2146

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Report No. T/2017/0826/2146

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 6547 4885 stating the report number as reference.

Signature Of Officer Recording The Report
TP /
BENJAMIN TAN ZE WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GRT /
Sr Staff Sgt MOHAMMAD ABDILLAH BIN FALIL
Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
26/08/2017 20:46

Classification Of Case:

TRAFFIC
POLICE