

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	21/11/2017 18:44
Date Of Accident	17/11/2017 23:45
Exact Location Of Accident	TRAFFIC JUNCTION OF ORCHARD ROAD/GRANGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB3927Y
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	ZULIOS789@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84807926
Alternative Phone No	OFFICE-84807926

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
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
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
Fleet Policy	NO
Policy Number	5085645204-01
Cover Note Number	

Driver

Name of Driver	ZULHILMIE BIN ABU BAKAR
NRIC No	S8939483Z
Date Of Birth	03/11/1989
Occupation	INDOOR
Date Of Driving Pass	18/09/2014
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84807926
Fax Number	
Contact Number	OTHERS-84807926
EEmail Address	ZULIOS789@GMAIL.COM

Address	BLK 14B LORONG 7 TOA PAYOH #04-245
Postcode	312014
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

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
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171118/2161(COLLISION TYPE IS HEAD TO SIDE)

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	SJV7401X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	GOH ZHI BING, BRYAN
NRIC/Passport Number	S9636998J
Contact Number	83224534
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
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Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name ZULHILMIE BIN ABU BAKAR

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBB3927Y

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN


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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:

 21/11/2017
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN

Refer to Attachment 7


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PIS Refer to Police Report
7/2017/118/2161

DECLARATION

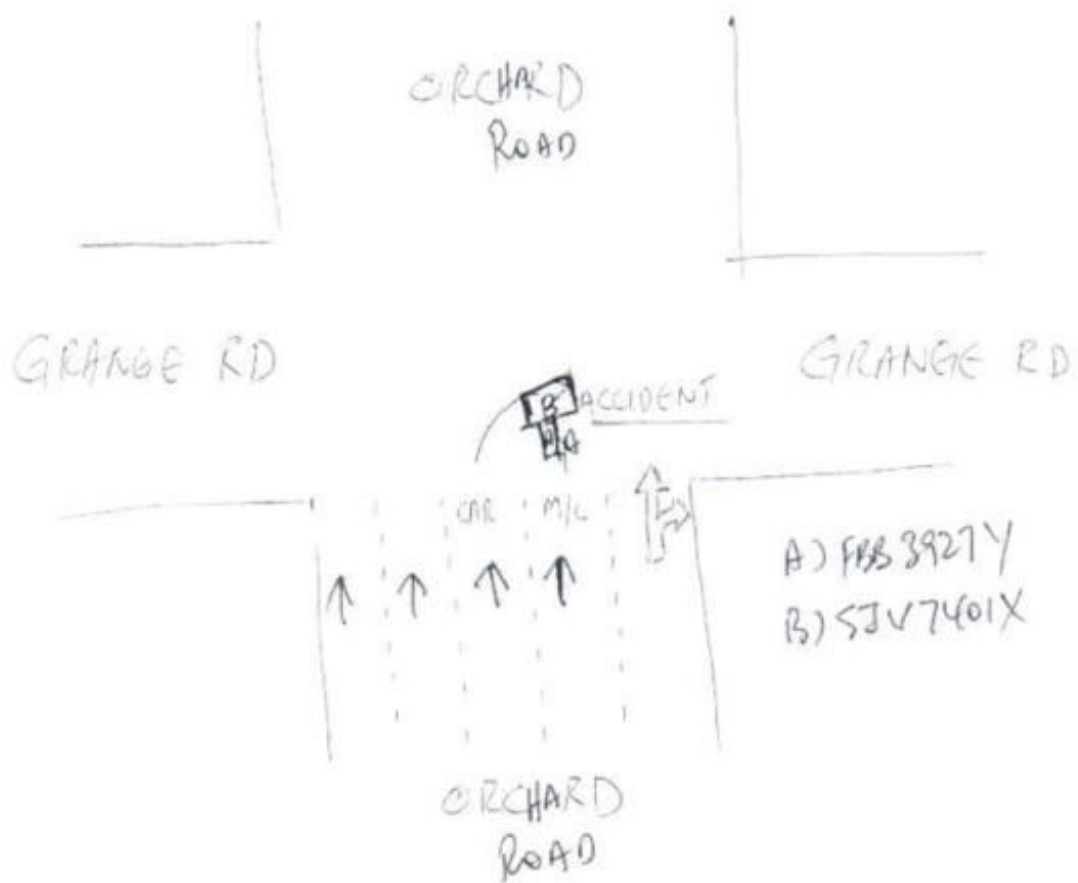
I/We declare the foregoing particulars are true in every respect.

 
Policyholder's Signature
Date & Time:


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

 21/11/2017
Reporting Centre Personnel's Signature
Name: Red Li Wong
NRIC/FIN No.:

Sketch Plan #3



mm

mm 21/11/2017

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171118/2161

1 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20171118/2161

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2017 23:54	Vide Report No.:	Station Diary No.: 222
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Informant's Particulars

Name of Informant: ZULHILMIE BIN ABU BAKAR			Address: APT BLK 14B LORONG 7 TOA PAYOH #04-245 SINGAPORE 312014	
ID Type / ID No.: NRIC NO / S8939483Z			Contact No.: Home/Office:	Mobile: 84807926
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 28	Date of Birth: 03/11/1989	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: Auxiliary police officer			Driving Licence Information: Class: 2B,2A	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/11/2017 23:45	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 ORCHARD ROAD GRANGE ROAD Traffic junction of Orchard Road and Grange Road.				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB3927Y	Motorcycle				Slightly Damaged	0
SJV7401X	Car					0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20171118/2161

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20171118/2161

CONTINUATION OF REPORT

Rider			
Name	ZULHILMIE BIN ABU BAKAR		ID No. S8939483Z
Related Vehicle	FBB3927Y (Motorcycle)		Contact No. 84807926
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
Driver			
Name	GOH ZHI BING, BRYAN		ID No. S9636998J
Related Vehicle	SJV7401X (Car)		Contact No. 83224534
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 17/11/17 at about 11.45.p.m, whilst I was riding my motorbicycle bearing vehicle number, FBB3927Y and traveling along a traffic junction of Orchard Road and Grange Road. I was riding straight ahead when traffic light was in my favour. There was a car (V2) bearing vehicle number, SJV7401X was traveling on the same direction at my left side. V2 speed up and made a right turn that caused me to collide onto his vehicle's right side portion.

I had fell from my motor bicycle and suffered bruises and scars on legs.

I wish to inform that my motorbike was rented from Aloride company, and notified them about the accident. I was advised to lodge police report to facilitate for the insurance claim by the rental company. I will go to see a doctor for my injuries.

Sketch Plan #6



SINGAPORE
POLICE FORCE



T/20171118/2161

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Report No. T/20171118/2161

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Sgt 2 TEOH PREECHA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No : 65476219

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

18/11/2017 23:54

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

