

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	23/11/2017 14:21
Date Of Accident	21/11/2017 13:45
Exact Location Of Accident	JUNC OF JLN RUMAH TINGGI AND HOY FATT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK5052K
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Insured/Policyholder

Name Of Registered Owner	SYED AHMAD AKHMAL BIN SYED OTHMAN
NRIC No	S9116220B
Email Address	AKHMAL@LIVE.COM
Mobile Phone No	(LOCAL) +65-90284475
Alternative Phone No	OFFICE-90284475

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5074517486-02
Cover Note Number	-

Driver

Name of Driver	SYED AHMAD AKHMAL BIN SYED OTHMAN
NRIC No	S9116220B
Date Of Birth	08/05/1991
Occupation	INDOOR
Date Of Driving Pass	12/04/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90284475
Fax Number	
Contact Number	OFFICE-90284475
Email Address	AKHMAL@LIVE.COM

Address	BLK 540 BEDOK NORTH ST 3 #05-1210
Postcode	460540
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
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SBS8726M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	KONG HIE KWONG
NRIC/Passport Number	S7576314Z
Contact Number	91032314
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	SYED AHMAD AKHMAL BIN SYED OTHMAN
Approximate Age	
Injuries Sustain	RIGHT SIDE BODY
Injured person in which vehicle?	FBK5052K
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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:



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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171122/2128

1 of 3

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

Report No. T/20171122/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2017 17:01	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: SYED AHMAD AKHMAL BIN SYED OTHMAN		Address: APT BLK 220A BEDOK CENTRAL #13-54 HDB-BEDOK SINGAPORE 461220	
ID Type / ID No.: NRIC NO / S9116220B		Contact No.: Home/Office: Mobile: 90284475	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 08/05/1991	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: COORDINATOR		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/11/2017 13:45	Type of Location: T-Junction
Location: JALAN RUMAH TINGGI JUNCTION OF JALAN RUMAH TINGGI AND 5 HOY FATT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBK5052K	Motorcycle	HONDA	CB400SF MANUAL	Red		0
SBS8726M	Bus/Coach/Mi nibus	SCANIA	KUB4X2 9.3L A/T ABS TURBO	Multi-Colored		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT



**SINGAPORE
POLICE FORCE**

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



T/20171122/2128

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Report No. T/20171122/2128

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK5052K	NTUC Income Insurance Co-Operative Limited	5074517486-02	29/09/2017	28/09/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SYED AHMAD AKHMAL BIN SYED OTHMAN		ID No.	S9116220B
Related Vehicle	NIL		Contact No.	90284475
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	21/11/2017		Date Discharge	21/11/2017
No. of Days granted Medical Leave	03		Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION I WAS IN A HURRY TO GO TO THE COFEESHOP AS I WAS VERY URGENT TO USE THE TOILET TOWARDS JALAN RUMAH TINGGI. AS I WAS TURNING RIGHT, I DID NOT NOTICED A BUS IS ALSO TURNING RIGHT AS I WAS CHECKING FOR ONCOMING TRAFFIC. WHILE CHECKING FOR ONCOMING TRAFFIC THE BUS MADE THE RIGHT TURN AND COLLIDED ONTO MY BIKE. THAT IS ALL.

BUS DRIVER'S PARTICULARS: KONG HIE KWONG
S7576314Z
91032314

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20171122/2128

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

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Report No. T/20171122/2128

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 /
MUHAMMAD MIRZA SYAHMI BIN HARMIZI

Signature Of Informant:

Acil

Signature Of Interpreter:
Not applicable

Date/Time:
22/11/2017 17:01

Officer In Charge Of Case:
TP / GIT /
Staff Sgt LEE GUANG HUI
Contact No.: 65476138

Classification Of Case:

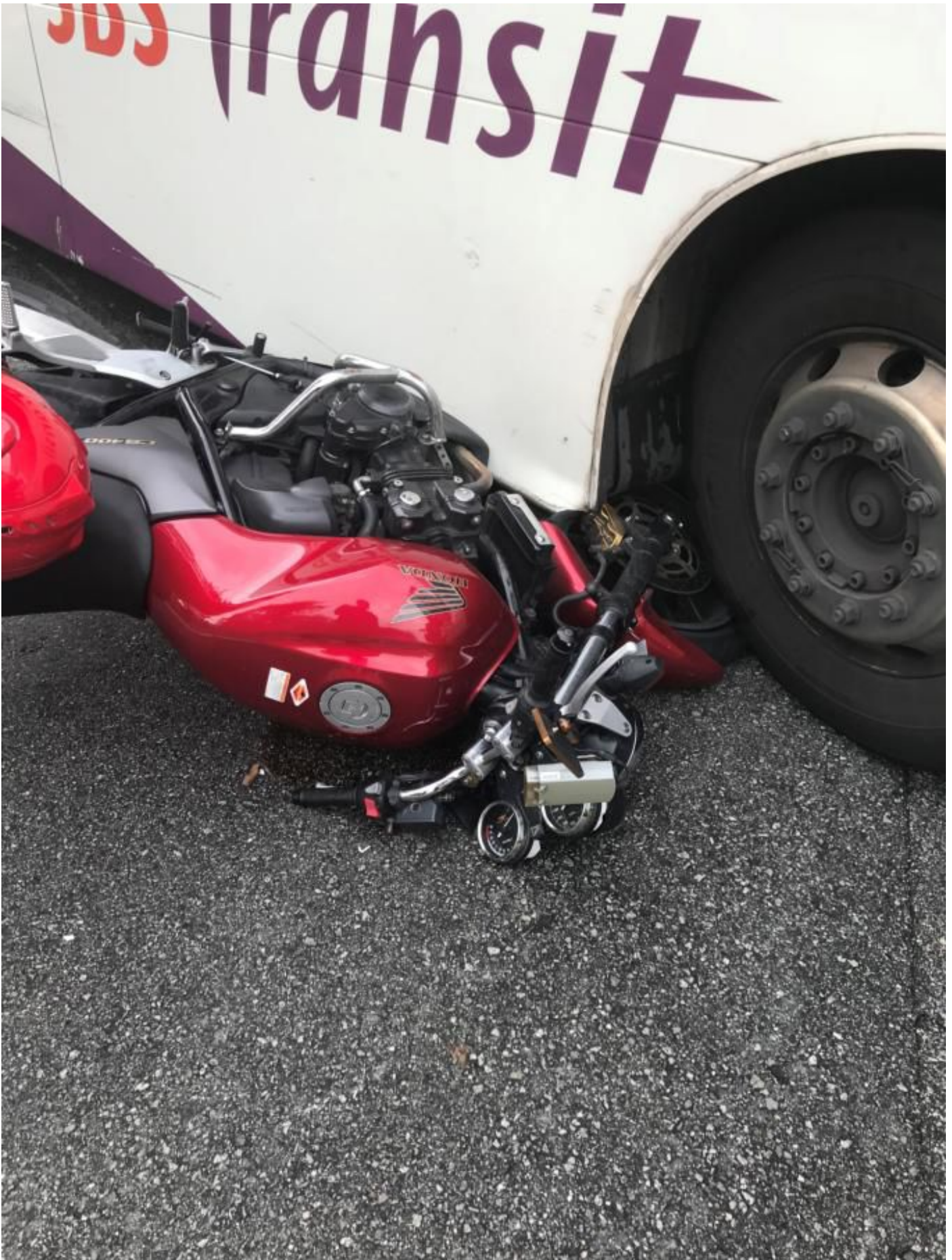
Authentication Stamp
NP168

Signature: _____



SINGAPORE
POLICE FORCE

Accident Photo



Accident Photo



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