

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	29/11/2017 11:13
Date Of Accident	24/11/2017 18:20
Exact Location Of Accident	OPPOSITE WHEELLOCK PLACE CARPARK A0007
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4644J
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAISAL BIN ISHAK
NRIC No	S9311156G
Email Address	BREAKERS24@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82007201
Alternative Phone No	OTHERS-82007201

Vehicle Particulars

Manufacturer	HONDA
Model	CBR1000RR-999CC (M)
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	5087214029
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAISAL BIN ISHAK
NRIC No	S9311156G
Date Of Birth	24/03/1993
Occupation	INDOOR
Date Of Driving Pass	21/12/2016
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82007201
Fax Number	
Contact Number	OTHERS-82007201
Email Address	BREAKERS24@HOTMAIL.COM

Address	BLK 485D CHOA CHU KANG AVENUE 5 #10-142
Postcode	684485
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG SOUTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 124 PENDING ROAD , POSTCODE: 670124 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7609999 - FAX NO: 67636614
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171124/2150

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	SDM9688R
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	UNKNOWN
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Phone Number

81610104

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

F6454C

Vehicle Make/Model/Colour

VESPA

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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: 29/11/17
10:43am

Driver's Signature

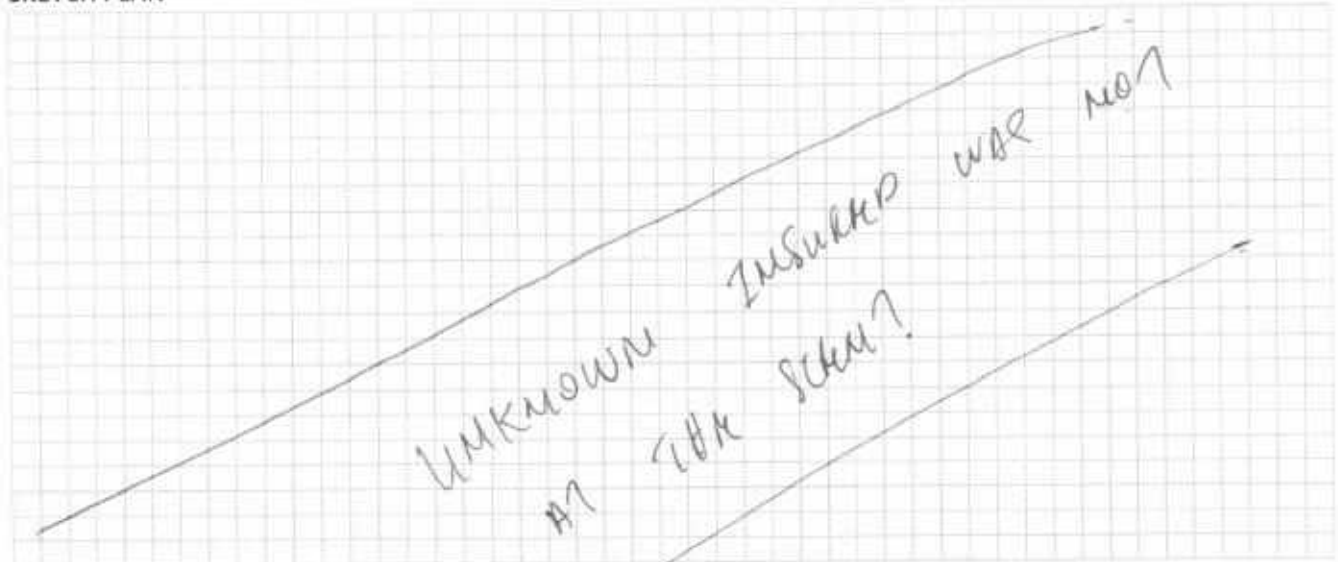
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text: "P/S Report to Police Dept 7/2017 1124/2150" is written diagonally across the lined area.

DECLARATION

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

Policyholder's Signature
Date & Time: 29/11/17
10:43am

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

Reporting Centre Personnel's Signature
Name: Rosli Waffar
NRIC/FIN No.: 29/11/2017



SINGAPORE POLICE FORCE



T/20171124/2150

1 of 3

Report No. T/20171124/2150

Police Station Of Origin:
Bukit Panjang South NPP
124 Pending Road #01-00 SINGAPORE
670124
Tel No: 1800-7609999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2017 20:09	Vide Report No.:	Station Diary No.: 77
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Informant's Particulars

Name of Informant: MUHAMMAD FAISAL BIN ISHAK			Address: APT BLK 485D CHOA CHU KANG AVENUE 5 #10-142 SINGAPORE 684485		
ID Type / ID No.: NRIC NO / S9311156G			Contact No.: Home/Office: Mobile: 82007201		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 24/03/1993	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: PSA CONTAINER HANDLING SPECIALIST			Driving Licence Information: Class: 2B,2A,2,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/11/2017 18:20	Type of Location: Car Park
Location: Along Road 1 ORCHARD ROAD OPPOSITE WHEELLOCK PLACE CARPARK A0007				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
F6454C	Motorcycle	VESPA		Orange		0
FBK4644J	Motorcycle	HONDA	CBR1000RR FIREBLADE	Red	Slightly Damaged	0
SDM9688R	Car	NISSAN		Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20171124/2150

2 of 3

Police Station Of Origin:
Bukit Panjang South NPP
124 Pending Road #01-00 SINGAPORE
670124
Tel No: 1800-7609999

Report No. T/20171124/2150

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK4644J	NTUC Income Insurance Co-Operative Limited	5087214029	29/12/2016	25/02/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD FAISAL BIN ISHAK		ID No.	S9311156G
Related Vehicle	FBK4644J (Motorcycle)		Contact No.	82007201
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 24/11/2017 at about 1700hrs, I parked my motorcycle in the carpark on the double yellow line at carpark A0007(Opposite Wheelock place). There was no other lots, thus I parked my motorcycle there. Everything was intact and normal. On the same day at about 1820hrs, I returned to my motorcycle and discovered that there was scratches on the left side of my fairing and engine guard. There was a note on my motorcycle from a witness namely HP:81610104. He claimed that he saw a car(SDM9688R) knocked onto a motorcycle(F6454C-Vespa). After that, the driver came out and carried the Vespa and the Vespa hit onto my motorcycle. After which, the driver just drove off. I have taken photos of the damages.



**SINGAPORE
POLICE FORCE**



T/20171124/2150

Police Station Of Origin:
Bukit Panjang South NPP
124 Pending Road #01-00 SINGAPORE
670124
Tel No: 1800-7609999

3 of 3

Report No. T/20171124/2150

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:
J /
Staff Sgt MUHAMMAD FIRDAUS BIN SAHROL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/11/2017 20:09

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368

Classification Of Case:

Authentication Stamp
NP168

Claim Handling

Accident MT/0971607

Policy No.	5087214029	Vehicle No.	FBK4644J	GST Registration No.	
Policyholder Name	MUHAMMAD FAISAL BIN ISHAK			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	82007201	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFR	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10		
Accident Details					
Report Date	29/11/2017 11:33	Accident Report Within 24 hrs	Yes	Accident Type	Flood
Date of Accident	24/11/2017	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OPPOSITE WHELOCK PLACE CARPARK A0007				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 485D #10-142	Address 2	CHOA CHU KANG AVENUE 5	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	10-142	Related Policy Number	5087214029		
01 Driver Info					
Driver Name	MUHAMMAD FAISAL BIN ISHAK	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	59311156G	Driver DOB	
Register Date of Driver License	22/05/2014	Driver Age	24	Driving Experience	
Contact No.(Mobile)	82007201	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 485D #10-142	Address 2	CHOA CHU KANG AVENUE 5	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	10-142				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBK4644J	Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001

New

Claim Type *	OD-MX	Insured Name	MUHAMMAD FAISAL BIN ISHAK	Insured NRIC	
Contact No.(Mobile)	82007201	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	breakers24@hotmail.com	01 Vehicle Number	FBK4644J	TP Vehicle Number	
Claim Description	FBK4644J / SOM968BR ON 24 Nov 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	29/11/2017 11:36	Claim Close Date		Date Received	
Report Taken By	BOSLI WAHAB				
<input type="checkbox"/> Print AK letter.					




Save Submit

Attachment

Accident No.	MT/0971607	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/11/2017 11:41
Path *		Category *	Confidential Urgency
		Browse Clear Please Select	Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="100"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="100"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="100"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="100"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="100"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 11:41	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 11:41	Photos	Normal	Photos
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK
IT MERAH)) on 29 Nov 2017 11:37

Photos

Normal

Photos

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK
IT MERAH)) on 29 Nov 2017 11:36

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Normal

SAS

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK
IT MERAH)) on 29 Nov 2017 11:36

NRIC/ Driving License

Normal

NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	?	Size
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Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 11 / 2017 (DD/MM/YYYY), TIME: 20 : 09 (HH:MM)

LOCATION: Opposite wheel lock carpark (carpark no. A0007)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 4644J
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5087214029
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: CBR 1000RR 2015
 f) TYPE: BALLOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: 18:20
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: Muhammad FAISAL Bin Ishak MALE / FEMALE
 b) NRIC/FIN/PASSPORT: SA311156GT CONTACT: 82007201
 c) ADDRESS: Block 485D Choa Chu Kang Ave S #10-142 S(684485)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

4 No of passenger
(Including driver)
()

- DRIVER
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING LICKICK

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
 b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) YES
 IF YES, PLEASE STATE WHICH POLICE STATION: B.P. S. MPP

8. THIRD PARTY VEHICLE

4 No of passenger
(Including driver)
()

- a) VEHICLE NUMBER: SDM9688R MODEL: NISSAN
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

4 No of passenger
(Including driver)
()

- a) VEHICLE NUMBER: P6454C MODEL: VESPA
 b) DRIVER'S NAME: ABDUL MUKMIN Bin FARJAK
 c) NRIC/FIN/PASSPORT: S9004978Z CONTACT: 8162 5493

Email: breakers24@hotmail.com

fax: _____

V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9311156G



Name

MUHAMMAD FAISAL BIN ISHAK

Race

INDIAN

Date of birth

24-03-1993

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S9311156G

Name MUHAMMAD FAISAL BIN ISHAK

Birth Date: 24 Mar 1993

Issue Date: 22 Feb 2016

002539685K

5561807



NRIC No. S9311156G



Date of issue

27-01-2016

Address

APT BLK 485D CHOA CHU KANG AVENUE 5
#10-142
SINGAPORE 684485

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

C	Class 2B	Motorcycles <= 200 CC	22 May 2014
C	Class 2A	Motorcycles between 201 CC and 400 CC	21 Oct 2015
C	Class 2	Motorcycles > 400 CC	21 Dec 2014
	Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	25 Apr 2014
C	Class 4	Heavy motor cars and motor tractors > 2500 kg	25 Apr 2014

S9311156G

S / No. 9000264926

NP 428A



eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087214029	MUHAMMAD FAISAL BIN ISHAK	S9311156D	GMC	Third Party, Fire & Theft	FBK4644J	FBK4644J	29/12/2016	25/02/2018