

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	01/12/2017 19:30
Date Of Accident	20/10/2017 21:20
Exact Location Of Accident	JUNCTION OF WEST COAST RD/CLEMENTI WEST ST 2/AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX4164L
Insured/Policyholder	
Name Of Registered Owner	AIDA CATERINDO
Co Reg No	52852782K
Email Address	Z05M03@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-82493042
Alternative Phone No	OFFICE-82493042

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5021356226-10
Cover Note Number	

Driver

Name of Driver	ZULKIFLEE BIN ZAINUL
NRIC No	S7619133F
Date Of Birth	26/06/1976
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1996
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82493042
Fax Number	
Contact Number	OTHERS-82493042
Email Address	Z05M03@SINGNET.COM.SG

Address	BLK 728 CLEMENTI WEST STREET 2 #07-390
Postcode	120728
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
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 - SINGAPORE CITY
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 P[OLICE REPORT T/20171024/7015(TYPE OF COLLISION 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	SKF3631Y
Vehicle Make/Model/Colour	
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	
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Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name ZULKIFLEE BIN ZAINUL

Approximate Age

Injuries Sustain SERIOUS INJURIES

Injured person in which vehicle? FX4164L

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

SKETCH PLAN

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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.: 

Sketch Plan #2

SKETCH PLAN

Clement
W87 S1 2

WAST COAST ROAD

→ WKLST COAST ROAD

CLEMMEN
Ave 2

A) FX 4164L
B) SKF 3631Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to police report
7/2017/1024/2015

DECLARATION

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



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

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171024/7015

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

1 of 3

Report No. T/20171024/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2017 23:53	Vide Report No.: D/20171020/0113	Station Diary No.:
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Informant's Particulars

Name of Informant: ZULKIFLEE BIN ZAINUL			Address: APT BLK 728 CLEMENTI WEST STREET 2 #07-390 SINGAPORE 120728		
ID Type / ID No.: NRIC NO / S7619133F			Contact No.: Home/Office: Mobile: 82493042		
Nationality: SINGAPORE CITIZEN			Email: asam_jawa76@hotmail.com		
Sex: Male	Age: 41	Date of Birth: 26/06/1976	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/10/2017 21:20	Type of Location: cross junction
Location: CLEMENTI WEST STREET 2 cross junction of West Coast Road, Clementi Ave 2 & Clementi West st 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX4164L	Motorcycle	HONDA		Silver		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



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Report No. T/20171024/7015

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

CONTINUATION OF REPORT

Rider Name	ZULKIFLEE BIN ZAINUL	ID No.	S7619133F
Related Vehicle	FX4164L (Motorcycle)	Contact No.	82493042
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	20/10/2017	Date Discharge	21/10/2017
No. of Days granted Medical Leave	15	Degree of Injury	Serious

Brief Details:

On Friday 20th Oct 2017, at about 2120hrs I was involved in an accident at a cross junction of Clementi West St 2, West Coast Road and Clementi Ave 2 involving a Canadian Pizza company owned motor bike and a white car.

I was on my way to deliver pizza to customer when the accident happened. I was travelling at a speed around 40- 45km/hr along the West Coast Road. During that time, the traffic light was green and it is my right of way to proceed. I noticed from a few metres away, a stationary white car was inside the right turning pocket at the middle of the cross junction. I sound the horn a few times as a warning sign to the driver of my oncoming presence. When I was already approaching near the cross junction, the white car started to move from its stationary position. I was totally caught by surprise and as it happened very fast I could not brake on time to avoid the collision with the car. My motor bike hit the front left side of the car body. Due to the impact of the collision, I was thrown from the bike just a few metres away from the collision spot and landed on the road on the left side of my body. Because of the collision, I suffered injuries, fractures and abrasion on upper and lower parts of my body.

My colleague who was at the scene of the accident called the ambulance for assistance. The ambulance was dispatched to the scene of the accident and I was sent to N.U.H. I was given medical treatment and further observation and was sent to EDTU (Extended Diagnostic Treatment Unit) for a day and being discharged the following day on Saturday, 21st October 2017. I was given 15 days of medical leave.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**

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



T/20171024/7015

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Report No. T/20171024/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476423

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
24/10/2017 23:53

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



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