SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number
Contact Number

EMail Address

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

4.0.004.4.	
	ACCIDENT STATEMENT
Date Of Report	28/12/2017 17:24
Date Of Accident	26/12/2017 13:15
Exact Location Of Accident	HUME AVENUE (NEAR SYMPHONY HEIGHTS CONDOMINIUM)
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD1361G
Insured/Policyholder	
Name Of Registered Owner	ABDUL SUKOR BIN ALI
NRIC No	S7200541D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91186705
Alternative Phone No	OTHERS-91186705
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135
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	5088173072
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SOLEHIN BIN ABDUL SUKOR
NRIC No	S9801465I
Date Of Birth	17/01/1998
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91186705

OTHERS-91186705

NOEMAIL

Address BLK 244 BUKIT PANJANG RING ROAD

#08-195

Postcode 670244

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - SON

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

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG

Police Station Address ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171227/2057

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 Witness 1

Name

Phone Number 81862599

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XB7416H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD SOLEHIN BIN ABDUL SUKOR

Approximate Age

Injuries Sustain SLIGHT Injured person in which vehicle? FBD1361G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

ambulance

Address Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

Lunderstand, 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:
 - 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:
 - 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: Oriver's Signature (if driver is not the policyholder) Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

Page 4 of 18

Sketch Plan #2

ETCH PLAN	TE Are (Neur Symphony Height condominum).	
	A 580 205	
	A- FBD. 1361 G	
	B-*B7416H	
	1800	
SCRIBE CIRCUMSTANCES	S OF THE ACCIDENT	
As per police r	eport no. T/20171227/2057	
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CLARATION		
	ticulars are true in every respect.	37
	1 78 13	1/20
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licyholder's Signature	Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name:	
te & Time:	Date & Time: NRIC/FIN No.:	

Sketch Plan #3





2 of 3

Report No. T/20171227/2057

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999 CONTINUATION OF REPORT

Brief Details.

On 26 December 2017 at 1315hrs, a vehicle of lorry plate no XB7416H (Colex rubbish vehicle) hit the left side of my Motor vehicle FBD1361G (Yamaha spark). My Motor vehicle left side was damage by the accident and I was injured. A three days MC was issued to me. I have witness with Hp no:81862599. He made a report of T/20171226/2120. I am doing this report for insurance purposes.



Traffic Police Department Charge Office 10 Ubi Avenue 3 Singapore 408865

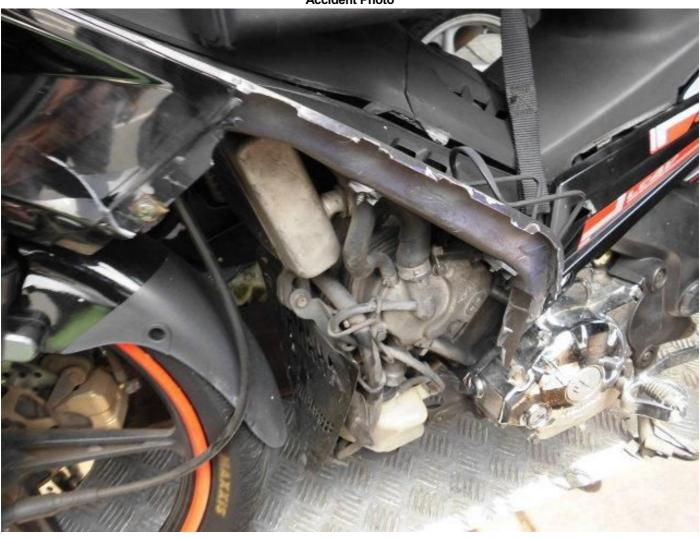
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	-	-	TATE
A	MED	NDM	ENT

NP 168 No.	: T/20171227/2057	Name	: MUHAMMAD SOLEHIN
Accident Date/Time	: 26/12/2017 /		BIN ABDUL SUKOR
	1315hrs	Address	: APT BLK 244 BUKIT
Vehicle(s) Involved	: FBD1361G		PANJANG RING ROAD
	XB7416H		#08-195 S(670244)
		NRIC No	: S98014651
		Tel No	: 91186705
		Date	: 28/12/2017
Dear Sir / Madam			
A coldent inve	dving EDD1361G & VD	741611	
along HUME AVE	olving FBD1361G & XB NUE	/41011	on 26/12/2017 at 1315 hour
Wish as Comme	a to the above 1 has a sec	27/12/2017	(data) 1302 hours (tima) make a
police report at BUI		27/12/2017	(date) 1302 hours (time) make a (Police Station/NPP/NPC)
In NP 168 - T/2017			(Fonce Station/AFF/AFC)
H 181 100- 1/2017	122112031		
			- t - L - NIDD
On 28/12/20	017 (date), 1548 hours	(time) at Pay	a Lebar NPP
	017 (date), 1548 hours		
(Police Station/NPP/)	NPC), I make the following	ng amendmen	its to the above report;
(Police Station/NPP/N On 26/12/2017 at aro	NPC), I make the following und 1315hrs, I was riding	ng amendmen g, FBD1361G	its to the above report; , along Hume Avenue and after
Police Station/NPP/N On 26/12/2017 at aro going over the pedest	NPC), I make the following und 1315hrs, I was riding rian crossing, a lorry, XE	ng amendmen g, FBD1361G	its to the above report;
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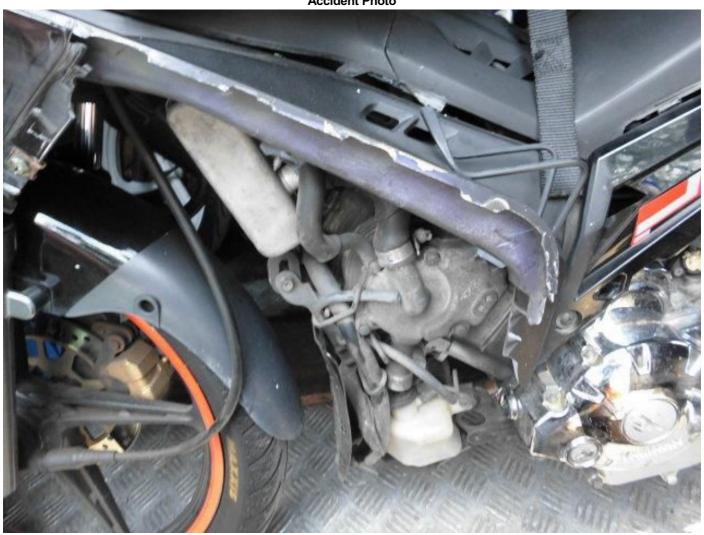


















Police Report





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

1 of 3 Report No. T/20171227/2057

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 27/12/2017 13:02		Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		The state of the s
	Informant: MAD SOLE	EHIN BIN ABDUL	Address: APT BLK 244 BUKIT P SINGAPORE 670244	PANJANG RING ROAD #08-195
ID Type / ID No.: NRIC NO / S9801465I		Contact No.: Home/Office: Mobile: 91186705		
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Age: Date of Birth: Male 19 17/01/1998		Type of Informant: Rider		
Race: Malay		Language: English	Institution / School Name:	
Occupation: Student		Driving Licence Informa Class: 2B	ation: Date of Expiry:	

Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 26/12/2017 13:15	Type of Location Straight Road
			Conference		Dond Spood Limit
Weather: Clear		Dry	Surface:		Road Speed Limit:
Traffic Flow: Traffic One Way		Control:		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side					Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBD1361G	Motorcycle				Seriously Damaged	District Control of the Control of t
XB7416H	Lorry				No Damage	0

Police Report





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Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Report No. T/20171227/2057

2 of 3

Tel No: 1800-8929999

CONTINUATION OF REPORT

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Police Report





3 of 3

Report No. T/20171227/2057

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999 CONTINUATION OF REPORT

0	Lak	hab	. D	lan

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 / Sgt 1 CHUA KAI ZE JOEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2017 13:02
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt LEE SOON LYE Contact No.: 65476239	Classification Of Case:
Authentication Stamp NP168 STIBERO TE Police Force	