

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 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	01/03/2018 17:17
Date Of Accident	15/02/2018 21:30
Exact Location Of Accident	NORTH BRIDGE ROAD / HIGH STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS9322R
Insured/Policyholder	
Name Of Registered Owner	ISMAIL BIN MAROOM
NRIC No	S1050922Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91482232
Alternative Phone No	OTHERS-91482232

Vehicle Particulars

Manufacturer	SYM
Model	JOYRIDE
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	5081731334-01
Cover Note Number	

Driver

Name of Driver	SOFIAN BIN ISMAIL
NRIC No	S8331841D
Date Of Birth	22/09/1983
Occupation	INDOOR
Date Of Driving Pass	22/04/2008
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91482232
Fax Number	
Contact Number	OTHERS-91482232
Email Address	NOEMAIL

Address	BLK 117 CLEMENTI STREET 13 #15-83
Postcode	120117
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

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	SHB9928J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	SOFIAN BIN ISMAIL
Approximate Age	
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	FS9322R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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 liability.**
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. 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:

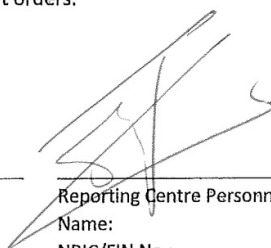
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN

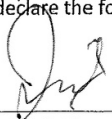
Unable to sketch as after accident
suffered concussion & fainted (unconscious)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

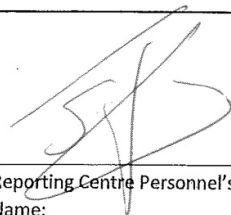
Refer to Police Report no: T/20180270/2102.

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:


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

Common Statement Pg. 1

01-03-18;12:34 ;

SG MOTOR ;

1/ 3



**SINGAPORE
POLICE FORCE**



T/20180220/2102

1 of 3

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

Report No. T/20180220/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2018 15:54		Vide Report No.: A/20180215/0179		Station Diary No.:	
Informant's Particulars					
Name of Informant: SOFIAN BIN ISMAIL			Address: APT BLK 117 CLEMENTI ST 13 #15-83 HDB CLEMENTI SINGAPORE 120117		
ID Type / ID No.: NRIC NO / S8331841D			Contact No.: Home/Office: Mobile: 91482232		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 22/09/1983	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Rope and cable splicer (general)			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/02/2018 21:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 NORTH BRIDGE ROAD				
NORTH BRIDGE ROAD JUNCTION				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS9322R	Motorcycle					0
SHB9928J	Car					0

Details of Person Involved

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

Common Statement Pg. 1

01-03-18;12:34 ;

SG MOTOR ;

2/ 3.


**SINGAPORE
POLICE FORCE**


T/20180220/2102

2 of 3

Report No. T/20180220/2102

Police Station Of Origin:
Traffic Police Division HQ
100 Ulu Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Name				SOFIAN BIN ISMAIL		ID No.		S8331841D	
Related Vehicle				NIL		Contact No.		91482232	
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		NIL	

Brief Details.

15/02/2018 @2130HRS (NORTH BRIDGE ROAD X Hiah STREET
I WAS TRAVELLING TOWARDS THE JUNCTION, I CROSSED THE LINE AT THE JUNCTION AND
THE LIGHTS CHANGE TO AMBER. I COULD HAVE STOP MY VEHICLE BUT I WILL BE IN THE
MIDDLE OF THE JUNCTION SO I PROCCED FORWARD. I DO NOT REMEMBER ANYTHING ELSE
AFTER THAT.
THAT'S ALL

Common Statement Pg. 1

01-03-18;12:34 ;

SG MOTOR ;

3/ 3



**SINGAPORE
POLICE FORCE**



T/20180220/2102

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

3 of 3

Report No. T/20180220/2102

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 /
KEE CHUAN JIA MARCUS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/02/2018 15:54

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

Signature: 

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

