

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	07/03/2018 17:05
Date Of Accident	13/02/2018 08:00
Exact Location Of Accident	SELETAR COURT ROAD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY2771S
Insured/Policyholder	
Name Of Registered Owner	AWANG BIN MUSA
Passport No/FIN	F7114711T
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81149192
Alternative Phone No	OFFICE-81149192

Vehicle Particulars

Manufacturer	YAMAHA
Model	T110Z-111CC (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5043387958-07
Cover Note Number	

Driver

Name of Driver	AWANG BIN MUSA
Passport No/FIN	F7114711T
Date Of Birth	25/05/1964
Occupation	INDOOR
Date Of Driving Pass	18/01/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81149192
Fax Number	
Contact Number	OFFICE-81149192
EEmail Address	NOEMAIL

Address	95 JALAN PEKAKA 4 TAMAN PERLING 81200 JOHOR
Postcode	
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	COLLISION - CHANGE/CROSS LANE
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?	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 NO.T/20180215/2033.

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	GT8444L
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TOH GUAN
NRIC/Passport Number	S0943816E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	AWANG BIN MUSA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FY2771S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan Pg. 1

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:



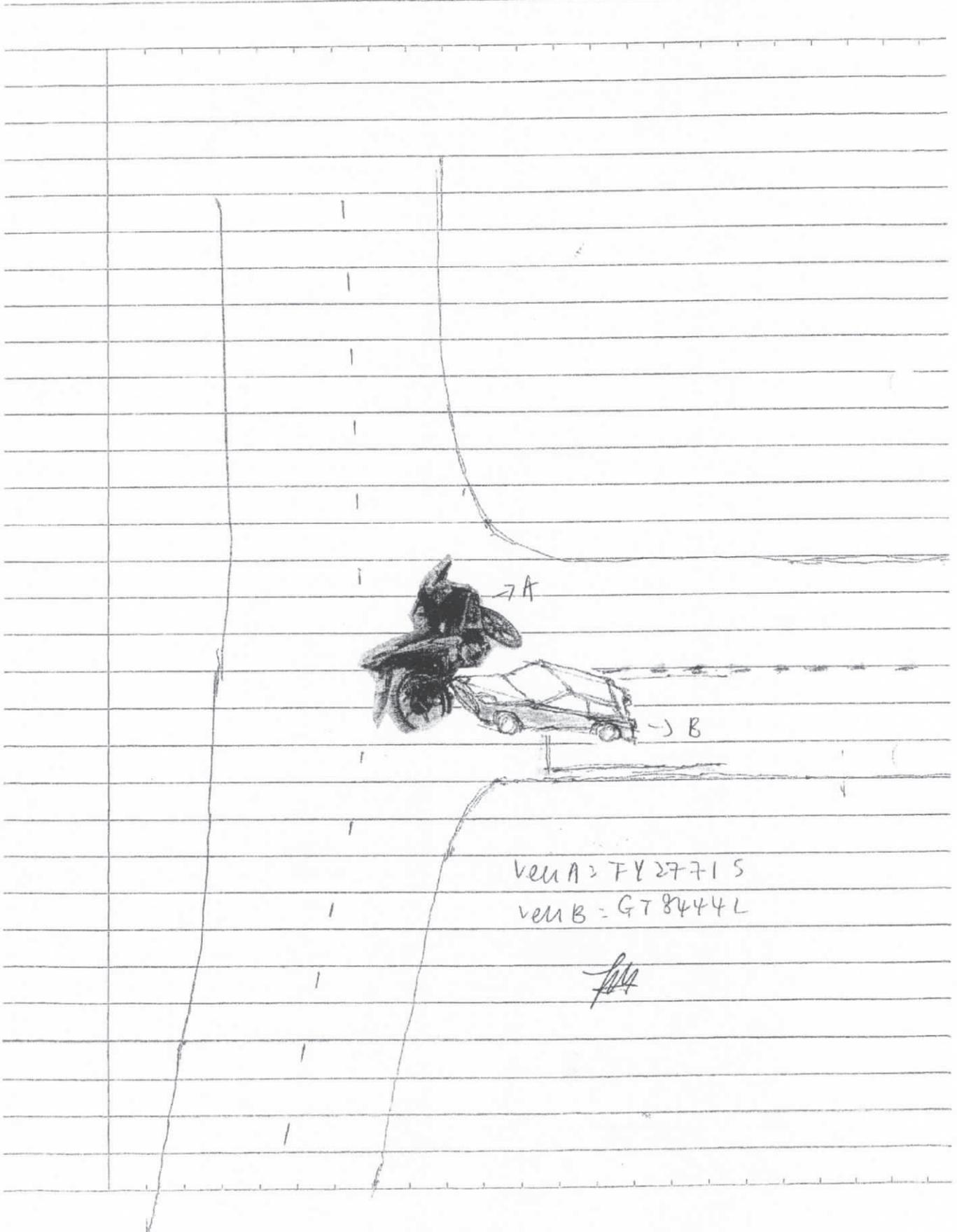
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan Pg. 1

No.

Date



Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180215/2033

1 of 3

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

Report No. T/20180215/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2018 11:49	Vide Report No.: F/20180213/0110	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHD FADLI BIN AWANG		Address: 1 BUKIT BATOK CRESCENT #08-24 WCEGA PLAZA SINGAPORE 658064	
ID Type / ID No.: FIN NO / G2418324L		Contact No.: Home/Office: Mobile: 98812471	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 24	Date of Birth: 27/12/1993	Type of Informant: SON OF RIDER
Race:		Language:	Institution / School Name:
Occupation: CLEANER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/02/2018 08:00	Type of Location:
Location: Junction of Road 1 and Road 2 SELETAR COURT JALAN LAKUM				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY2771S	Motorcycle	YAMAHA	T110Z	Silver		0
GT8444L	Lorry	TOYOTA	DYNA 150 D	Silver		0

Details of Person Involved

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

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180215/2033

Police Station Of Origin:
Traffic Police Division HQ
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Tel No: 65470000

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Report No. T/20180215/2033

CONTINUATION OF REPORT

Driver			
Name	AWANG BIN MUSA		ID No. F7114711T
Related Vehicle	FY2771S (Motorcycle)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
SON OF DRIVER			
Name	MOHD FADLI BIN AWANG		ID No. G2418324L
Related Vehicle	NIL		Contact No. 98812471
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

ON 13/2/2018 AT ABOUT 0800HRS AT THE JUNCTION OF SELETAR COURT AND JALAN LAKUM, MY FATHER WAS TRAVELLING ALONG SELETAR COURT ROAD. AS HE WAS PROCEEDING TO THE JUNCTION OF JALAN LAKUM, HE FELT AN IMPACT ON HIS RIGHT SIDE. HE THEN FELL FROM HIS BIKE AND WAS INJURED. AMBULANCE THEN SUBSEQUENTLY SENT HIM TO KTPH.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20180215/2033

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

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Report No. T/20180215/2033

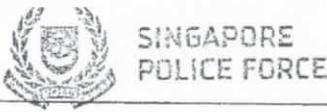
CONTINUATION OF REPORT

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 / LEE KWANG HONG KENDRICK
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT /
Contact No.:

Signature Of Informant: 
Date/Time: 15/02/2018 11:49
Classification Of Case: 

Authentication Stamp
NP168

Signature: 
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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Foreign Identification Number
Owner ID:	4711T
Vehicle Details	
Vehicle No.:	FY2771S
Vehicle to be Exported:	Yes
Intended De-registration Date:	08 Mar 2018
Vehicle Make:	YAMAHA
Vehicle Model:	T110Z
Primary Colour:	Silver
Manufacturing Year:	2004
Engine No.:	5TN015997
Chassis No.:	5TN015997
Maximum Power Output:	-
Open Market Value:	\$1,372.00
Original Registration Date:	03 Aug 2004
First Registration Date:	03 Aug 2004
Transfer Count:	4
Actual ARF Paid:	\$206.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Jul 2019
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	\$2,082.00
COE Rebate Amount:	\$580.00
Total Rebate Amount:	\$580.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 08 Mar 2018