

## 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	13/03/2018 14:33
Date Of Accident	13/03/2018 10:00
Exact Location Of Accident	TUAS SOUTH AVENUE 7 TEMP-CLOSED FOR VEHICLE TESTING
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB186M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SYABIL RUSAIIDY BIN AHMAD SAWAL
NRIC No	S9300012I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92700406
Alternative Phone No	OTHERS-92700406

### Vehicle Particulars

Manufacturer	SUZUKI
Model	GSXR600K7
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	REPORTING ONLY
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	5098453210
Cover Note Number	

### Driver

Name of Driver	SYABIL RUSAIIDY BIN AHMAD SAWAL
NRIC No	S9300012I
Date Of Birth	02/01/1993
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2011
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92700406
Fax Number	
Contact Number	OTHERS-92700406
Email Address	NOEMAIL

Address	BLK 770 PASIR RIS ST 71 #09-344
Postcode	510770
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	COLLIDED INTO PARKED VEHICLE
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?	NO
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
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	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	<b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180313/2074

#### 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	SLQ4667T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG LU
NRIC/Passport Number	S8777650F
Contact Number	91691086
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

### SKETCH PLAN

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)**

(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.

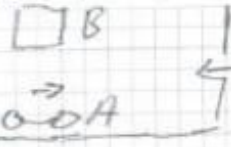
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2

SKETCH PLAN

Tuas South Ave 7

Temporary closed site for vehicle testing.



one way road

A FBB 186 M

B-SLQ 4667T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report - T/20180313/2074

## 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.:

Updated Form 20180313

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180313/2074

2 of 3

Report No. T/20180313/2074

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

#### CONTINUATION OF REPORT

#### Brief Details.

On 13/03/2018 at about 1000Hrs, I was standing beside my bike (FBB186M) Talking to my friends. My bike was parking on the double yellow line. That area was closed by LTA for their project and we are the contractors. As such, All the staffs are allow to park there. The female driver (SLQ4667T) was in the vehicle about to leave the area. when she reversing her vehicle, I believed that she never notice that my bike was be hide her vehicle. My bike was away from her about 10meters. I heard a bang sound and my bike was dropped onto the road. Immediately, She came out from her vehicle to take a look. I am lodging the report for insurance claims. That is all.



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180313/2074

1 of 3

Report No. T/20180313/2074

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2018 14:04	Vide Report No.:	Station Diary No.: 81
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### Informant's Particulars

Name of Informant: SYABIL RUSAI DY BIN AHMAD SAWAL			Address: APT BLK 770 PASIR RIS STREET 71 #09-344 SINGAPORE 510770	
ID Type / ID No.: NRIC NO / S93000121			Contact No.: Home/Office: Mobile: 92700406	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 25	Date of Birth: 02/01/1993	Type of Informant: Vehicle Owner	
Race: Javanese			Language:	Institution / School Name:
Occupation: driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/03/2018 10:00	Type of Location: Straight Road
Location: Along Road 1 TUAS SOUTH AVENUE 7				
Temporary closed site for vehicle testing.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: reverse and hit on to station vehicle				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB186M	Motorcycle					0
SLQ4667T						0

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180313/2074

2 of 3

Report No. T/20180313/2074

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11 Kampong Kapur Road SINGAPORE  
208678  
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## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180313/2074

3 of 3

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20180313/2074

### 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:

A /  
Staff Sgt LO YONG CONG, JOSHUA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

13/03/2018 14:04

Classification Of Case: