

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	22/03/2018 18:20
Date Of Accident	14/03/2018 21:50
Exact Location Of Accident	JUNCTION OF SENGKANG EAST WAY/SENGKANG EAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX8531J
Insured/Policyholder	
Name Of Registered Owner	DANI AZARRI TAY BIN HARDI
NRIC No	S9644091Z
Email Address	DANITEH14@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81218003
Alternative Phone No	OTHERS-81218003

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ135-133CC (M)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME
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	5097897941
Cover Note Number	

Driver

Name of Driver	DANI AZARRI TAY BIN HARDI
NRIC No	S9644091Z
Date Of Birth	03/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	25/01/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81218003
Fax Number	
Contact Number	OTHERS-81218003
EEmail Address	DANITEH14@GMAIL.COM

Address	BLK 580 HOUGANG AVENUE 4 #04-628
Postcode	530580
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 - U-TURN
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	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 POLICE REPORT T/20180315/2100

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	SGW3156K
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	DANI AZARRI TAY BIN HARDI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FX8531J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident 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

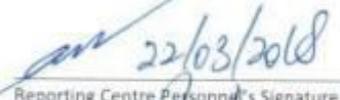
Date & Time: 22-03-2018

5:21 pm

Driver's Signature

(if driver is not the policyholder)

Date & Time:

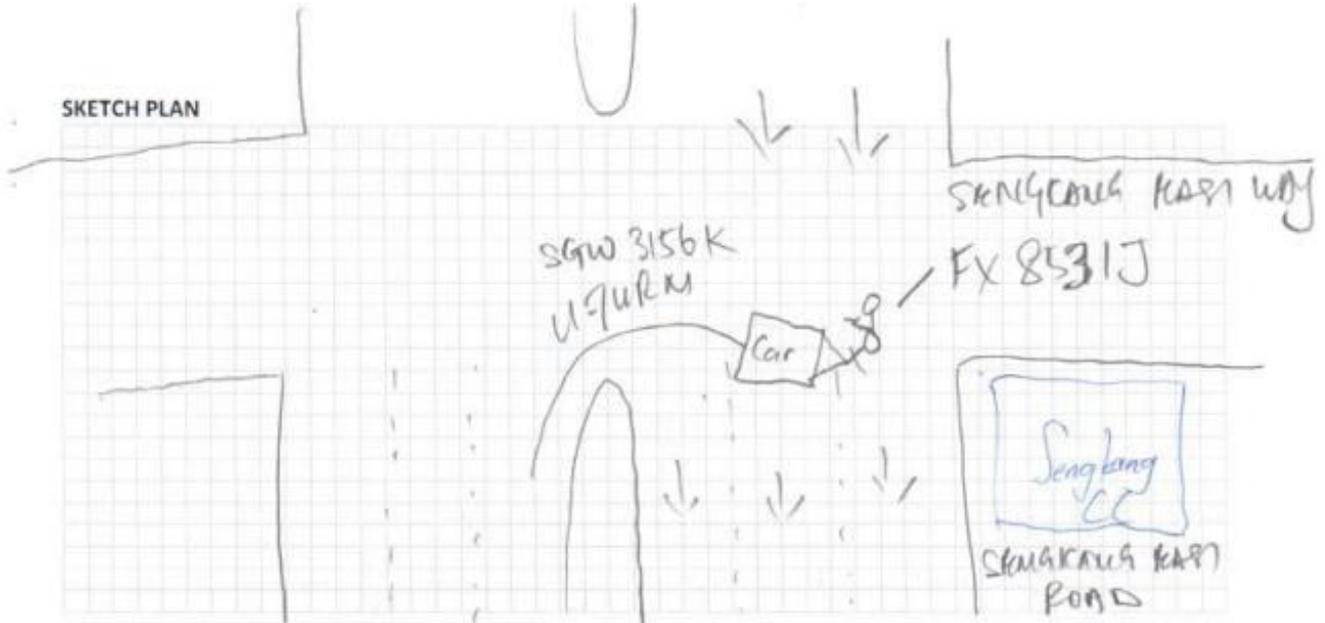
 22/03/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on my way back along Senglang Fast Way, travelling @ a speed of about 50-60 km/h. It was green light on my side when a car suddenly inch forward to second lane to make a u-turn suddenly. I was shocked and proceeded to avoid by moving to the 3rd lane. The car inched further to the 3rd lane making a wide u-turn and I had no reaction time and was forced to hit the front of his car bearing plate number SGW 3156 K

POLICE REPORT 7/20180315/2100

DECLARATION

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

Sanitary

Policyholder's Signature

Date & Time: 22-March-2018

1730hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 22/03/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180315/2100

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

1 of 3

Report No. T/20180315/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2018 15:15		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: DANI AZARRI TAY BIN HARDI		Address: 580 HOUGANG AVE 4 #04-628 HDB-HOUGANG SINGAPORE 530580	
ID Type / ID No.: NRIC NO / S9644091Z		Contact No.:	Mobile: 81218003
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 21	Date of Birth: 03/12/1996	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/03/2018 21:50	Type of Location:
Location: Junction of Road 1 and Road 2 SENGKANG EAST ROAD SENGKANG EAST WAY Sengkang Community Center				
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
FX8531J	Motorcycle	YAMAHA	RXZ			0

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180315/2100

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

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Report No. T/20180315/2100

CONTINUATION OF REPORT

Passenger			
Name	DANI AZARRI TAY BIN HARDI	ID No.	S9644091Z
Related Vehicle	FX8531J (Motorcycle)	Contact No.	81218003
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	14/03/2018	Date Discharge	15/03/2018
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

On the 15/03/2018 at about 2155 to 2200 hrs I was traveling along Sengkang east road outside Sengkang Community Center where I met an accident with a car. I was traveling along the 2nd lane of the road towards Buangkok Green, when another vehicle traveling from Sengkang East Road towards Punggol tried to make a U-turn to my direction in a diagonal way into lane 3 and the head of his vehicle was already on the 2nd lane, as traffic light was green in my favour I tried to avoid collision by steering to the left side of the road but he inch out more and I hit onto his vehicle. The head of my Motorbike collided onto his front bumper of the car.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180315/2100

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

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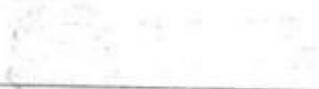
Report No. T/20180315/2100

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 / SEBASTIAN NG JING PEI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/03/2018 15:15
Officer In Charge Of Case: TP / GIT / SI NG CHWEE THENG Contact No.: 65476397	Classification Of Case: 
Authentication Stamp NP168	Signature: 

Accident Photo



Accident Photo



Accident Photo



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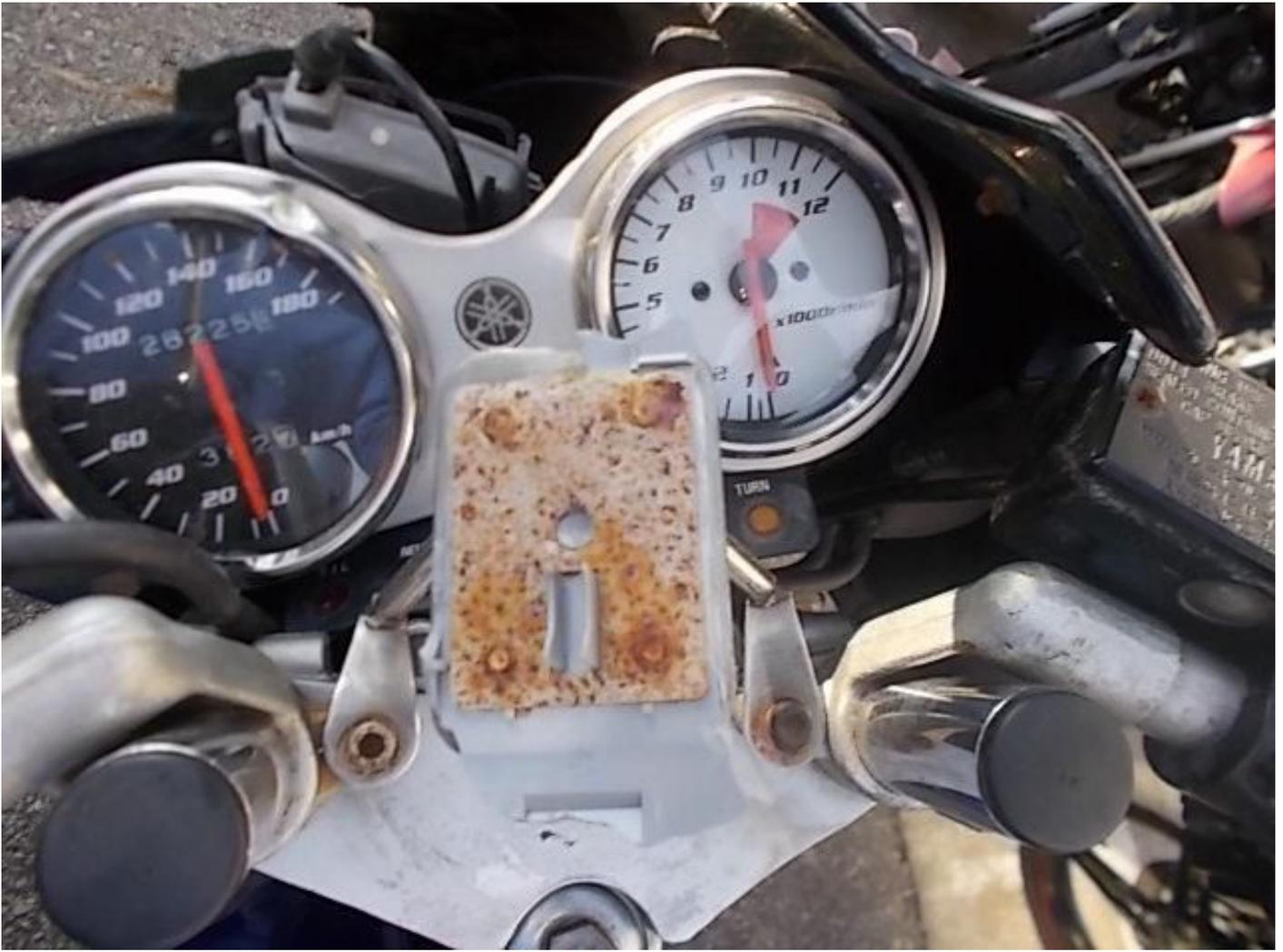
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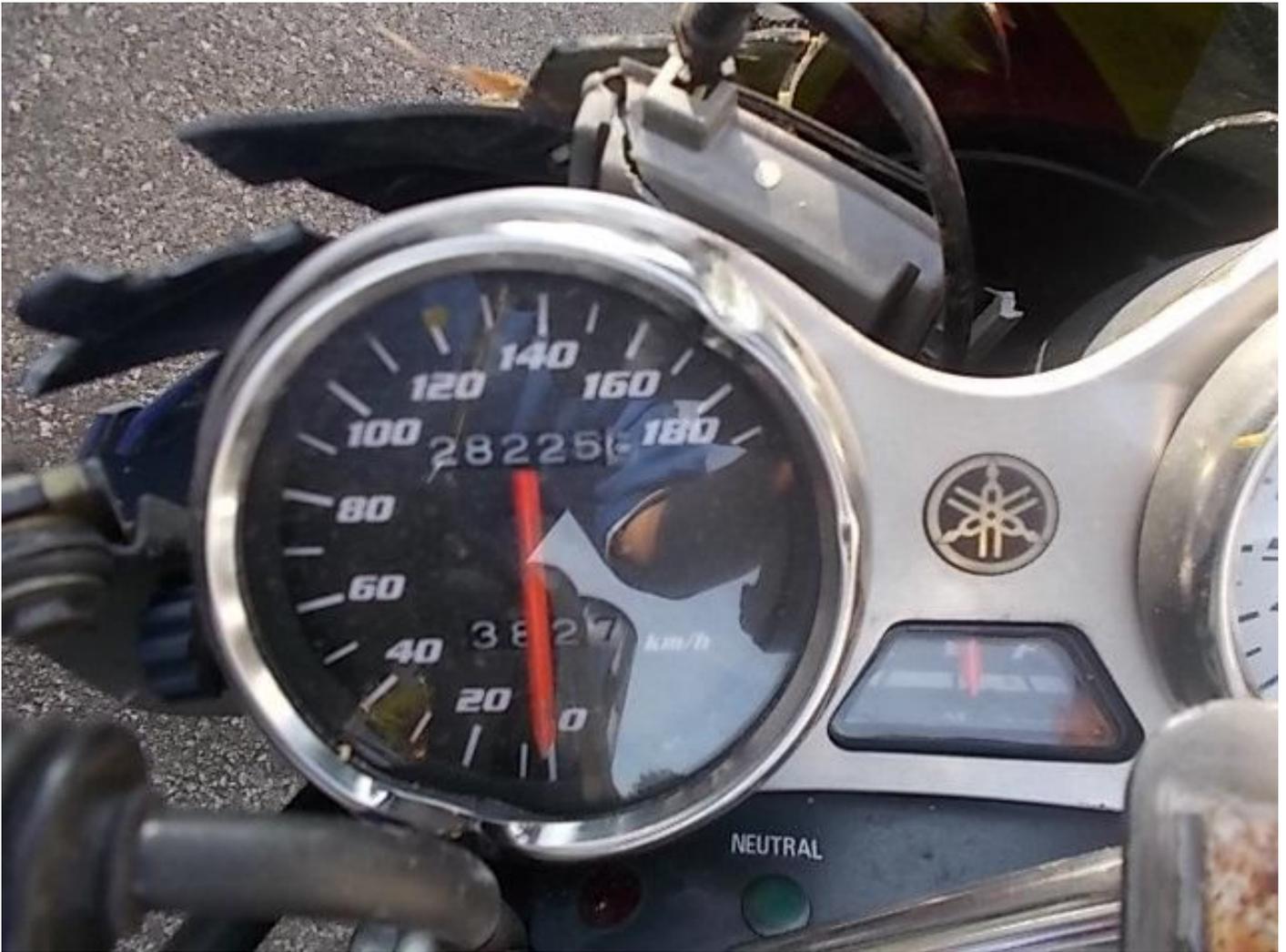
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