

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 willful 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 26/03/2018 13:50
Date Of Accident 25/03/2018 22:00
Exact Location Of Accident BLK 363 HOUGANG AVENUE 5 OPEN CARPARK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FR4958U
Insured/Policyholder
Name Of Registered Owner MUHAMMAD SYAFIQ BIN AZMAN
NRIC No S9515102G
Email Address SRC_CLUB-09@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-97774435
Alternative Phone No HOME-62810289
Vehicle Particulars
Manufacturer SUZUKI
Model GSX1300RX
Exact Purpose for which vehicle was being used at time of accident PARKED VEHICLE
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 5092158574
Cover Note Number
Driver
Name of Driver MUHAMMAD SYAFIQ BIN AZMAN
NRIC No S9515102G
Date Of Birth 05/05/1995
Occupation INDOOR
Date Of Driving Pass 19/06/2014
Driving Experience 3 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97774435
Fax Number
Contact Number HOME-62810289
Email Address SRC_CLUB-09@HOTMAIL.COM

Address BLK 363 HOUGANG AVENUE 5 #01-282
 Postcode 530363
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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 HOUGANG NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ACCIDENT STATEMENT AS 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 Witness 1

Name UNKNOWN
 Phone Number 92471726
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLJ4918G
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number

Vehicle
Name
Address
NRIC
Postcode
Contact
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Vehicle
Name
Address
NRIC
Postcode
Contact
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Vehicle
Name
Address
NRIC
Postcode
Contact
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Vehicle
Name
Address
NRIC
Postcode
Contact
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Vehicle
Name
Address
NRIC
Postcode
Contact
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Vehicle
Name
Address
NRIC
Postcode
Contact
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

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.

 26/03/18
Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name: JOELLE TAN
NRIC/FIN No.: A11K AUTOPPOINT PTE LTD
26.03.2018



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2018 12:39	Vide Report No.:	Station Diary No.: 64
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MUHAMMAD SYAFIQ BIN AZMAN		Address: APT BLK 363 HOUGANG AVENUE 5 #01-282 SINGAPORE 530363	
ID Type / ID No.: NRIC NO / S9515102G		Contact No.: Home/Office: Mobile: 97774435	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 22	Date of Birth: 05/05/1995	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/03/2018 22:00	Type of Location: Car Park
Location: Along Road 1 HOUGANG AVENUE 5 B/363 Hougang Avenue 5 Open Carpark Unknown Lot No.			
Weather:	Road Surface:	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FR4958U	Motorcycle	SUZUKI	GSX1300RX	Black	Slightly Damaged	0
SLJ4918G	Car					0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FR4958U	NTUC Income Insurance Co-Operative Limited	5092158574	22/06/2017	21/06/2018



SINGAPORE POLICE FORCE



T/20180326/2060

2 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20180326/2060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SYAFIQ BIN AZMAN	ID No.	S9515102G
Related Vehicle	FR4958U (Motorcycle)	Contact No.	97774435
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/03/2018 at about 2030hrs, I last park my motorcycle(Registration No. FR4958U) at B/363 Hougang Avenue 5 Open Carpark Unknown Lot No. and all was in order. I then left location.

On 25/03/2018 at about 2200hrs, my male chinese neighbor(H/P: 9247 1726) witness that another car(Registration No. SLJ4918G) had collided onto my motorcycle, causing it to fall off the bike stand. The said car driver did not leave any particulars and left. My neighbor then informed my father about the matter who push my bike back to recovering position on stand. I then make a check on my motorcycle and there was damages on my motorcycle's left fairing, exhaust pipe casing and leaked engine oil coming out from my motorcycle.

I am lodging this Police report for assistance as it is a hit-and-run incident. I am proceeding for Insurance Claims.

s.d.a another
off the bike stand. The
ath s. about the
motorcycle
the oil coming
Insurance

s.d.a another
off the bike stand. The
ath s. about the
motorcycles