

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	04/06/2018 12:43
Date Of Accident	03/06/2018 02:55
Exact Location Of Accident	JUNC TAMPINES AVE 10 & TAMPINES AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4131Y
Insured/Policyholder	
Name Of Registered Owner	NOOR HANIS BIN MOHAMED YUNOS
NRIC No	S9348475D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92476563
Alternative Phone No	OFFICE-92476563

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R1M
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	5097739908
Cover Note Number	

Driver

Name of Driver	NOOR HANIS BIN MOHAMED YUNOS
NRIC No	S9348475D
Date Of Birth	17/12/1993
Occupation	INDOOR
Date Of Driving Pass	23/11/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92476563
Fax Number	
Contact Number	OFFICE-92476563
EEmail Address	NOEMAIL

Address	BLK 892A TAMPINES AVENUE 8 #12-32
Postcode	521892
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 - 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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180604/2029.

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	FAIZAL
Phone Number	87820954
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY6973M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

3
NAME: :
GENDER: :

Passenger 2

NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name NOOR HANIS BIN MOHAMED YUNOS
Approximate Age
Injuries Sustain BACK SPRAIN, SWELLING ON RIGHT HIP & THIGH
Injured person in which vehicle? FBK4131Y
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN


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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.

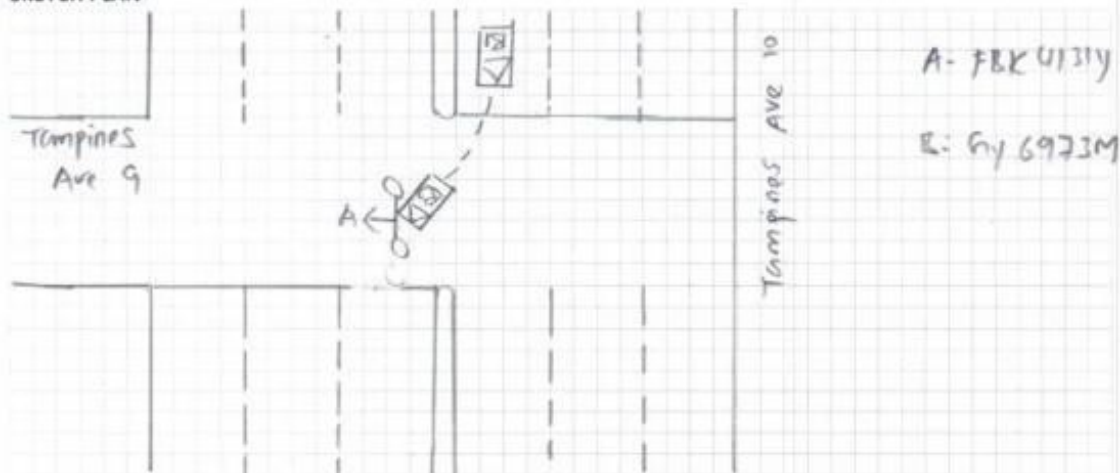

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180604/2029.

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 Person's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180604/2029

1 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180604/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2018 10:49	Vide Report No.:	Station Diary No.: 50
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Informant's Particulars

Name of Informant: NOOR HANIS BIN MOHAMED YUNOS			Address: APT BLK 892A TAMPINES AVENUE 8 #12-32 SINGAPORE 521892		
ID Type / ID No.: NRIC NO / S9348475D			Contact No.: Home/Office:		Mobile: 92476563
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 17/12/1993	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Mechanical engineer (general)			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/06/2018 02:55	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 10 TAMPINES AVENUE 9 T-junction between both roads				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4131Y	Motorcycle	YAMAHA	YZF-R1M	Silver	Seriously Damaged	0
GY6973M	Van				Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK4131Y	NTUC Income Insurance Co-Operative Limited	5097739908	02/02/2018	01/02/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180604/2029

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Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20180604/2029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NOOR HANIS BIN MOHAMED YUNOS	ID No.	S9348475D
Related Vehicle	FBK4131Y (Motorcycle)	Contact No.	92476563
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	03/06/2018	Date Discharge	03/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Muhammad Nur Iskandar Bin Mokhtar	ID No.	S8708137J
Related Vehicle	GY6973M (Van)	Contact No.	85241029
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 the 03/06/2018 at about 0255hrs, I was riding my motorcycle bearing vehicle no.FBK4131Y along the right lane of Tampines Ave 10. As I was about to reach the T-junction between Tampines Ave 10 and Tampines Ave 9, the traffic light was red as such I stopped at T-junction. There were two other lorries on the two lanes beside me. When the traffic light turned green, I wanted to move off but all of a sudden, as I was crossing the junction, a van came from the oncoming side had just turned right towards Tampines Ave 9. As such, the van collided into my right side and caused me to fall on my right side but my motorcycle had continued moving forward until it fell down at the grass patch beside the road.

I was still conscious and was able to stand up. Shortly after, ambulance and traffic police came and attended to me. However, I did not want to be conveyed by the ambulance as I did not think my injuries were serious.

Afterwards, my friend came to send me to Changi General Hospital to seek medical attention and was given 3 days MC from 03/06/2018 till 05/06/2018 for back sprain and swelling at my right hip and thigh.

One of the lorry driver who was not involved in the accident but had witnessed the entire incident had given me his details, Faizal, HP: 87820954.

Police Report



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T/20180604/2029

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Report No. T/20180604/2029

CONTINUATION OF REPORT

Police Report



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Tel No: 1800-5871999

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Report No, T/20180604/2029

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:

G /

Sgt 3 MUHAMMAD DANIYAL BIN
BAHARUDDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/06/2018 10:49

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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