

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	03/08/2018 14:21
Date Of Accident	31/07/2018 16:00
Exact Location Of Accident	CHOA CHU KANG AVENUE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FP8522C
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Insured/Policyholder

Name Of Registered Owner	NANDA WIBISONO ABAS
NRIC No	S9549025E
Email Address	NANDABAS17@YAHOO.COM
Mobile Phone No	(LOCAL) +65-88165575
Alternative Phone No	HOME-63624964

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
Exact Purpose for which vehicle was being used at time of accident	ON MY WAY HOME FROM SCHOOL
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	5087502024-01
Cover Note Number	

Driver

Name of Driver	NANDA WIBISONO ABAS
NRIC No	S9549025E
Date Of Birth	17/07/1995
Occupation	INDOOR
Date Of Driving Pass	13/03/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88165575
Fax Number	
Contact Number	HOME-63624964
Email Address	NANDABAS17@YAHOO.COM

Address	BLK 744 WOODLANDS CIRCLE #09-770
Postcode	730744
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	
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 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	ZAKARIAH
Phone Number	94574279
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDJ7000D
Vehicle Make/Model/Colour	LEXUS / SILVER
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	NANDA WIBISONO ABAS
Approximate Age	23
Injuries Sustain	SLIGHT DEGREE OF INJURY
Injured person in which vehicle?	FP8522C
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 744 WOODLANDS CIRCLE #09-770
Postcode	730744

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: 03/8/18 /1440

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

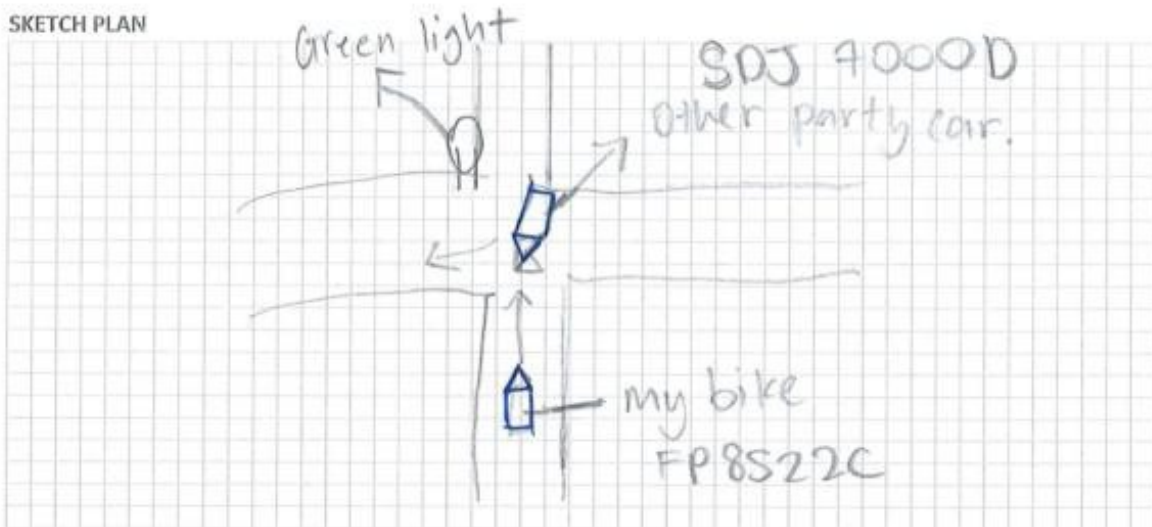
NRIC/FIN No.:

Joelle Tan

AMK AUTOPOINT PTE 40
03.08.2018

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding back home at choa chukang way towards KJE, Traffic light was green, so I proceed forward. There was a bus at the opposite direction of the road was waiting for me to clear the Junction. Suddenly, a car from the right side of the bus inched forward and not realising my present presence. Then it drive out of the traffic light pocket and hit my bike from the side.

DECLARATION

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

Policyholder's Signature

Date & Time: 8/8/18 / 1454hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Joelle Tan

NRIC/FIN No.: AMK AUTOPoint PTE LTD
03.08.2018

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/20180801/7006

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

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Report No. T/20180801/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2018 15:39		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NANDA WIBISONO ABAS			Address: APT BLK 744 WOODLANDS CIRCLE #09-770 SINGAPORE 730744		
ID Type / ID No.: NRIC NO / S9549025E			Contact No.: Home/Office: Mobile: 88165575		
Nationality: SINGAPORE CITIZEN			Email: nandabas17@yahoo.com		
Sex: Male	Age: 23	Date of Birth: 17/07/1995	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/07/2018 16:00	Type of Location: T-Junction
Location: CHOA CHU KANG AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FP8522C	Motorcycle	YAMAHA	RXZ	Grey		0
SDJ7000D	Car	LEXUS		Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FP8522C	NTUC Income Insurance Co-Operative Limited	5087502024-01	17/01/2018	16/01/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180801/7006

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

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Report No. T/20180801/7006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NANDA WIBISONO ABAS	ID No.	S9549025E
Related Vehicle	FP8522C (Motorcycle)	Contact No.	88165575
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/07/2018	Date Discharge	31/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

Dear Sir/Mdm,

I am writing to report on an accident in which I was involved in on 31st July 2018, Tuesday at around 4:00pm. Occurred at a T junction near block 305 Choa Chu Kang Ave 4. The involved party includes:

1. Myself

Name: Nanda Wibisono Abas

IC: S9549025E

Vehicle Number: FP8522C

2. Lexus car owner

Vehicle Number: SDJ7000D

3. A witness, rider

I was riding on the way back home from school at Choa Chu Kang way towards KJE. I was heading straight and came across a traffic light junction which showed a green light. A bus which is on the opposite direction was in sight, as the driver waits for me to ride past before he can make a right turn. A bike on the other lane, however bypass the bus and made the right turn first. Upon seeing the situation, I slowed down. I then sighted the Lexus car going towards the markings on the road, for the turn. Instead of waiting for me to ride past, just like the bus driver, the Lexus driver dashed out, covering my right of way and halt to a stop as he knows that he have misjudged the timing and thought I'm still far away. Upon seeing that, I swerved a bit to the left to avoid contact and even jammed break, however it was too late. The driver then hit the right side of my bike and I fell, causing some injuries and damages to my bike. I requested for an ambulance as I'm unable to get up on my own, it came around 4:30pm and brought me to Ng Teng Fong Hospital. After a long wait at the A&E, I finally met with the doctor at around 8 pm. An X-Ray on my right ankle was done as I'm unable to move it freely due to the pain. Also, dressings on my right ankle and left knee was done as there are a few scratches on my knee which was due to the fall. I've only managed to grab hold of the Lexus vehicle number as I was in pain and nothing else mattered. However, the TP Police has taken down the details of the Lexus owner, as well as the witness who was a rider, queuing behind the car at the point of incident.

The Lexus owner indicates that he will pay for my medical fees and I will be claiming for the damages caused to my bike as well. He acknowledge that he is in the wrong and will contact me yesterday, however I've didn't hear from him since then. Promised to ask on my condition and also give his details but to no avail.

If you have any questions, do feel free to contact me at 65 8816 5575.

I hope to hear an update soon as I need to claim from the driver as soon as possible as I require the

Police Report



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POLICE FORCE**



T/20180801/7006

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Report No. T/20180801/7006

CONTINUATION OF REPORT

funds for my repair my bike since I'm working part time as a Food Panda rider.
Thank you for your kind assistance.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180801/7006

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

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Report No. T/20180801/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476365

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
01/08/2018 15:39

Classification Of Case: