

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	29/08/2018 17:51
Date Of Accident	27/12/2017 06:00
Exact Location Of Accident	PIONEER ROAD NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF378E
Insured/Policyholder	
Name Of Registered Owner	ZULAIMI BIN ARIP
NRIC No	S6824804C
Email Address	ZULAIM8@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97224388
Alternative Phone No	OTHERS-97224388

Vehicle Particulars

Manufacturer	HONDA
Model	-
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	5078253330-01
Cover Note Number	

Driver

Name of Driver	MISWAN BIN KAMSO
NRIC No	S0980734I
Date Of Birth	26/10/1950
Occupation	INDOOR
Date Of Driving Pass	30/03/1981
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97224388
Fax Number	
Contact Number	OTHERS-97224388
Email Address	NOEMAIL

Address	BLK 269A YISHUN STREET 22 #04-529
Postcode	761269
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - UNCLE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	UNKNOWN
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	MISWAN BIN KAMSO
------	------------------

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBF378E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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:

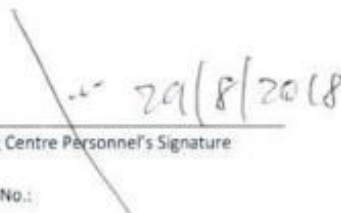
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



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



29/8/2018

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

Sketch Plan #2

SKETCH PLAN

NO SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Along Boon lay way toward Pioneer Road north at the 1st lane suddenly the heavy change to my lane without checking and knock me down

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:
NRC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 6200
Fax +65 6547 6259
www.police.gov.sg

Your Ref :
Our Ref : TP/IP/68285/2017
Date : 28 December 2017

MISWAN BIN KAMSO
BLK 269A YISHUN STREET 22
#04-529
SINGAPORE 761269

Dear Sir/Mdm,

Please find the Notice to Collect Vehicle memo enclosed. You are to collect your vehicle within 7 days from the date of the memo.

- 2 Should you need any clarification, please contact Investigation Officer Syed Zayid Muhammad at Tel: 6547 6394.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Zayid'.

SYED ZAYID MUHAMMAD
for HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE

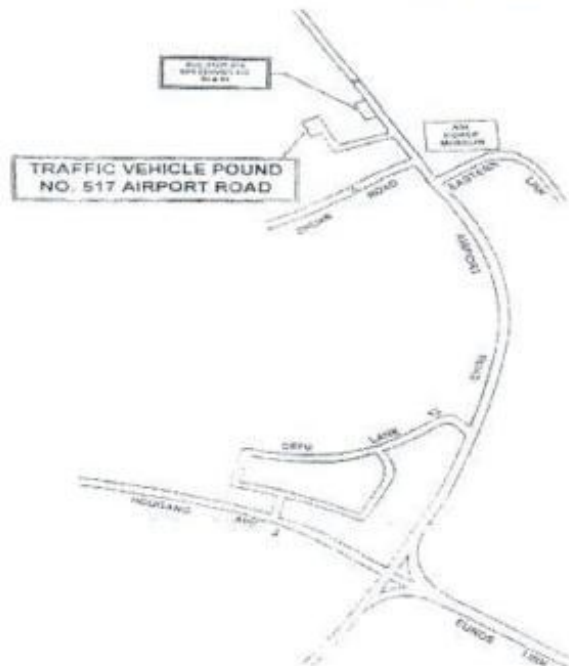
Sketch Plan #4



LETTER OF AUTHORISATION

I, _____, NRIC/FIN No: _____
hereby authorized _____, NRIC/FIN No: _____
to collect my vehicle, registration no: _____ on my behalf.

LOCATION MAP FOR TRAFFIC VEHICLE POUND



M/Sw
(Signature & Date)

Name of Owner:

NRIC/FIN No:

Contact No:

Note: Identification document must be produced for verification together with the Notice to collect vehicle (Part A) when collecting the vehicle.



NOTICE TO COLLECT VEHICLE

Part A

1) To be completed by Investigation Officer

Name of Owner: MISWAN BIN KAMSO		NRIC/FIN: S0980734I
Vehicle No: FBF378E	<input checked="" type="checkbox"/> No inspection required <input type="checkbox"/> Release only after inspection (Please tick ✓)	
Date of Accident: 27/12/2017		
Time of Accident: 6.04 AM	Place of Accident: PIONEER ROAD NORTH	

2) Take note that the vehicle must be collected within 7 days from the date of this notice. Otherwise storage fee will be levied as follows :

Type of Vehicle	Storage Fee Per Day
Motor Cycle / Scooter	\$ 20/-
Motor Car	\$ 40/-
Motor vehicle other than the above	\$ 80/-

- 3) You have to make your own arrangement to have your vehicle removed at your own costs. If you are authorizing someone to collect your vehicle on your behalf, please ensure that he / she produces his / her NRIC / Passport for verification. Please fill up the letter of authorization at Annex 'A'
- 4) Please liaise with the duty officer of Traffic Vehicle Pound at **517 Airport Road, Singapore 539942, Tel no.: 6280 7841** for collection of vehicle. The collection hours are as follows:

Monday	2.00 pm to 4.00 pm
Tuesday to Friday	9.00 am to 12.00 pm 2.00 pm to 4.00 pm

Yours faithfully,

IO SYED ZAYID MUHAMMAD
 GIT A
 CONTACT NO: 6547 6394
 DATE: 28/12/2017

I, _____, NRIC/FIN No: _____
hereby authorized _____, NRIC/FIN No: _____
to collect my vehicle, registration no: _____ on my behalf.

[illegible]

MISW

Contact No:

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Accident Sketch Plan



LETTER OF AUTHORISATION

I, _____, NRIC/FIN No: _____
hereby authorized _____, NRIC/FIN No: _____
to collect my vehicle, registration no: _____ on my behalf.

LOCATION MAP FOR TRAFFIC VEHICLE POUND



M/S

(Signature & Date)

Name of Owner:

NRIC/FIN No:

Contact No:

Note: Identification document must be produced for verification together with the Notice to collect vehicle (Part A) when collecting the vehicle.

Accident Sketch Plan

42 VI 10.17.00 TAMP AUTO ASSESSORS PTE LTD

1005 5442 9690

2/ 2

FIRST MOTOR

BLK 3006 UBI ROAD 1 #01-398 SINGAPORE 408700

TEL: 6743 1911 / 6744 8333 FAX NO: 6745 8131

RCB REG NO: 289644/OOC

E-mail: lionell@singnet.com.sg

E-mail: first_motor_sg@yahoo.com

DATE : 19/1/2018

REF NO :

VEH NO : FBF378E

HONDA TIGER 200

ATTN: CLAIM DEPT

RE: ESTIMATION FOR ACCIDENT INVOLVING VEH NO. FBF378E/ ON 17/01/2018

ITEM	QTY	DESCRIPTION	PRICE(S\$)
1	1	HANDLE BAR	70.00
2	1	o/p BRAKE LEVER	12.00
3	1	o/p HANDLE BALANCE	20.00
4	1	o/p from SIGNALLAMP (LH)	30.00
5	1	From COWLING VISOR	43.00
6	1	HEADLAMP COWLING ASSY	118.00
7	1	HEADLAMP ASSY	90.00
8	1	METER COVER	28.00
9	1	HEADLAMP BRACKET	35.00
10	1	STEERING CON ASSY	50.00
11	2	FORK INNER TUBE (L&R) @ \$110.00	220.00
12	2	FORK OUTER TUBE (L&R) @ \$190.00	380.00
13	1	FRONT WHEEL DISC	105.00
14	1	FRONT WHEEL	390.00
15	1	FRONT TANK	68.00
16	1	o/p REAR SIDE COWLING (LH)	48.00
17	1	o/p REAR SIGNALLAMP (LH)	52.00
18	1	o/p REAR SIGNALLAMP (RH)	30.00
19	1	REAR BOX	580.00
20	1	BOX BRACKET	180.00
21	1		90.00

TOTAL PARTS 2,639.00
LESS 10% 263.90
TOTAL 2,375.10

LABOUR & MISC

TRANSPORT FEE

LABOUR CHARGE

GRAND TOTAL: 2,705.10



AUTHORISED SIGNATURE

TPC claim

Pay 10%

3 days

Lump Sum Repair

William Ang

29/01/18

Fax: 6442 9690

3/4

M.1 MOTORING

Head Office: 411-421 Chang Road, Singapore 419860
Tel: 6743 7030 Fax: 6743 7006
Branch: 1080 Serangoon Road, Singapore 328183
Tel: 6292 7040 Fax: 6241 7040
Branch: Bk 3007 Ubi Road 1 #01-448, Singapore 408701
Tel: 6743 5100 Fax: 6743 1239

COLLECTION OF MOTOR VEHICLE

I, Zulwan Bin Ali BEARING NRIC NO: S62249046
OF Bik 264A, Jalan SF 12, #04-529 S(261269)
HEREBY TAKE DELIVERY OF MOTOR VEHICLE NO FAD 3674R
BEING MAKE & MODEL Yamaha FJR 1300
(EXCHANGE / TRADE IN VEHICLE NO FDR 28E MAKE & MODEL
Honda Tiger) AND WHILE IT IS IN HIS / HER

THEIR POSSESSION SHALL BE FULLY RESPONSIBLE AND SHALL INDEMNIFY THE VENDOR
FOR ANY ILLEGAL ACTS FROM THE USE THEREOF, INCLUDING TRAFFIC OFFENCES.

I / WE CONFIRM THAT THE ABOVE VEHICLE WAS DELIVERED AND RECEIVED IN ACCORD-
ANCE WITH THE TERMS OF SALE ARRANGEMENT AND TO MY / OUR CERTIFICATION
CONDITION.



SIGNATURE OF PURCHASER

DATE

2/4/2018

TIME

1550

Accident Photo



Accident Photo



Accident Photo

