

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	25/09/2018 16:25
Date Of Accident	22/09/2018 11:30
Exact Location Of Accident	ALONG CLEMENTI AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB6298J
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Insured/Policyholder

Name Of Registered Owner	MOHD FARIZ MATIN BIN ZULKIFLI
NRIC No	S9825766G
Email Address	FARIZMARTIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87493765
Alternative Phone No	OTHERS-87493765

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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
Fleet Policy	NO
Policy Number	5090777133-01
Cover Note Number	

Driver

Name of Driver	MOHD FARIZ MATIN BIN ZULKIFLI
NRIC No	S9825766G
Date Of Birth	04/08/1998
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87493765
Fax Number	
Contact Number	OTHERS-87493765
Email Address	FARIZMARTIN@GMAIL.COM

Address	BLK 155 MEI LING STREET #01-287
Postcode	140155
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	NO COLLISION
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180922/2138 (BIKE WAS AT JB PHOTOS FROM INSURED HANDPHONE)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX4101Y
Vehicle Make/Model/Colour	NISSAN QASHQAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA SU TYE
NRIC/Passport Number	S7510159G
Contact Number	98411147
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHD FARIZ MATIN BIN ZULKIFLI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBB6298J
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: 23/09/2018
1:32 pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

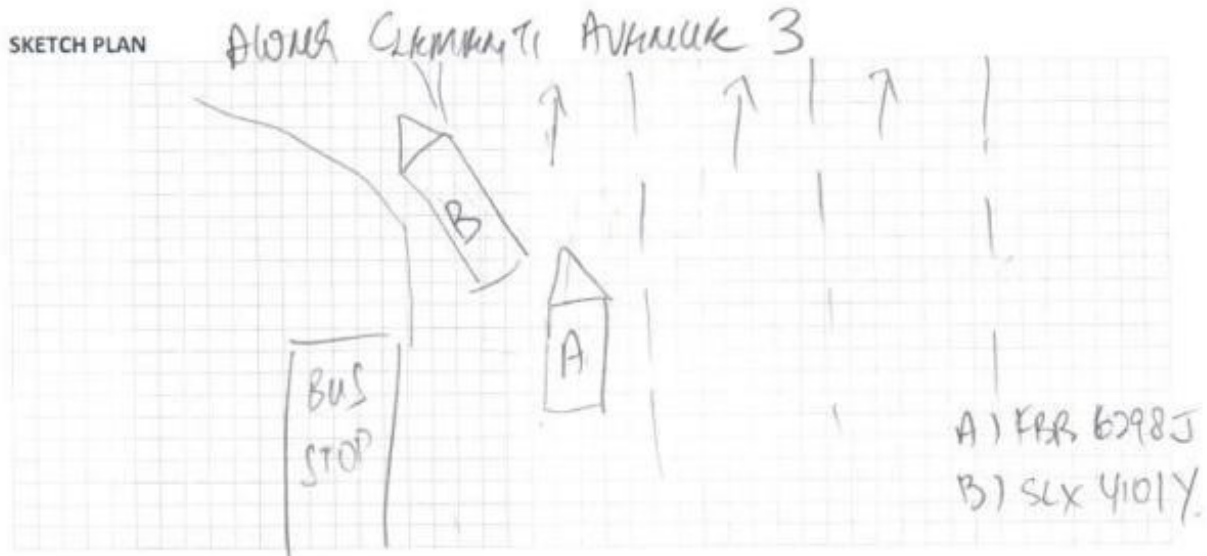
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/09/2018 at about 1130hrs, I was riding my motorbike with the registration number: FRB 6298J, along Clementi Avenue 3 towards Clementi MRT, as there was a jam along Clementi Avenue 3 that cause the vehicle with the registration number: SLX 4101Y in front of me to stop. I was travelling quite a distance behind the vehicle however due to my motorbike's brake fault, I could not turn in time and knock onto the right's bumper of the car.

I would like to state that my motorcycle did not contact onto the car. However in the midst of falling down, my body hit the near right side bumper of the car. The car suffered slight damage, however there was no scratches or dents on the bumper.

I would also like to state I could not go to work on 24/09/18 (MONDAY) as my mobility was restricted.

POLICE REPORT 1/20180922/2138

DECLARATION

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

Policyholder's Signature

Date & Time: 25/09/2018
1:34pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180922/2138

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180922/2138

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2018 18:31	Vide Report No.:	Station Diary No.: 71
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Informant's Particulars

Name of Informant: MOHAMAD FARIZ MATIN BIN ZULKIFLI			Address: APT BLK 155 MEI LING STREET #01-287 SINGAPORE 140155	
ID Type / ID No.: NRIC NO / S9825766G			Contact No.:	Mobile: 87493765
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 20	Date of Birth: 04/08/1998	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: Student			Driving Licence Information: Class:	

General Information of the Accident

General Information: (If applicable)				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 22/09/2018 11:30	Type of Location: T-Junction
Location: Along Road 1 CLEMENTI AVENUE 3				
Junction before Clementi MRT.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle towards Stationary Vehicle.				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB6298J	Motorcycle	YAMAHA	T135	Black	Seriously Damaged	0
SLX4101Y	Car	NISSAN		Grey	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB6298J	NTUC Income Insurance Co-Operative Limited	5090777133-01	29/04/2018	28/04/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180922/2138

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20180922/2138

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMAD FARIZ MATIN BIN ZULKIFLI	ID No.	S9825766G
Related Vehicle	FBB6298J (Motorcycle)	Contact No.	87493765
Hospital/Clinic	CENTRAL 24-HR CLINIC(CLEMENTI)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/09/2018	Date Discharge	22/09/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	Chua Su Tye	ID No.	S7510159G
Related Vehicle	SLX4101Y (Car)	Contact No.	98411147
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 22/09/2018 at about 1130hrs, I was riding my motorbike with the registration number: FBB6298J, along Clementi Avenue 3 towards Clementi MRT, as there was a jam along Clementi Avenue 3 that cause the vehicle with the registration number: SLX4107Y in front of me to stop. I was travelling quite a distance behind the vehicle however due to my motorbike's brake fault I could not stop my motorbike in time. I then tried to avoid the car in front of me by turning to the right but I could not turn in time and knock onto the right's bumper of the car.

The driver then get down and checked on me, I suffered injuries on my knees, hand, toe and right shoulder but I do not require ambulance at the point of time. I exchange particulars with the driver. After the accident, my vehicle suffered the following damage, misalignment on the front, scratch on the front part and also front mudguard is damaged.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180922/2138

3 of 3

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Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180922/2138

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:

D /
Sgt 2 GOH SHAO ZHANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/09/2018 18:31

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo

