

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	02/10/2018 10:59
Date Of Accident	27/09/2018 11:40
Exact Location Of Accident	EAST COAST ROAD NEAR JUNCTION OF TELOK KURAU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF5708D
Insured/Policyholder	
Name Of Registered Owner	MEN'SPOOL ENGINEERING PTE. LTD.
Co Reg No	200500918G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91360456
Alternative Phone No	OFFICE-91360456

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
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
Fleet Policy	NO
Policy Number	5093546818-01
Cover Note Number	

Driver

Name of Driver	UDDIN AZAHAR
Passport No/FIN	G7978192X
Date Of Birth	15/06/1983
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91360456
Fax Number	
Contact Number	OTHERS-91360456
EEmail Address	NOEMAIL

Address	13 THIRD CHIN BEE ROAD
Postcode	618689
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	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 POLICE REPORT T/20180928/2140

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	SFM273P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LENG TIAN CHYE
NRIC/Passport Number	S1461519I
Contact Number	83381098
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	UDDIN AZAHAR
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBF5708D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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)**

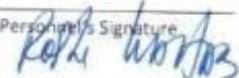
I understand, acknowledge, agree and consent that:

- (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.

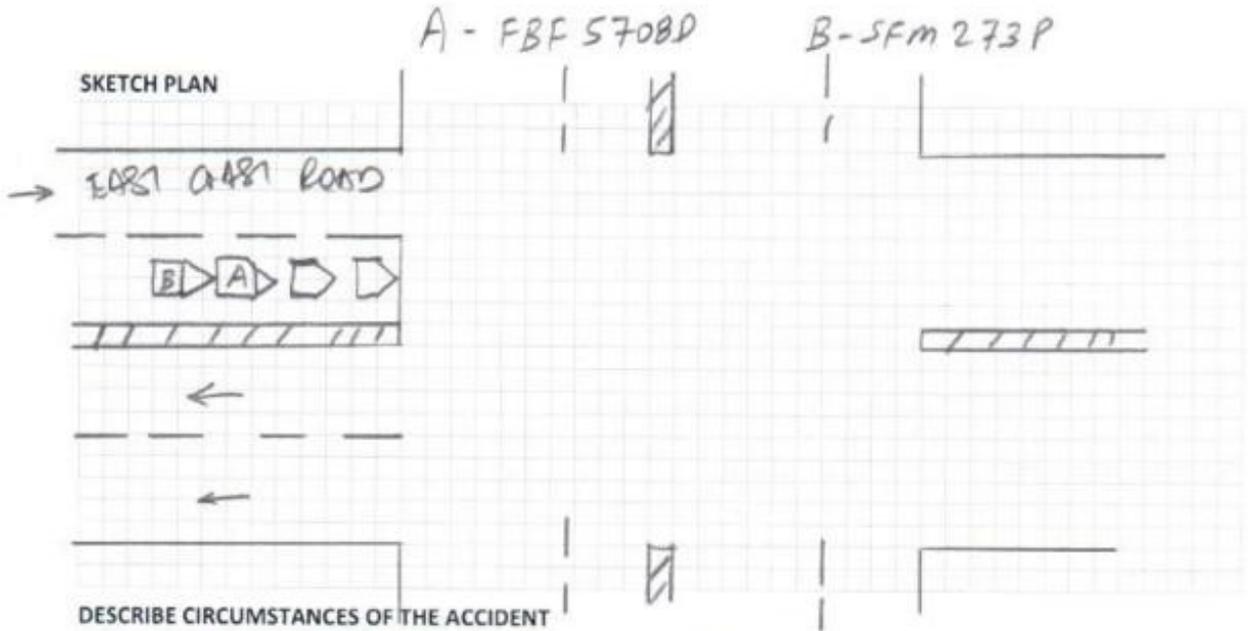

Policyholder's Signature
Date & Time:




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


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

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
7/20180928/2140*

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:


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

[Signature]
Reporting Centre Personnel's Signature
Name: *Polli Antonio*
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180928/2140

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

1 of 3
Report No. T/20180928/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2018 17:51	Vide Report No.:	Station Diary No.: 65
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Informant's Particulars			
Name of Informant: UDDIN AZAHAR		Address:	
ID Type / ID No.: FIN NO / G7978192X		Contact No.: Home/Office:	Mobile: 91360456
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 35	Date of Birth: 15/06/1983	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/09/2018 11:40	Type of Location: Straight Road
Location: Along Road 1 EAST COAST ROAD Near junction of Telok Kurau Road				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF5708D	Motorcycle				Seriously Damaged	0
SFM273P	Car				Seriously Damaged	1

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180928/2140

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

2 of 3

Report No. T/20180928/2140

CONTINUATION OF REPORT

Brief Details.

On 27/09/2018 at about 11:40am, I was riding my vehicle(FBF5708D) along the right lane of two lanes along East Coast Road. I stop my vehicle at the junction of Telok Kurau Road, three cars away as the traffic light turns red. While my vehicle was in stationary, suddenly one vehicle (SFM273P) from behind hit onto my rear of my vehicle. I managed to exchange particulars. My vehicle's headlight, rear number plate, handle bar, throttle and the brakes were damaged. The other vehicle, front number plate and there were scratches on the front part of the vehicle.

Particulars of the other owner:

- 1) Leng Tian Chye, S1461519I
HP: 83381098

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180928/2140

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

3 of 3

Report No. T/20180928/2140

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 3 MUHAMMAD HANAFEE BIN JAMIN	Signature Of Informant: <i>Ad</i>
Signature Of Interpreter: Not applicable	Date/Time: 28/09/2018 17:51
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: 5N-47
Authentication Stamp NP168	SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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