

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 liability.
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	17/10/2018 16:42
Date Of Accident	16/10/2018 14:25
Exact Location Of Accident	SUNGEI KADUT STREET 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY4117T
Insured/Policyholder	
Name Of Registered Owner	AHMAD BIN AMAT
NRIC No	S1252665B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94525725
Alternative Phone No	OTHERS-94525725

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA GT200A
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	5001325403-14
Cover Note Number	

Driver

Name of Driver	AHMAD BIN AMAT
NRIC No	S1252665B
Date Of Birth	24/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	17/01/1985
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94525725
Fax Number	
Contact Number	OTHERS-94525725
Email Address	NOEMAIL

Address	BLK 216 LORONG 8 TOA PAYOH #02-605
Postcode	310216
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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?	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

PLS REFER TO THE POLICE REPORT : T/20181017/2053 / T/20181017/2056

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	GX5676H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HAQUE MOHAMMAD FAZLUL
NRIC/Passport Number	G2296866T
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	AHMAD BIN AMAT
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FY4117T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE


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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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:

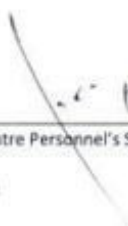
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

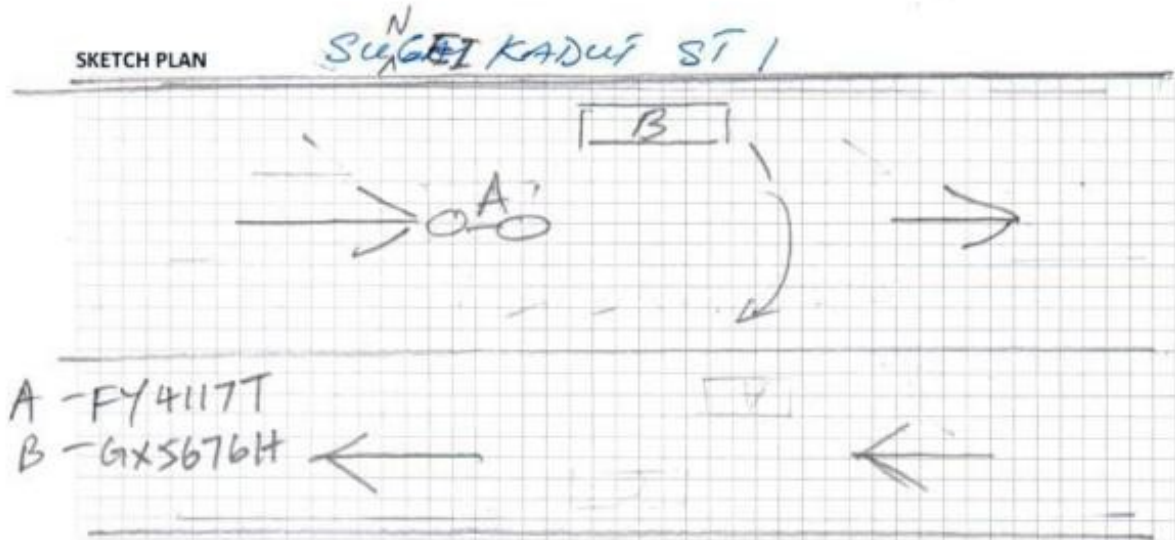


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20181017/2053
T/20181017/2056

DECLARATION

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

April

Policyholder's Signature
Date & Time:

April

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

17/10/2018

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20181017/2053

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

2 of 3

Report No. T/20181017/2053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AHMAD BIN AMAT	ID No.	S1252665B
Related Vehicle	FY4117T (Motorcycle)	Contact No.	94525725
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HAQUE MOHAMMAD FAZLUL	ID No.	G2296866T
Related Vehicle	GX5676H (Lorry)	Contact No.	NIL
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 16/10/2018 AT ABOUT 1426HRS AT SUNGEU KADUT STREET 1,

I WAS TRAVELLING STRAIGHT AND I NOTICED A LORRY THAT WAS STATIONARY AT THE LEFT SIDE. BEFORE I PASSED THE LORRY, THE LORRY SUDDENLY MADE A RIGHT TURN AND COLLIDED INTO ME. I THINK THAT HE WAS TRYING TO MAKE A U TURN. AS I WAS APPROACHING THE LORRY, I DID NOT NOTICE ANY SIGNAL LIGHTS ON THE LORRY. I THEN FELL AND ROLLED SOME DISTANCE AWAY. I THEN ASKED SOME PASSERBY TO HELP ME TAKE SOME PICTURE OF THE LORRY AND WAS CONVEYED TO KHOO TECK PUAT HOSPITAL AFTERWARDS.



T/20181017/2056

2 of 3

Report No. T/20181017/2056

Continuation of CSF For NP168

Brief Facts.

THIS CSF IS TO INCLUDE THE FOLLOWING INFORMATION,

I HAVE A PHOTO THAT SHOWS THE DAMAGE ON THE LORRY. IT SHOWS THAT THE LORRY HAD DAMAGES TO THE FRONT RIGHT PORTION OF THE VEHICLE NEAR THE HEADLIGHT AREA.

Accident Photo



Accident Photo



Accident Photo



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/20181017/2053

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

1 of 3

Report No. T/20181017/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2018 12:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: AHMAD BIN AMAT			Address: APT BLK 216 LORONG 8 TOA PAYOH #02-605 SINGAPORE 310216		
ID Type / ID No.: NRIC NO / S1252665B			Contact No.: Home/Office: Mobile: 94525725		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 24/10/1957	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: Chauffeur			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/10/2018 14:25	Type of Location:
Location: Along Road 1 SUNGEI KADUT STREET 1				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY4117T	Motorcycle	PIAGGIO	VESPA GT200A	Green		0
GX5676H	Lorry	TOYOTA	DYNA 150 D	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY4117T	NTUC Income Insurance Co-Operative Limited	5001325403-14	04/10/2018	03/10/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20181017/2053

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

2 of 3

Report No. T/20181017/2053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AHMAD BIN AMAT	ID No.	S1252665B
Related Vehicle	FY4117T (Motorcycle)	Contact No.	94525725
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HAQUE MOHAMMAD FAZLUL	ID No.	G2296866T
Related Vehicle	GX5676H (Lorry)	Contact No.	NIL
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.

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Police Report



SINGAPORE
POLICE FORCE



T/20181017/2053

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

3 of 3

Report No. T/20181017/2053

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:

TP /

LEE KWANG HONG KENDRICK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/10/2018 12:00

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

Signature:

Police Report



T/20181017/2056

1 of 3

Report No. T/20181017/2056

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20181017/2053

Report Number T/20181017/2056

Vide Report Number

Date/Time of Report Made 17/10/2018 12:06

Place Report Lodged Traffic Police Division HQ

Type of Informant Rider

Name of Informant AMHAD BIN AMAT

ID Type / ID No. NRIC NO / S1252665B

Home/Office

Mobile 94525725

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 16/10/2018 14:25

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY4117T	Motorcycle	PIAGGIO	VESPA GT200A	Green		0
GX5676H	Lorry	TOYOTA	DYNA 150 D	Silver		0

Police Report



T/20181017/2056

2 of 3

Report No. T/20181017/2056

Continuation of CSF For NP168

Brief Facts.

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Police Report



T/20181017/2056

3 of 3

Report No. T/20181017/2056

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / NOR FAIZAL BIN YAHYA
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE

