

## 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	25/10/2018 12:15
Date Of Accident	22/10/2018 19:00
Exact Location Of Accident	ALONG JURONG WEST ST 41 TWDS JURONG WEST ST 51 AFT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ5283R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JUMALI BIN MAJURI
NRIC No	S9104911B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84811261
Alternative Phone No	OFFICE-88888888

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC
Exact Purpose for which vehicle was being used at time of accident	
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	5070597399-03
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD FARHAN BIN MD ZAKARIA
NRIC No	S9146839E
Date Of Birth	27/12/1991
Occupation	INDOOR
Date Of Driving Pass	24/11/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84811261
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 784 CHOA CHU KANG DRIVE #02-207
Postcode	680784
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 ON 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	
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	10 UBI AVENUE 3
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER POLICE REPORT T/20180124/2066

#### 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	SHB4656B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 MUHAMMAD FARHAN BIN MOHD ZAKARIA

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBJ5283R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**SKETCH PLAN**

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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:

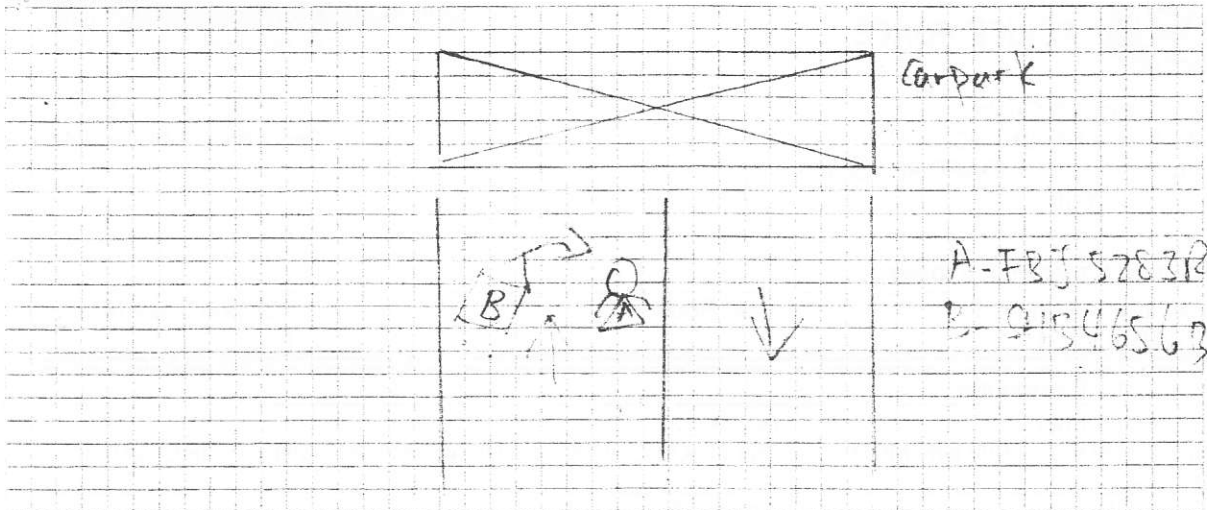
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer police report.

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:  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20181024/2066

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

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Report No. T/20181024/2066

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/10/2018 13:21		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD FARHAN BIN MOH ZAKARIA			Address: 784 CHOA CHU KANG DRIVE #02-207 SINGAPORE 680784		
ID Type / ID No.: NRIC NO / S9146839E			Contact No.: Home/Office: Mobile: 84811261		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 27/12/1991	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: ASSISTANT MANAGER			Driving Licence Information: Class: 2B,2A Date of Expiry: -		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/10/2018 19:00	Type of Location: Straight Road
Location:  JURONG WEST STREET 41  ALONG JURONG WEST ST 41 TWDS JURONG WEST ST 51 AFT CARPARK OF BLK 488				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBJ5283R	Motorcycle	HONDA	CB400X	White		0
SHB4656B	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow		0



**SINGAPORE  
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T/20181024/2066

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

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Report No. T/20181024/2066

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FARHAN BIN MOH ZAKARIA	ID No.	S9146839E
Related Vehicle	FBJ5283R (Motorcycle)	Contact No.	84811261
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	22/10/2018	Date Discharge	22/10/2018
No. of Days granted Medical Leave	08	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,

I WAS RIDING ALONG THE SAID LOCATION. THERE WAS 2 WAY LANE, I WAS AT THE LEFT LANE. THERE WAS A TAXI VEHICLE AT THE SIDE OF THE ROAD WITH HAZARD LIGHT ON. WHEN I WAS HALFWAY THROUGH THE TAXI VEHICLE. THE TAXI VEHICLE SUDDENLY TURN TO THE RIGHT AND COLLIDED ONTO MY LEFT SIDE OF MY MOTORCYCLE CAUSING ME TO FELL OFF INTO MY RIGHT. THAT'S ALL.



**SINGAPORE  
POLICE FORCE**



T/20181024/2066

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

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Report No. T/20181024/2066

## 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 /  
MUHAMMAD HAZIQ BIN SAIFUDDIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/10/2018 13:21

Officer In Charge Of Case:  
TP / GIT /  
Insp MOHAMMED FADZLY BIN ABDUL AZIZ  
Contact No.: 65476355

Classification Of Case:

Authentication Stamp  
NP168

