SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	27/12/2018 16:39
Date Of Accident	24/12/2018 23:10
Exact Location Of Accident	COMMONWEALTH DRIVE OPEN CARPARK (QXQ98) LOT 17
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH7501J
Insured/Policyholder	
Name Of Registered Owner	SOPHI BIN JAMALUDDIN
NRIC No	S8134108G
Email Address	NEL2610@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91053717
Alternative Phone No	OTHERS-91053717
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	ZX1400D-1.4
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	5099601372
Cover Note Number	
Driver	
Name of Driver	SOPHI BIN JAMALUDDIN
NRIC No	S8134108G
Date Of Birth	26/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2006
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91053717
Fax Number	

OTHERS-91053717

NEL2610@HOTMAIL.COM

Address BLK 56 COMMONWEALTH DRIVE

#08-81 141056

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

3

NO

NO

YES

0

Weather Conditions CLEAR
Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

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/20181225/2039

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 FBE5256X

Vehicle Make/Model/Colour HONDA SUPER FOUR

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 22

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FBA9017P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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:
 - 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.

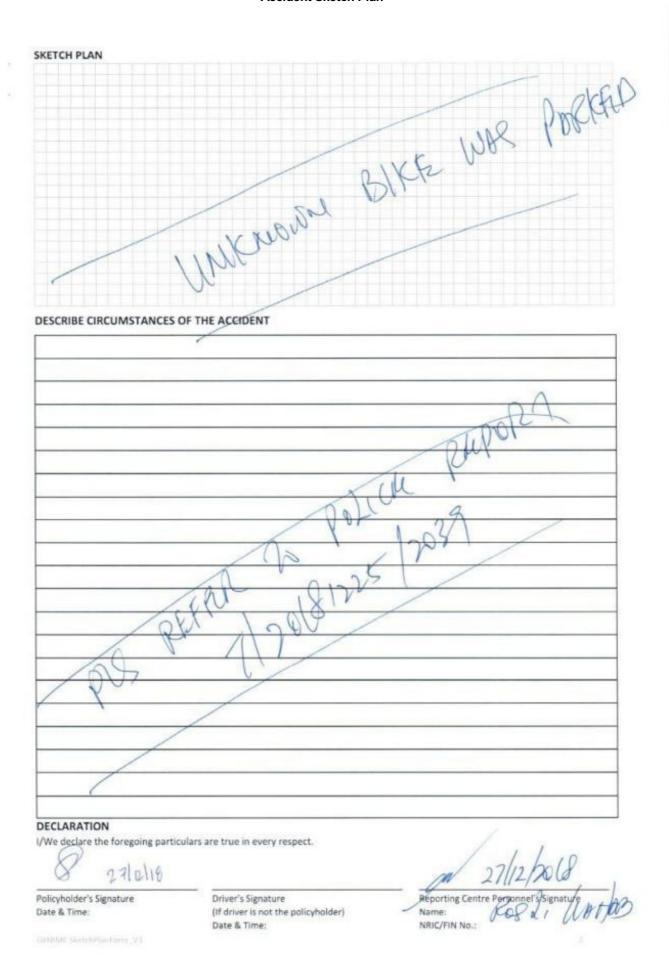
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sign

RIC/FIN No.: /V

Accident Sketch Plan



POLICE REPORT





1 of 3

Report No. T/20181225/2039

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2018 12:54		ade:	Vide Report No.:	Station Diary No.: 38	
Informa	nt's Particu	lars		新加州的	
Name of Informant: SOPHI BIN JAMALUDDIN		HE-E-PU	Address: APT BLK 56 COMMONWEALTH DRIVE #08-81 SINGAPORE 141056		
ID Type / ID No.: NRIC NO / S8134108G			Contact No.: Home/Office:	Mobile: 91053717	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 26/10/1981	Type of Informant: Vehicle Owner		
Race: Javanese			Language:	Institution / School Name:	
Occupation: DRIVER		W	Driving Licence Informatio Class: 2B,2A,2,3	n: Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/12/2018 11:10	Type of Location Parking Lot	
	EALTH DRIVE k (QXQ98) Lot 17.				
		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Parked Vehicle damage due to bike being toppled over.				Anyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA9017P	Motorcycle				THE PARTY OF	0
FBE5256X	Motorcycle				No Damage	0
FBH7501J	Motorcycle				Slightly	0

POLICE REPORT



T/20181225/2039

2 of 3

Report No. T/20181225/2039

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

CONTINUATION OF REPORT

Brief Details.

On the 24/12/18 at about 2310hrs, While i was at home at 56 Commonwealth Dr. I received a Text from one of my friend namely, Mohamad Taib (S8742172D) Tel; 98419192. He had informed me that he was nearby the void deck of my housing estate, in which he happened to notice that a rider on motorbike (FBE 5256X), was reversing his bike, out from his lot, in which subsequently caused his bike's rear wheel, to knock onto another motorbike (FBA9017P) on it's rear, and the rider had just left the vicinity.

Subsequently, the motorbike (FBA9017P) fell on it's right hand side and had toppled onto my motorbike's (FBH7501J) left hand side. After receiving the text from my friend, I immediately went down to the carpark QXQ98 and my bike which was at Lot 17. I had then noticed that my motorbike and the bike beside mine was in it's usual position, however, I discovered that my bike had some dents and scratches on the left exhaust pipe, scratches and also a crack on the left fairing of my bike. On the other hand, the motorbike parked beside mine, head in first.. (FBA9017P), had it's left side mirror mis- aligned, scratches on the box on the left hand side, and also it's meter panel is in odd Shape.

The rider who caused this did not leave a note at the scene, nor did he or she left his contact number. My friend Mohamad Taib (S8742172D) can stand as a witness as he had seen what had actually happened. I am lodging this report for the purpose of insurance claims.

POLICE REPORT





3 of 3

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

Report No. T/20181225/2039

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 MOHAMAD FARHAN BIN MOHAMED	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/12/2018 12:54
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168	















