SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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.

alorosaid.	
	ACCIDENT STATEMENT
Date Of Report	29/12/2018 09:15
Date Of Accident	01/12/2018 22:30
Exact Location Of Accident	MERPATI RD CAPPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK3191E
Insured/Policyholder	
Name Of Registered Owner	SYED FAUZEE BIN SYED MOHAMMAD ALSAGOFF
NRIC No	S7433819D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91244101
Alternative Phone No	OFFICE-91244101
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FJR1300
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	5072907848-03
Cover Note Number	
Driver	
Name of Driver	SYED FAUZEE BIN SYED MOHAMMAD ALSAGOFF
NRIC No	S7433819D
Date Of Birth	09/10/1974
Occupation	INDOOR
Date Of Driving Pass	21/03/2000

18 YEARS AND 8 MONTHS

(LOCAL) +65-91244101

OFFICE-91244101

NOEMAIL

MALE

Address BLK 14 MERPATI ROAD

#10-83

Postcode 370014

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

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name MACPHERSON NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-7449999 - **FAX NO**: 65476366

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT -T/20181204/2113.

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 SJJ9249U

Vehicle Make/Model/Colour HONDA FIT

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

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Accident Sketch Plan

KETCH PLAN		
DE-WESTER	T. p.d coephy	4- FEK31916 B-2319290.
	weer pro-	
ESCRIBE CIRCUMSTANCES OF 1		
ketter to bolice u	Ebact - 1/20/8/201/2112-	
We declare the foregoing particular	s are true in every respect.	-1
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder)	Name:

Date & Time:

NRIC/FIN No.:

Police Report





20010

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 1 of 3 Report No. T/20181204/2113

Tel No: 1800-7449999

REPORT	OF A	TRAFFIC	ACCIDENT

	Date/Time Report Made: 04/12/2018 16:57		Vide Report No.:	Station Diary No.: 29		
Informa	nt's Partic	ulars				
SYED F	Informant AUZEE BIN IMAD ALSA	SYED	Address: APT BLK 14 MERPATI RC	OAD #10-83 SINGAPORE 370014		
ID Type	/ ID No.: O / S74338		Contact No.: Home/Office: Mobile: 91244101			
	Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age:	Date of Birth: 09/10/1974	Type of Informant: Vehicle Owner			
Race: Arab			Language: Institution / School No.			
Occupation: STORE KEEPER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:			

General Infor	mation of the Accide	nt			1
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/12/2018 22:3	Type of Loc Car Park	ation:
Location: Along Road 1 MERPATI RO					
Weather.		Road Surface:		Road Speed Limit	t:
Traffic Flow:	raffic Flow: Traffic Control:			Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed ambulance:	i by

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK3191E	Motorcycle			Yellow	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report





T/20181204/2113

2 of 3 Report No. T/20181204/2113

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

CONTINUATION OF REPORT

Vehicle Owner			HERE BUILDING			
Name	SYED FAUZEE BIN SYED MOHAMMAD ALSAGOFF			ID No		S7433819D
Related Vehicle	FBK3191E (Motorcycle)			Conta	ct No.	91244101
Hospital/Clinic	NIL			Class Drivin Licence Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL Date Di			charge	NIL	
No. of Days granted Medical Leave NIL		NIL	Degree o		NIL	

Brief Details.

On 03/12/2018 at about 0000hrs, while I was washing my motorcycle, I realized that there was some damages to my motorcycle's side mirror, side box and slider. My motorcycle windshield and headlight is damaged as well. I am very sure that my motorcycle did not drop while I was riding or parking my motorcycle. My neighbour then approached me and told me that he saw someone had hit onto my car at the parking area. My neighbour informed that he was parking his car when he heard a loud banging sound. When he made a check, he realized that someone had hit onto my motorcycle with his car. He managed to note down the car's license plate number. Its a white colour Honda Fit bearing registration number SJJ9249U. This is the second time such incidence happened to me. I will be claiming the damages from my insurance as well.

Police Report





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999 3 of 3 Report No. T/20181204/2113

CONTINUATION OF REPORT

Sketch Plan

NP168

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: G / Sgt 3 ABDUL SARHAN BIN ABDUL RIFFIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2018 16:57
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case;
Authentication Stamp	























