

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	26/12/2018 09:23
Date Of Accident	13/12/2018 11:00
Exact Location Of Accident	CHOA CHU KANG AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA8732P
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAISAL BIN ALI
NRIC No	S8915548G
Email Address	FAISAL.AMANINA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84488972
Alternative Phone No	OFFICE-84488972

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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	5064766119-04
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAISAL BIN ALI
NRIC No	S8915548G
Date Of Birth	05/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	22/09/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84488972
Fax Number	
Contact Number	OFFICE-84488972
EEmail Address	FAISAL.AMANINA@GMAIL.COM

Address	BLK 818C #06-140 CHOA CHU KANG AVENUE 1
Postcode	683818
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	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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	CHOA CHU KANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 116 TECK WHYE LANE , POSTCODE: 680116 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7629999 - FAX NO: 67636615
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

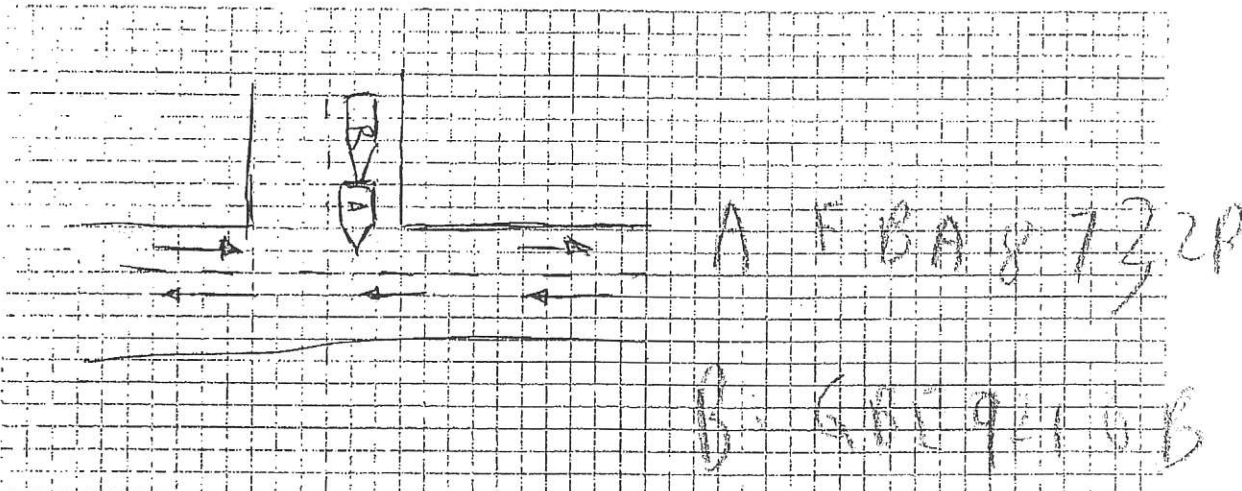
Attachment(s)

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	GBE9210B
Vehicle Make/Model/Colour	NISSAN NV200 / WHITE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	QUEK SWEE HOCK
NRIC/Passport Number	S1456515I
Contact Number	98773884
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
Police
Report

DECLARATION

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

Policyholder's Signature

Date & Time: 24/12/18
14:58

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/12/18
14:58

Reporting Centre Personnel's Signature

Name: NG WING KIN JAMES
NRIC/FIN No.: S7927881E





**SINGAPORE
POLICE FORCE**



T/20181213/2157

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20181213/2157

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FAISAL BIN ALI	ID No.	S8915548G
Related Vehicle	FBA8732P (Motorcycle)	Contact No.	84488972
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	13/12/2018	Date Discharge	13/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	QUEK SWEE HOCK	ID No.	S1456515I
Related Vehicle	GBE9210B (Van)	Contact No.	98773884
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 13/12/2018 at about 1100hrs, I was riding my motorcycle (FBA8732P) at Keat Hong Mirage housing estate service road and was turning out to Choa Chu Kang Ave 1. Suddenly, a van (GBE9210B) which was driving behind me collided to the rear of my motorcycle. My motorcycle rear mudguard bend in, scratches to the rear light and box.

I felt pain to my right shoulder, back body and neck. I then seek treatment at Ng Teng Fong Hospital and was given 3 days MC.

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