

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	14/01/2019 16:44
Date Of Accident	07/01/2019 11:55
Exact Location Of Accident	CROSS JUNCTION OF JURONG GATEWAY RD/BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM4585K
Insured/Policyholder	
Name Of Registered Owner	NUR IMAN BIN ABIDIN
NRIC No	S8820318F
Email Address	NUR.IMAN.ABIDIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81027362
Alternative Phone No	OTHERS-81027362

Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC
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	5096151017-01
Cover Note Number	

Driver

Name of Driver	NUR IMAN BIN ABIDIN
NRIC No	S8820318F
Date Of Birth	15/06/1988
Occupation	INDOOR
Date Of Driving Pass	30/06/2009
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81027362
Fax Number	
Contact Number	OTHERS-81027362
EEmail Address	NUR.IMAN.ABIDIN@GMAIL.COM

Address	BLK 561B JURONG WEST STREET 42 #10-1159
Postcode	642561
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	COLLISION - CROSS JUNCTION
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	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT J/20190107/7028

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OPS MANAGER 96807527/65095066 (YULUN)
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9407K
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 NUR IMAN BIN ABIDIN

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBM4585K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

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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: 14/1/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

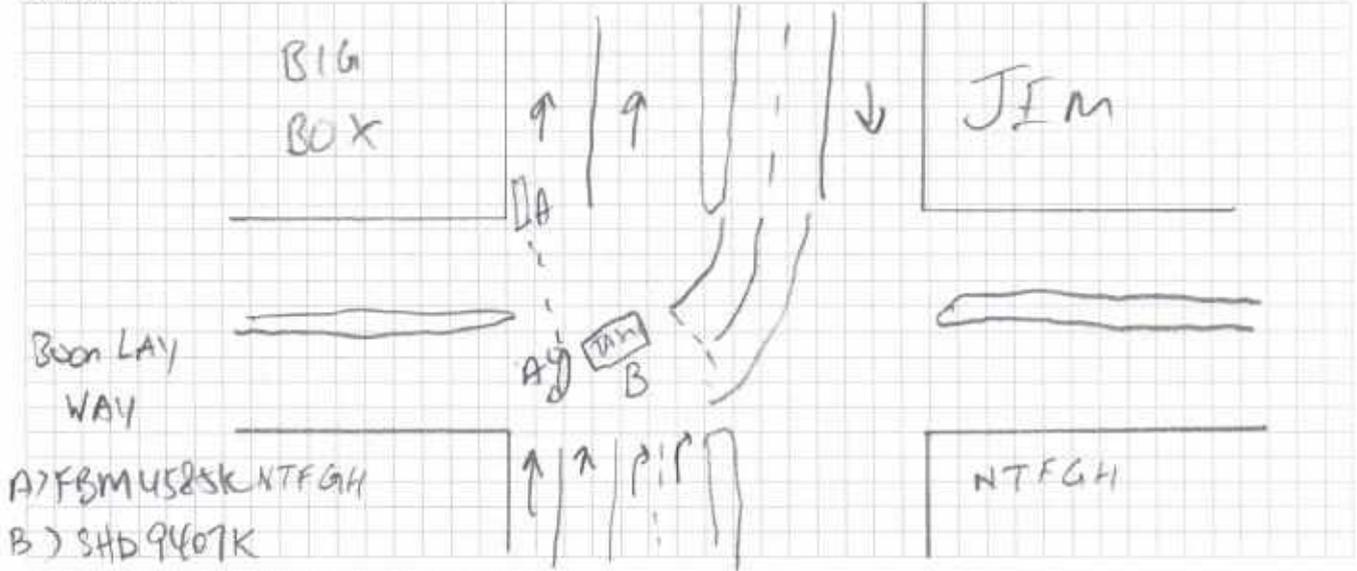
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

JURONG GATEWAY ROAD

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
5/20190107/2028*

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 14/1/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 14/01/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]



POLICE REPORT (NP299)

Report No. J/20190107/7028

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 07/01/2019 18:29	Vide Report No.	Station Diary No.
Name Of Informant NUR IMAN BIN ABIDIN	Address APT BLK 561B JURONG WEST STREET 42 #10-1159 SINGAPORE 642561	
ID Type / ID No. NRIC NO / S8820318F	Contact No. Home/Office:	Mobile: 81027362
Nationality SINGAPORE CITIZEN	Email Address nur.iman.abidin@gmail.com	
Occupation SECURITY SUPERVISOR	Sex Male	Age 30
Institution/School Name	Date of Birth 15/06/1988	Race Malay
Date/Time Of Incident 07/01/2019 11:55 - 07/01/2019 12:15	Language English	
	Location Of Incident APT BLK 561B JURONG WEST STREET 42 #10-1159 SINGAPORE 642561	

Brief details.

Ref no.: D/20190107/0059

I, owner of vehicle FBM4585K, would like to report on a RTA which happens on the stated date and time. I was traveling on my vehicle alone on Jurong Gateway Rd towards Big Box. When I was about to approach the cross junction between Jurong Gateway Rd and Boon Lay Way, I noticed a red Transcab Taxi reg. plate SHD9407K was moving forward to make a right turn without taking notice that I am

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2019 18:29
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190107/7028

approaching towards its direction. I squeezed my front brake lever and swerved to the left to avoid contact with the taxi. Subsequently, i lost control of my vehicle, flung forward, rolled until a complete stop. I was lying flat on the road in a daze.

Moments later, i heard an ambulance siren nearby and the paramedics attended to me. Soon after, there was a male Chinese, claiming to be the mention taxi driver, approached me and asked of my well-being. The Paramedic namely Khalisah, from Unistrong Technology mentioned that she witnessed the accident and her team responded immediately. I did not manage to exchange particulars as paramedics advised me not to move to prevent further injury. I was then conveyed to Ng Teng Fong Hospital by the ambulance. After assessment by doctors, i was discharged and given MC from 07/01/2019 till 11/01/2019.

Subjects Involved			
Suspect			
Person Name	Unable to furnish		
Gender	Male	Race	Chinese
Language	English	Occupation	Taxi driver
Relation To Informant	Nil		
Victim			
Person Name	NUR IMAN BIN ABIDIN		
ID Type	NRIC NO	ID No	S8820318F
Gender	Male	Age	30
Race	Malay	Language	English

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2019 18:29
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20190107/7028

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190107/7028

Occupation	SECURITY SUPERVISOR	Address Type	
Address	APT BLK 561B JURONG WEST STREET 42 #10-1159 SINGAPORE 642561	Mobile No	81027362
Is Informant A Victim?	Yes		
Person Name	NUR IMAN BIN ABIDIN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

07/01/2019 18:29

Classification Of Case:

Claim Handling

Accident MT/1027694

Policy No.	509615017-01	Vehicle No.	FBM456SK	GST Registration No.	
Certificate No.					
Policyholder Name	NUR IMAN BIN ABIDIN			Policyholder NRIC	S882031BF
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	81027362	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	14/01/2019 16:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	07/01/2019	Time of Accident hh:mm	11:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	+JUNCTION OF JURONG GATEWAY RD/BOON LAY WAY				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification history			

Policyholder Mailing Address

Address 1	BLK 561B #10-115B	Address 2	JURONG WEST STREET 42	Address 3	SPRING HAVEN @ JURONG
Address 4	SINGAPORE 642561	Address Type	Singapore address	Post Code	642561
Unit No.	10-115	Related Policy Number	509615017-01		

DI Driver Info

Driver Name	NUR IMAN B ABIDIN	Driver Type	Main Driver	Driver DOB	15/06/1988
Unnamed driver Name		Driver NRIC	S882031BF	Driving Experience	10
Register Date of Driver License	14/05/2006	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)	81027362	Contact No.(Office)		Address 1	BLK 561B #10-115B
Address 1	BLK 561B #10-115B	Address 2	JURONG WEST STREET 42	Address 3	SPRING HAVEN @ JURONG
Address 4	SINGAPORE 642561	Address Type	Singapore address	Post Code	642561
Unit No.	10-115				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	FBM456SK	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NUR IMAN BIN ABIDIN	Insured NRIC	S882031BF	
Contact No.(Mobile)	81027362	Contact No. (Home)	87938626	Contact No. (Office)		
Email Address		DI Vehicle Number	FBM456SK	TP Vehicle Number	SHD94	
Claim Description	FBM456SK / SHD9407R ON 7 Jan 2019				Name of Preferred Workshop	
Preferred Workshop Finalisation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Insured Liability	Not at Fault	GIA report	Received	
Date Registered	14/01/2019 16:57	Claim Close Date		Date Received	14/01/2019	
Report Taken By	ROSLI WAHAB					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1027694	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	14/01/2019 17:07
Path *		Category *	Confidential
Urgency *	Normal	Decd	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Hi
NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jan 2019 17:07		NRIC/ Driving License	Normal	NRIC/ Driving License 2015-1-14	

ACCIDENT STATEMENT

ACCIDENT DATE: (07, 01, 2019) (DD/MM/YYYY), TIME: (11:55) (HH:MM)

LOCATION: Junction of Surau Highway Rd / Bagan Layan way

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 4585K
b) INSURANCE COMPANY: M74C
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: CB 450X
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: MUR IMAN BIN ABIDIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 81027362
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: A2 ABUHA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (15, July 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30/06/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Jurnal

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 8HD 9407K MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = nur.iman.abidin@gmail.com

VIDEO: Yes

PA 411 / SKV363H
36334

650950660 | 96807527 YULUN

OPS MANAGER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO **S8820318F**



Name

NUR IMAN BIN ABIDIN

Race

MALAY

Date of birth

15-06-1988

Country/place of birth

SINGAPORE

Sex

M



6031716



NRIC No **S8820318F**



Date of issue

26-09-2018

Address

**APT BLK 561B JURONG WEST STREET 42
#10-1159
SINGAPORE 642561**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	14 May 2008
Class 2A	Motorcycles between 201 cc and 400 cc	30 Jun 2009
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	24 May 2007

NP 428A



Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text"/>
Vehicle No.(For Motor)	FBM4585K	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5096151017-01		NUR IMAN BIN ABIDIN	S8820318F	GMC	Third Party, Fire & Theft	FBM4585K	FBM4585K	22/11/2018	21/11/2019

Continue