

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	21/01/2019 17:29
Date Of Accident	17/01/2019 09:50
Exact Location Of Accident	ALONG GUL WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4850E
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	MOHAMMED FAIZAL BIN MOHAMMED AMIN
NRIC No	S8802805H
Email Address	FAIZALAMIN24@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90011574
Alternative Phone No	OFFICE-90011574

Vehicle Particulars

Manufacturer	KTM
Model	390 DUKE-390CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	5073852922-03
Cover Note Number	

Driver

Name of Driver	MOHAMMED FAIZAL BIN MOHAMMED AMIN
NRIC No	S8802805H
Date Of Birth	24/01/1988
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90011574
Fax Number	
Contact Number	OFFICE-90011574
EEmail Address	FAIZALAMIN24@GMAIL.COM

Address	BLK 417A FERNVALE LINK #03-174
Postcode	791417
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 - MAJOR/MINOR RD
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 WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190120/2122

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	GBH9369L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG SIOW WEE
NRIC/Passport Number	S6918984I
Contact Number	90037706
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHAMMED FAIZAL BIN MOHAMMED AMIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK4850E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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. 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: 21/01/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

GUL WAY

B3

B2

B1

A1

X

A) FBK 4850E

B) GBH 93692

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT
1/90/20/2122

DECLARATION

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

Policyholder's Signature

Date & Time: 21/01/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190120/2122

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No. T/20190120/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2019 21:10		Vide Report No.: J/20190118/2116		Station Diary No.: 141	
Informant's Particulars					
Name of Informant: MOHAMMED FAIZAL BIN MOHAMMED AMIN			Address: APT BLK 417A FERNVALE LINK #03-174 SINGAPORE 791417		
ID Type / ID No.: NRIC NO / S8802805H			Contact No.: Home/Office: Mobile: 90011574		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 24/01/1988	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: SERVICE TECHNICIAN			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/01/2019 09:50	Type of Location: Straight Road
Location: Along Road 1 GUL WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4850E	Motorcycle	KTM	RC390 ABS	White		0
GBH9369L	Lorry	TOYOTA	HIACE VAN TURBO 5DR MT	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190120/2122

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 4

Report No. T/20190120/2122

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK4850E	NTUC Income Insurance Co-Operative Limited	5073852922-03	15/09/2018	14/09/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMED FAIZAL BIN MOHAMMED AMIN	ID No.	S8802805H
Related Vehicle	FBK4850E (Motorcycle)	Contact No.	90011574
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	17/01/2019	Date Discharge	18/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	CHONG SIOW WEE	ID No.	S6918984I
Related Vehicle	GBH9369L (Lorry)	Contact No.	90037706
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.

I wish to make further amendments regarding the previous report that I lodged:

On the above mentioned date and location,

I was riding my bike along the straight road of Gul Way, on the Lane 1 of 2. Trailer was parked along the roadside on lane 2. As I was going straight, suddenly a grey colored van came from my left hand side. The van was coming out from a building and made a turn to the opposite lane.

I sustained injuries and called the ambulance to the accident spot.

Meanwhile, I spoke to the driver and exchange particulars and contact details. According to the driver, he said that he checked out for vehicles behind the trailer, and made the turn when it was clear.

My bike is damaged and was towed by traffic police. I wish to state that I had the right of way at the time

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190120/2122

3 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190120/2122

CONTINUATION OF REPORT

of accident.

That's all.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190120/2122

4 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190120/2122

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:

J /

Sgt 1 IBRAHIM BIN ROSLI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID
Contact No.: 65476247

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
20/01/2019 21:10

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



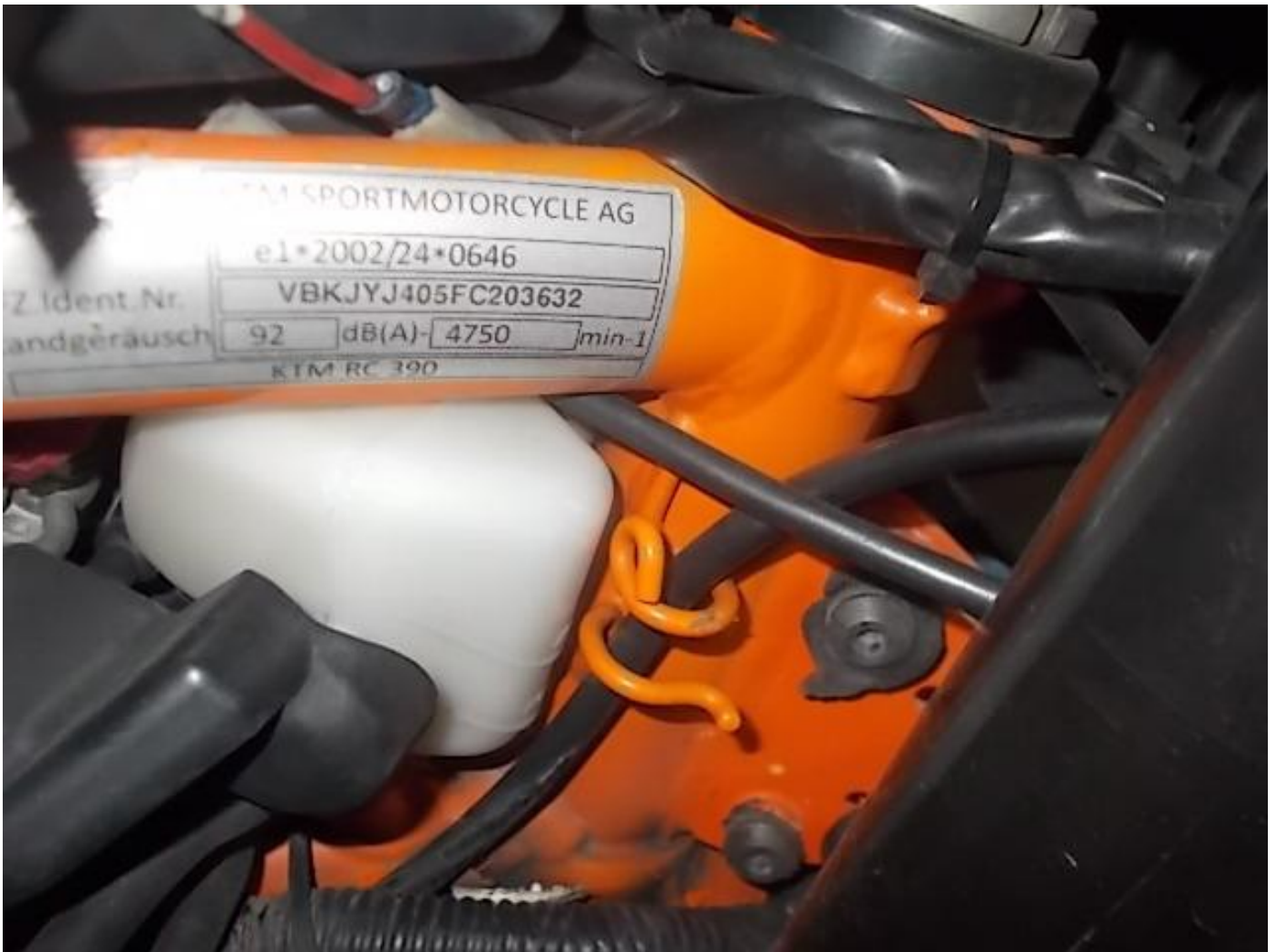
Accident Photo



Accident Photo



Accident Photo



Accident Photo

