

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 ability.
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 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	07/12/2017 10:52
Date Of Accident	03/12/2017 20:45
Exact Location Of Accident	STADIUM BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV4606P
Insured/Policyholder	
Name Of Registered Owner	SYED MUSA BIN SYED HUSSIN
NRIC No	S9220053A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98634000
Alternative Phone No	OTHERS-98634000

Vehicle Particulars

Manufacturer	KAWASAKI
Model	KRRZX150
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5081652703-01
Cover Note Number	

Driver

Name of Driver	SYED MUSA BIN SYED HUSSIN
NRIC No	S9220053A
Date Of Birth	19/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	05/02/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98634000
Fax Number	
Contact Number	OTHERS-98634000
EEmail Address	NOEMAIL

Address	BLK 134 BEDOK NORTH STREET 2 #08-103
Postcode	460134
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
Was any body injured in the Accident?	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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

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	SLN8765H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	SYED MUSA BIN SYED HUSSIN
Approximate Age	
Injuries Sustain	LEFT KNEE SWOLLEN / ANKLE SWOLLEN / NECK
Injured person in which vehicle?	FV4606P
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN


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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

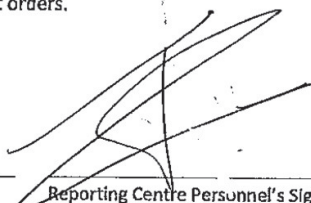
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

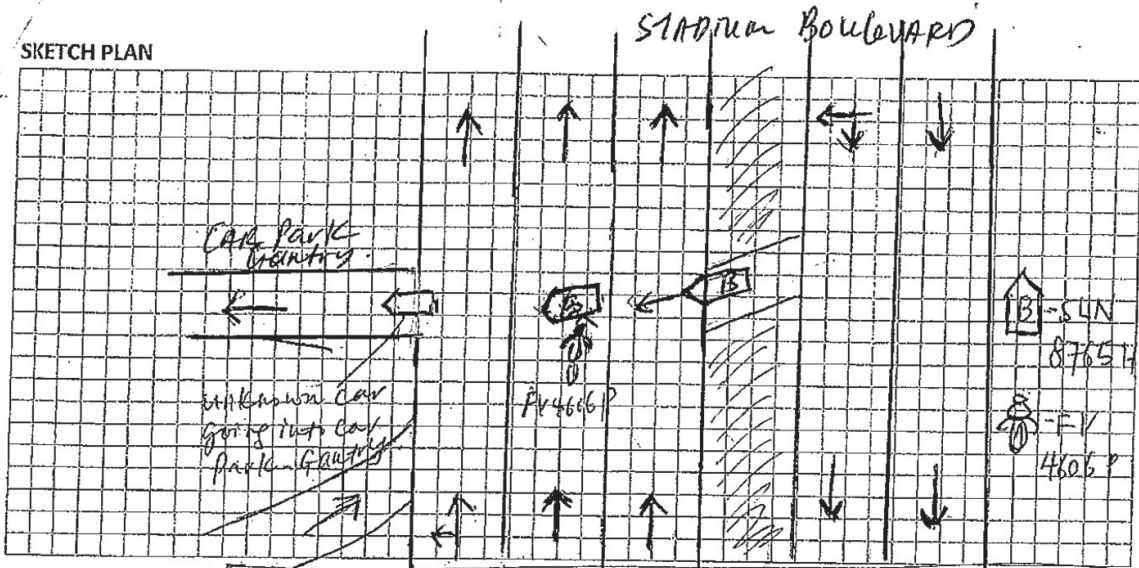


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Mount Batten Road

Report police Report no: 7/2017/205/2094

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171205/2094

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20171205/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2017 15:25		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: syed musa bin syed hussin			Address: APT BLK 134 BEDOK NTH ST 2 #08-103 HDB-BEDOK SINGAPORE 460134		
ID Type / ID No.: NRIC NO / S9220053A			Contact No.: Home/Office: Mobile: 98634000		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 19/05/1992	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/12/2017 20:45	Type of Location: Straight Road
Location: Along Road 1 STADIUM BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FV4606P	Motorcycle	KAWASAKI	KRRZX150	Silver	Seriously Damaged	0
SLN8765H	Car	MERCEDES BENZ	E 200CGI	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV4606P	NTUC Income Insurance Co-Operative Limited	5081652703-01	01/09/2017	31/08/2018

Accident Sketch Plan Pg. 1



**SINGAPORE
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T/20171205/2094

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20171205/2094

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	syed musa bin syed hussin	ID No.	S9220053A
Related Vehicle	FV4606P (Motorcycle)	Contact No.	98634000
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	03/12/2017	Date Discharge	04/12/2017
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

on 03/12/2017 at about 2045hrs i was travelling along stadium boulevard, when approached the junction near to the carpark entrance to the kfc, there was car which made a right turn from my opposite direction into the carpark. the car was supposed to give in for vehicles going straight from my way. however he made the right turn into the carpark but eventually never made the full turn into the lane and was in the middle of the road. as i approached the car i couldn't stop in time and tried to prevent collision by swerving by my right side by eventually i didn't have enough time even though i applied e-brakeing and had collided on the rear left hand side of the car. however the car driver had tried to flee away after the accident bu the passer-by had helped me to hold him back. the traffic police and ambulance were at scene. i was then conveyed to tan tock seng hospital.



**SINGAPORE
POLICE FORCE**



T/20171205/2094

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Report No. T/20171205/2094



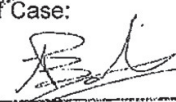

CONTINUATION OF REPORT

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: TP / BALAN S/O RAMIAH
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT /
Contact No.:

Signature Of Informant: 
Date/Time: 05/12/2017 15:25  SINGAPORE POLICE FORCE
Classification Of Case: 
Signature: 

Authentication Stamp
NP168