

## 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	22/01/2019 12:49
Date Of Accident	21/01/2019 23:50
Exact Location Of Accident	165 UPP PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU2988E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHAREM BIN AZIZ
NRIC No	S9232030H
Email Address	OMSHAREMKUN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85697957
Alternative Phone No	OTHERS-85697957

### Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ 135
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	5081097748-02
Cover Note Number	

### Driver

Name of Driver	SHAREM BIN AZIZ
NRIC No	S9232030H
Date Of Birth	20/08/1992
Occupation	INDOOR
Date Of Driving Pass	27/04/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85697957
Fax Number	
Contact Number	OTHERS-85697957
E Mail Address	OMSHAREMKUN@GMAIL.COM

Address	BLK 180A RIVERVALE CRESCENT #02-335
Postcode	541180
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 PARKED VEHICLE
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	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	<b>ROAD:</b> BLK 54 PIPIT ROAD #01-82/84 , <b>POSTCODE:</b> 370054 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7449999 - <b>FAX NO:</b> 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:G/20190122/2056 PLS REFER TO THE NEW POLICE REPORT:T/20190214/7007

#### 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	SKB8150G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

# 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.

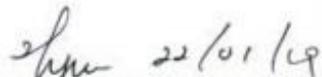
### 8. Consent under the Personal Data Protection Act (PDPA)

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.

 22/01/2019  
Policyholder's Signature  
Date & Time:

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

 22/01/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





Individual Statement



**SINGAPORE  
POLICE FORCE**



G/20190122/2056

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190122/2056

at about 10.30am. Both of us agreed to it and we left the place.

On 22/01/2019 at about 10.30am, I met the yellow car driver with HP: 81631354 but I did not know his name at the above mentioned workshop. The mechanic then told me that the cost of repair for my motorbike was expensive and suggested to me to claim through my insurance company. While the yellow driver was calling his insurance company to report about the matter, I went to Vicom (Kaki Bukit). I will like to add that I did ask the yellow car's driver name but he told me that I only need his vehicle number and do not need his name. Upon arrival at Vicom, I was advised by the staff to lodge a Police report about the matter. As such I am lodging this report for my own record purposes and for my insurance claim.

Signature Of Officer Recording The Report: G / Sgt 3 MOHAMED KAMAL BIN AZIZ
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp YEE KOK KEEN Contact No.: 62447134

Signature Of Informant: 
Date/Time: 22/01/2019 12:31
Classification Of Case:

Authentication Stamp

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190214/7007

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

2 of 4

Report No. T/20190214/7007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHAREM BIN AZIZ	ID No.	S9232030H
Related Vehicle	FU2988E (Motorcycle)	Contact No.	85697957
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	refuse to provide	ID No.	NIL
Related Vehicle	SKB8150G (Car)	Contact No.	81631354
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.

Initially, I went to VICOM @ Kaki Bukit, intend to make an insurance report, as I was unable to get and provide the third party's details, they advised me to make a TP report.

Previous report no G/20190122/2056 details of, some of the time and date were wrong.

On 21 Jan 2019, at about 2350hrs, I parked my motorbike FU2988E along 165 Upper Paya Lebar Road, and went to buy food. As I was buying my food, I could see a yellow car SKB8150G was reversing and hit on to the right side of my motorbike. My motorbike fell to the ground on the right side. I was about 5 meters away from my motorbike when the incident happened. I then walked over to my motorbike and a male Chinese driver about in the 30s, came out from the yellow car. He informed that he will like to settle the matter privately and he will bring me to his workshop located at 10 Kaki Bukit Road 2 named BikeWorks on 22 Jan 2019 at about 1030hrs. Both of us agreed to it and we left the accident scene. He refused to provide his nric, and his name, and only gave me his hp number = 81631354.

On 22 Jan 2019, at 1030hrs, I met the yellow car driver at BikeWorks, his mechanic then told me that the cost of repair for my motorbike in going to be very expensive and suggested to me to claim through insurance. While the yellow driver was calling his insurance company to report about this matter, I went to VICOM @ Kaki Bukit. I did called the yellow car driver for his name and nric number, but he refused to provide and mentioned only need his car plate number can do the report, and on the other hand VICOM staff requested me to make a police report first.

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190214/7007

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

3 of 4

Report No. T/20190214/7007

CONTINUATION OF REPORT

After I made the Police Report, I went to NTUC Income Reporting centre @ Ubi to submit the insurance report.

Accident Photo



Accident Photo



Accident Photo



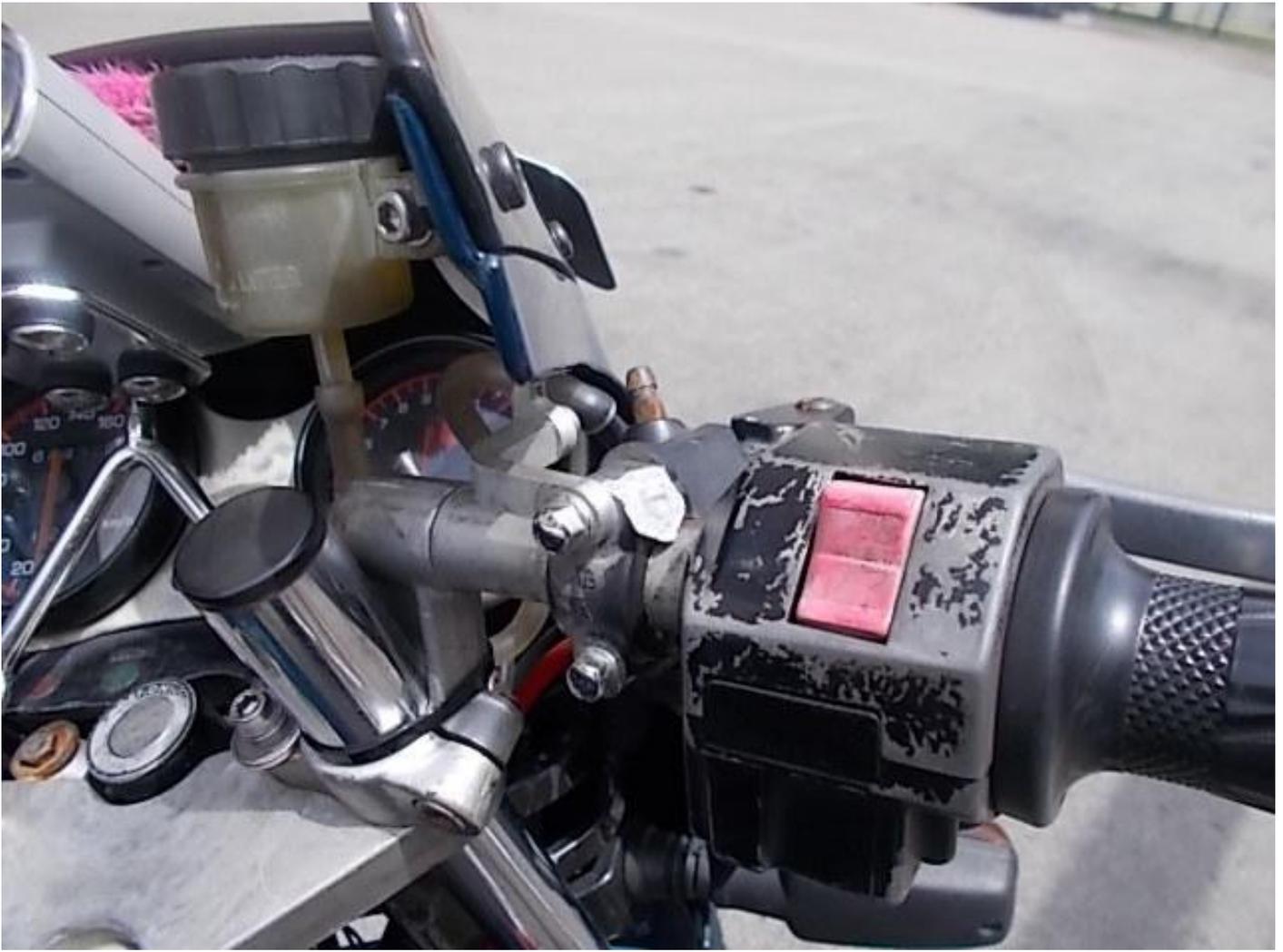
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





**Police Report**



**SINGAPORE  
POLICE FORCE**



T201902147007

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

2 of 4  
Report No. T201902147007

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SHAREM BIN AZIZ	ID No.	S9232030H
Related Vehicle	FU2988E (Motorcycle)	Contact No.	85897957
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	refuse to provide	ID No.	NIL
Related Vehicle	SKR8150G (Car)	Contact No.	81631354
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:

Initially, I went to VICOM @ Kaki Bukit, intend to make an insurance report, as I was unable to get and provide the third party's details, they advised me to make a TP report.  
Previous report no G/20190122/2056 details of, some of the time and date were wrong.

On 21 Jan 2019, at about 2350hrs, I parked my motorbike FU2988E along 165 Upper Paya Lebar Road, and went to buy food. As I was buying my food, I could see a yellow car SKR8150G was reversing and hit on to the right side of my motorbike. My motorbike fell to the ground on the right side. I was about 5 meters away from my motorbike when the incident happened. I then walked over to my motorbike and a male Chinese driver about in the 30s, came out from the yellow car. He informed that he will like to settle the matter privately and he will bring me to his workshop located at 10 Kaki Bukit Road 2 named BikeWorks on 22 Jan 2019 at about 1030hrs. Both of us agreed to it and we left the accident scene. He refused to provide his nric and his name, and only gave me his hp number = 81631354.

On 22 Jan 2019, at 1030hrs, I met the yellow car driver at BikeWorks, his mechanic then told me that the cost of repair for my motorbike is going to be very expensive and suggested to me to claim through insurance. While the yellow driver was calling his insurance company to report about this matter, I went to VICOM @ Kaki Bukit. I did called the yellow car driver for his name and nric number, but he refused to provide and mentioned only need his car plate number can do the report, and on the other hand VICOM staff requested me to make a police report first.

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20190214/7007

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

3 of 4

Report No. T/20190214/7007

**CONTINUATION OF REPORT**

After I made the Police Report, I went to NTUC Income Reporting centre @ Ubi to submit the insurance report.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20190214/7007

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

4 of 4

Report No: T/20190214/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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:  
14/02/2019 13:35

Officer In Charge Of Case:  
TP / TP1B /  
TAN JEOK LENG  
Contact No : 65476144

Classification Of Case:

Authentication Stamp  
NP100

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNH119010449 Vehicle Registration No: FU 2988E
Name(as shown in NRIC): SHAREM BIN AZIZ NRIC/FIN/Passport No: S9232030H
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : BLK 180A RIVERVALE CRESCENT #02-335 Singapore( 541180 )
Contact (Tel) : Mobile No.: 85697957
Email Address : @MISHAREMKUN@GMAIL.COM.
Date of Accident : 21 JAN 19 Time of Accident: 11:50
Place of Accident : 165 UPP PAYA LEBAR RD.
Insurance Company: NINE.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- 1. Add TP REPORT.
2. TIME OF ACCIDENT = 2350H.
[Remaining lines are crossed out with a diagonal line]

Signature of Policyholder / Driver's Signature
Date:

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