

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	17/01/2019 10:22
Date Of Accident	16/01/2019 19:45
Exact Location Of Accident	JUNCTION OF TIONG BAHRU ROAD AND HENDERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD1202H
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAIZAL BIN SUNUSI
NRIC No	S8837490H
Email Address	FAIZAL3000@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97998530
Alternative Phone No	OTHERS-97998530

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC
Exact Purpose for which vehicle was being used at time of accident	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
Fleet Policy	NO
Policy Number	5078313126-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAIZAL BIN SUNUSI
NRIC No	S8837490H
Date Of Birth	05/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	31/08/2011
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97998530
Fax Number	
Contact Number	OTHERS-97998530
Email Address	FAIZAL3000@HOTMAIL.COM

Address	BLK79 INDUS ROAD #05-455
Postcode	161079
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 - HEAD TO REAR
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AT ABOUT 1945PM ON 16 JANUARY 2019, I AM RIDING MY MOTORCYCLE VEHICLE FBD1202H ALONG TIONG BAHRU ROAD HEADING TOWARDS HENDERSON ROAD DURING MY FOOD DELIVERY SERVICES ,HONESTBEE DELIVERY, APPROCHING THE FOUR JUNCTION OF THE TIONG BAHRU ROAD , I STOPPED AT THE STOP LINE AS THE RED LIGHT SIGN FLASH . UPON WAITING FOR THE GREEN LIGHT ,I BEGIN TO SIGNAL TO MAKE A RIGHT TURN AS THE LANE THAT I AM RIDING IS A TWO ARROW INDICATION OF GOING STRAIGHT AND TURNING RIGHT .OMCE THE GREEN LIGHT FLASHES , I BEGAN TO INCH MY BIKE SLOWLY TO THE FRONT TO CHECK FOR TRAFFIC CLEARANCE BEFORE MAKING A RIGHT TURN SAFELY. BEFORE I COULD MANAGE TO TURN TO RIGHT , VEHICLE NUMBER SGH3433P HIT ON MY REAR MOTORCYCLE CAUSING ME TO LOSE BALANCE AND FALL ONTO MY RIGHT SIDE . I WAS SHOCKED BUT AT THE SAME TIME MANAGE TO BRING MYSELF UP AND COME TO TALK TO THE DRIVER TO RESOLVE THE ISSUE.

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	SGH3433P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YIP PEK KHUAN
NRIC/Passport Number	S1435358E
Contact Number	96389136
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.


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.:

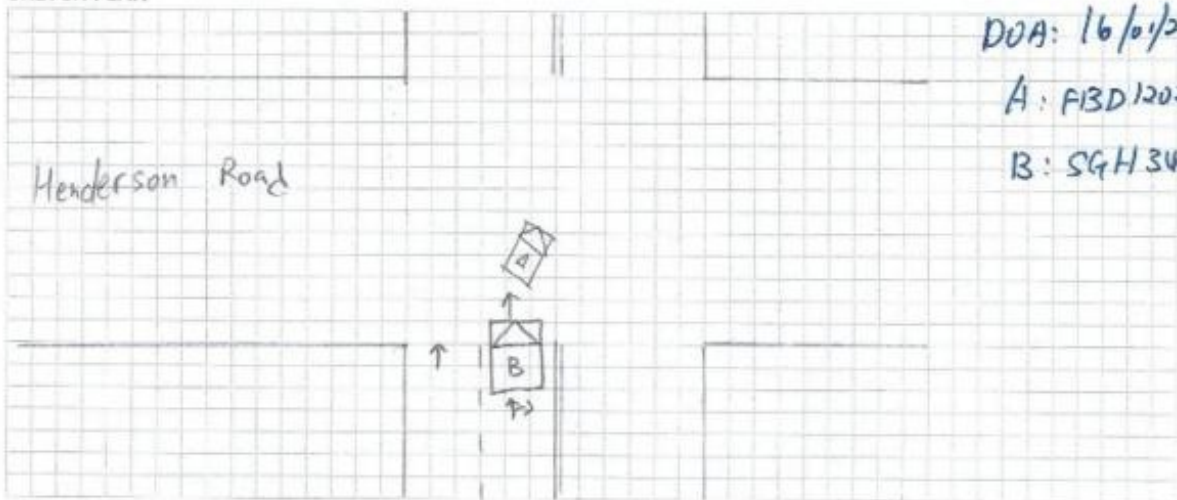


 10 AM
17/1/2019

Accident Sketch Plan

Tiong Bahru Road

SKETCH PLAN



DOA: 16/01/2019

A: F3D1202H

B: SGH3433P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 1945pm on 16th January 2019, I am riding my motorcycle vehicle F80R2QH along Tiong Bahru road heading towards Henderson road during my Food delivery services, Harvest Beer delivery.

Approaching the four junction of the Tiong Bahru road, I stopped at the stop line as the red light for Sign appear flash. Upon waiting for the green light, I begin to signal to make a right turn as the lane that I am riding is a two arrow indication of going straight and turning right. Once the green light flashes, I began to inch my bike slowly to the front to check for traffic clearance before making a right turn safely.

~~Upon turning~~ Before I could manage to turn to right, vehicle number SGH3433P hit on my rear motorcycle causing me to lose balance and fall onto my right side. I was shocked but at the same time manage to bring myself up and come to talk to the driver to resolve the issue.

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: ANDY
NRIC/FIN No.:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

