

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	31/01/2019 17:53
Date Of Accident	29/01/2019 20:45
Exact Location Of Accident	ALONG YUAN CHING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF7949L
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	UMAIRAHZAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93589912
Alternative Phone No	OFFICE-93589912

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
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
Fleet Policy	NO
Policy Number	5100726122
Cover Note Number	

Driver

Name of Driver	UMAIR BIN AHZAMSHAH
NRIC No	T0005259G
Date Of Birth	11/02/2000
Occupation	INDOOR
Date Of Driving Pass	31/12/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93589912
Fax Number	
Contact Number	OTHERS-93589912
Email Address	UMAIRAHZAM@GMAIL.COM

Address	BLK 140A CORPORATION DRIVE #15-24
Postcode	611140
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	NAME: : MUHAMMAD BIN AHZAMSHAH GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 158 YUNG LOH ROAD , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2659999 - FAX NO: 62664987
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190130/2088

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	SMD6345R
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUGAWARA HIRO YUKI
NRIC/Passport Number	G3494521M
Contact Number	96435298

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	UMAIR BIN AHZAMSHAH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBF7949L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

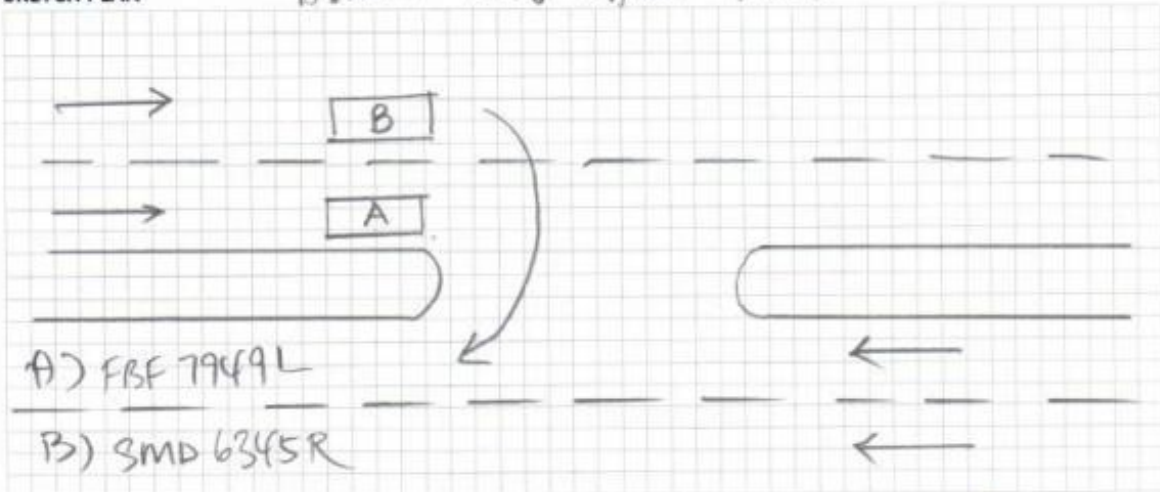

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31/1/2019 4:37 P.M.


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

Common Statement

SKETCH PLAN

Along Yuen Chai Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20/2019/2018

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: 31/1/2019 4:37 P.M.

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190130/2088

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

1 of 3

Report No. T/20190130/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2019 14:03	Vide Report No.: J/20190129/0126	Station Diary No.: 29
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Informant's Particulars			
Name of Informant: UMAIR BIN AHZAMSHAH		Address: APT BLK 140A CORPORATION DRIVE #15-24 SINGAPORE 611140	
ID Type / ID No.: NRIC NO / T0005259G		Contact No.: Home/Office: Mobile: 93589912	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 18	Date of Birth: 11/02/2000	Type of Informant: Rider
Race: Boyanese		Language:	Institution / School Name:
Occupation: STUDENT		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: 29/01/2019 20:45	Type of Location: Straight Road
Location: Along Road 1 YUAN CHING ROAD 1 YUAN CHING ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF7949L	Motorcycle	YANMAR	FZ 16	Red	Seriously Damaged	1
SMD6345R	Car	NISSAN	SYLPHY 1.6 CVT	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20190130/2088

CONTINUATION OF REPORT

Rider			
Name	UMAIR BIN AHZAMSHAH		ID No. T0005259G
Related Vehicle	NIL		Contact No. 93589912
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SUGAWARA HIROYUKI		ID No. G3494521M
Related Vehicle	NIL		Contact No. 96435298
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.

On the 29/01/2019 at about 2045hrs, I was riding on my motorcycle (FBF7949L) with my brother sitting at the rear along Yuan Ching Road on the first lane. There was one vehicle (SMD6345R) travelling at the second lane and he signalled to the left. Suddenly, he made a right turn towards the U-turn point and collided onto my motorcycle.

Presence of both Traffic Police and Ambulance. I was conveyed by the ambulance to Ng Teng Fong Hospital and was given three days of MC. I was diagnosed with some abrasions on my right knee and right elbow. My brother was not injured.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190130/2088

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Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20190130/2088

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 LIM JUNJIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

SN 124

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

30/01/2019 14:03

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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
UENI 3485500200 / 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: MIA49015063 Vehicle Registration No: FBF 7949L
Name (as shown in NRIC): UMAIR BIN AHZAM SHAH NRIC/FIN/Passport No: T0005259 G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 93589912
Email Address: _____
Date of Accident: 29/01/2019 Time of Accident: 20:45
Place of Accident: ALONG YUAN CHING ROAD
Insurance Company: NMC

(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:

POLICE REPORT NUMBER 20 7/2019/0130/2088

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rashid WARDAN
NRIC/FIN No:
Date: 22/01/2019