

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	15/02/2019 11:34
Date Of Accident	14/02/2019 06:30
Exact Location Of Accident	ANCHORPOINT SHOPPING CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7817H
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAIZAL BIN MOKHTAR
NRIC No	S8533097G
Email Address	NORMAN_HADI_46@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90667965
Alternative Phone No	OTHERS-83183101

Vehicle Particulars

Manufacturer	VESPA
Model	PRIMAVERA-155CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077544841-03
Cover Note Number	

Driver

Name of Driver	NORMAN HADI BIN MALAL
NRIC No	S8115694H
Date Of Birth	22/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	18/01/2000
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83183101
Fax Number	
Contact Number	OTHERS-90667965
EEmail Address	NORMAN_HADI_46@YAHOO.COM.SG

Address	BLK 306A PUNGGOL PLACE #02-205
Postcode	821306
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190214/2050

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Accident Sketch Plan

SKETCH PLAN

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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.

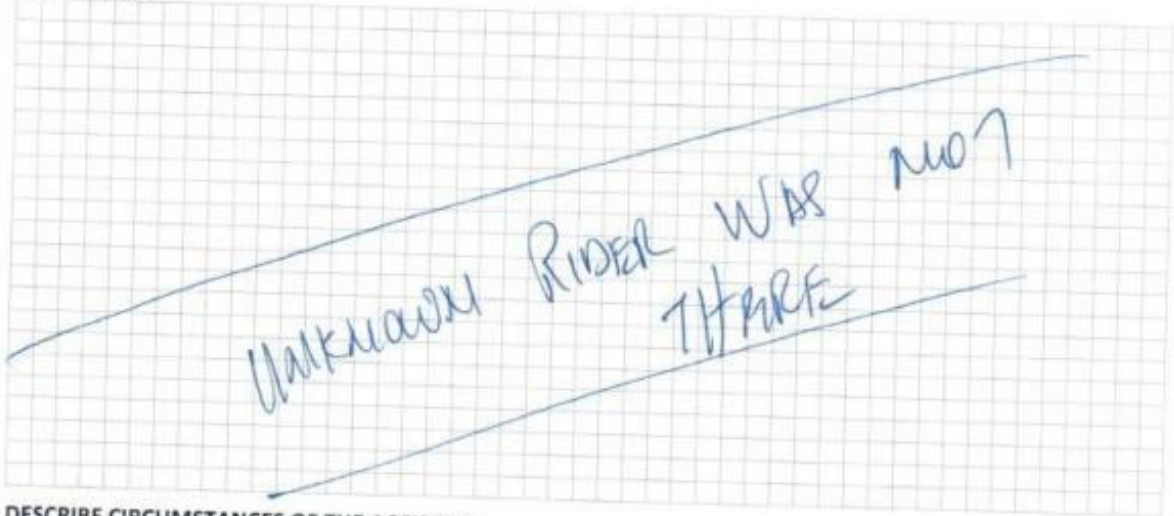
Policyholder's Signature
Date & Time:


15.2.2019
Driver's Signature
(If driver is not the policyholder)
Date & Time:


15/02/2019
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


PLS REFER TO POLICE REPORT
7/20190214/2050


DECLARATION

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

Policyholder's Signature
Date & Time:

GIA/SMC SketchPlanForm_V3

 15.2.2019
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 15/02/2019
Reporting Centre Personnel's Signature
Name: Rasdi Luthan
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190214/2050

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3

Report No: T/20190214/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2019 12:24		Vide Report No.:		Station Diary No.: 59	
Informant's Particulars					
Name of Informant: NORMAN HADI BIN MALAL			Address: APT BLK 306A PUNGGOL PLACE #11-37 SINGAPORE 821306		
ID Type / ID No.: NRIC NO / S8115694H			Contact No.: Home/Office: Mobile: 83183101		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 22/05/1981	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: PART TIMER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/02/2019 07:20	Type of Location: Loading Unloading Bay
Location: Along Road 1 ALEXANDRA ROAD 370 Alexandra Rd, Anchorpoint Shopping Centre, Loading Unloading Bay				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK7817H	Motorcycle	VESPA	PRIMAVERA 150	Black	Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



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T/20190214/2050

Police Station Of Origin:
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500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20190214/2050

CONTINUATION OF REPORT

Driver				
Name	NORMAN HADI BIN MALAL		ID No.	S8115694H
Related Vehicle	FBK7817H (Motorcycle)		Contact No.	83183101
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

Brief Details.

On 14/02/2019 at around 0640hrs, I had parked my Vespa (FBK7817H) beside one of the pillars at Anchorpoint Shopping Centre loading and unloading bay and proceeded for my Part time work. At this point in time, there were no damages on the front of the bike.

At around 0650hrs, I then came back to my bike and rode back to my place of residence. When I had arrived at my residency, I realized that the right front side of the bike had a dent, scratches as well as a broken signal light. I then called Anchorpoint Shopping Centre Security and they informed that there was CCTV coverage of the area. When asked if I could view, they informed that the security officer in charge of the CCTV was on course and will only be back on the 17/02/2019.

I am unaware of the cost of getting a replacement, I am certain that the damage was done at the said location as when I had parked my bike, the bike head was facing me and I did not find any abnormalities.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190214/2050

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Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20190214/2050

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: D / Sgt 2 HOWARDY DJAJA PUTRA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/02/2019 12:24
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authentication Stamp NP168	

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
UEN: S665500200 / GST Reg. No: M400017731

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 : MAY 60244 Vehicle Registration No: FBX 7817 H
Name (as shown in NRIC) : Norman Hadi Bin Mamat NRIC/FIN/Passport No : S 81156944
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 306 H Punggol Place Singapore (82306)
Contact (Tel) : - Mobile No. : 83183101
Email Address : norman-hadi-46@yahoo.com.sg
Date of Accident : 14/02/2017 Time of Accident : 06:30
Place of Accident : Anchorpoint Shopping Ctr
Insurance Company : NTUC

(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:

Change to Third Party Claim

[Signature] 7.4.2017
Policyholder / Driver's Signature
Date:

[Signature] 09/04/2017
Reporting Centre Personnel's Signature
Name: Rishi Kumar
NRIC/FIN No.:
Date: