

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	27/02/2019 09:23
Date Of Accident	10/12/2018 02:30
Exact Location Of Accident	ALONG JALAN BAHAR TOWARDS CORPORATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9875G
Insured/Policyholder	
Name Of Registered Owner	AIDIL SUFYAN BIN ABDULLAH
NRIC No	S9942876G
Email Address	AIDILSUFYAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96706679
Alternative Phone No	OTHERS-96706679

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (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	5095684848
Cover Note Number	

Driver

Name of Driver	AIDIL SUFYAN BIN ABDULLAH
NRIC No	S9942876G
Date Of Birth	23/04/1999
Occupation	INDOOR
Date Of Driving Pass	31/10/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96706679
Fax Number	
Contact Number	OTHERS-96706679
EEmail Address	AIDILSUFYAN@GMAIL.COM

Address	BLK 843 JURONG WEST STREET 81 #15-175
Postcode	640843
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 - CROSS JUNCTION
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: : AFIFAH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181211/2104

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	SJR2907H
Vehicle Make/Model/Colour	TOYOTA VIOS E AUTO
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)

DETAILS OF INJURED PERSON 1

Name AIDIL SUFYAN BIN ABDULLAH
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBJ9875G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name AFIFAH
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBJ9875G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

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: 25/02/19 2:16PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

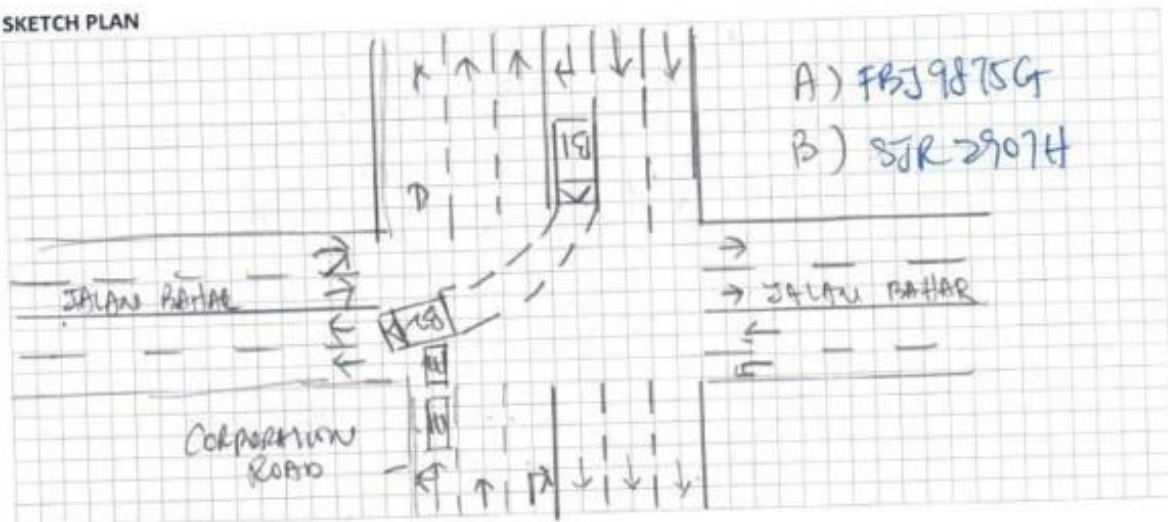
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20/8 1211/2104

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 25/6/18 2:46PM

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

27/02/2019
 Reporting Centre Personnel's Signature
 Name: *Rosliah*
 NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181211/2104

1 of 3

Report No. T/20181211/2104

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2018 17:12	Vide Report No.:	Station Diary No.: 151
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Informant's Particulars

Name of Informant: AIDIL SUFYAN BIN ABDULLAH	Address: APT BLK 843 JURONG WEST STREET 81 #15-175 SINGAPORE 640843		
ID Type / ID No.: NRIC NO / S9942876G	Contact No.:	Mobile: 96706679	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 19	Date of Birth: 23/04/1999	Type of Informant: Rider
Race: Malay	Language: English		Institution / School Name:
Occupation: OPERATION SUPERVISOR	Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/12/2018 02:30	Type of Location:
Location: Along Road 1 JALAN BAHAR				
Towards Corporation road.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ9875G	Motorcycle	YAMAHA	YZF-R15	Blue	Seriously Damaged	1
SJR2907H	Car	TOYOTA	VIOS E AUTO	Blue	Slightly Damaged	0

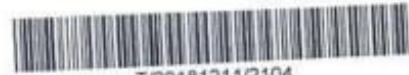
Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ9875G	NTUC Income Insurance Co-Operative Limited	5095684848	07/11/2017	19/01/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181211/2104

2 of 3

Report No. T/20181211/2104

Police Station Of Origin:

Nanyang N.P.C

2 Jurong West Avenue 5 SINGAPORE

649482

Tel No: 1800-7929999

CONTINUATION OF REPORT

Brief Details.

On 10/12/2018 at about 0230hrs, I was sending my friend namely, Afifah home to Senjar in my bike (FBJ9875G). However while travelling on Jurong west avenue 4, I noticed this car (SJR2907H) which was turning right towards Jalan bahar hesitating whether to move out or not. Thus I slowed down to observe whether is it safe for me to cross the cross junction. When I am reaching the cross junction, I realized that his car had already stopped and hence, I maintain my speed. Just when I am about to cross the junction, the driver of the car suddenly move out and I am unable to brake in time. I then collided to the side of the car and both Afifah and me flew out of our bike. I lost conscious for a few minutes and subsequently, an ambulance and traffic police came. After paramedics made a check on Afifah and me and conveyed both to Ng Teng Feng Hospital. I was then warded from about 0300hrs to 2200hrs. I was also given hospitalization leave from 10/12/2018 to 16/12/2018 and was told to return back to have a check up on my conditions. This is the first time such incident happened. I am lodging this report for insurance purposes.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181211/2104

3 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20181211/2104

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 2 NG JIA YI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/12/2018 17:12

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

SN 127

Authentication Stamp
NP168



Signature :

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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
UEN: S665500200 / GST Reg. No.: M450017731

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 : MA419077013 Vehicle Registration No: FBJ 9875G
Name (as shown in NRIC) : ADIL SUFYAN BIN ABU LATHIF NRIC/FIN/Passport No : S5942876G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 96706619
Email Address : _____
Date of Accident : 10/1/2019 Time of Accident : 02:30
Place of Accident : ALONG JALAN BINTAR TAMPILAS CORPUS MARI AOD
Insurance Company: ANUL

(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:

TIP VEHICLE NUMBER 20 S7H2807H

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Kaply Watson
NRIC/FIN No.:
Date: 13/3/2019