

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	01/03/2019 14:02
Date Of Accident	02/02/2019 08:20
Exact Location Of Accident	BLK 315 UBI AVE 1 CARPARK LOT NO 150 & 151
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA3763H
Insured/Policyholder	
Name Of Registered Owner	KHAMIS B ALI
NRIC No	S1146249I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97354313
Alternative Phone No	OTHERS-97354313

Vehicle Particulars

Manufacturer	SUZUKI
Model	-
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5049596139-07
Cover Note Number	

Driver

Name of Driver	KHAMIS B ALI
NRIC No	S1146249I
Date Of Birth	11/08/1955
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1976
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97354313
Fax Number	
Contact Number	OTHERS-97354313
Email Address	NOEMAIL

Address	BLK 315 UBI AVE 1 #03-413
Postcode	400315
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	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: G/20190301/2046

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	FBN5861B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

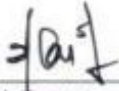
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8. Consent under the Personal Data Protection Act (PDPA)

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: 01/03/19

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

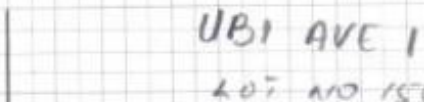
 01/03/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

UBI AVE 1 (OPP B
LOT NO 150/151

A- FBA3763H
B- FBN5861B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the police report: G/20190301/2046

DECLARATION

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

Policyholder's Signature _____

Date & Time:

01/03/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



G/20190301/2046

1 of 2

POLICE REPORT (NP299)


Report No. G/20190301/2046

Police Station Of Origin
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Date/Time Report Made 01/03/2019 12:41		Vide Report No.		Station Diary No. 64	
Name Of Informant KHAMIS BIN ALI		Address APT BLK 315 UBI AVENUE 1 #03-413 SINGAPORE 400315			
ID Type / ID No. NRIC NO / S1146249I		Contact No. Home/Office Mobile 97354313			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Taxi driver		Sex Male	Age 63	Date of Birth 11/08/1955	Race Malay
Institution/School Name		Language			
Date/Time Of Incident 08/02/2019 00:00		Location Of Incident 315 UBI AVENUE 1 KAMPONG UBI GREENVILLE SINGAPORE 400315 (CARPARK)			

Brief details.

On around 8 feb 2019 at around evening, I went to by motorbike to fix something when a unknown person told me that my motorbike had drop onto his motorbike in the parking lot but he did not tell me what his name or when it happen. I do not know when or how it had happen. I have never seen my bike is a drop position before. The unknown person told me that he will do a insurance claim against me. I was then told by my insurance to do a insurance report. I am doing this report for my insurance report

Signature Of Officer Recording The Report: G / Sgt 2 LING JUNXIAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/03/2019 12:41
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / SI QUEK HAN XIONG, DARREN Contact No.: 62447200	Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
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G/20190301/2046

1 of 2

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	Date of Birth 11/08/1955	Race Malay
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Police Report



SINGAPORE
POLICE FORCE



G/20190301/2046


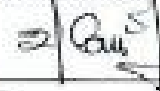
2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190301/2046

purposes.

Signature Of Officer Recording The Report: G / Sgt 2 LING JUNXIAN 	Signature Of Informant: 
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