

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	21/03/2019 16:00
Date Of Accident	18/03/2019 07:30
Exact Location Of Accident	AMK AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG617K
Insured/Policyholder	
Name Of Registered Owner	AFFANDI BIN ALI
NRIC No	S1581174I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92701930
Alternative Phone No	OFFICE-92701930

Vehicle Particulars

Manufacturer	HONDA
Model	CBR600RR
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5091578830-01
Cover Note Number	

Driver

Name of Driver	AFFANDI BIN ALI
NRIC No	S1581174I
Date Of Birth	17/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	13/03/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92701930
Fax Number	
Contact Number	OFFICE-92701930
Email Address	NOEMAIL

Address	BLK 526 HOUGANG AVENUE 6 #04-151
Postcode	530526
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190319/2045.

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	SFQ588K
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HSIAO LENG
NRIC/Passport Number	S7233880D
Contact Number	98213678
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	AFFANDI BIN ALI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBG617K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

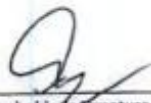
IMPORTANT NOTICE

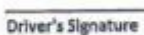
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6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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.

B. 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.:

Accident Sketch Plan

SKETCH PLAN

Sketch Plan

A. FBG 617K
B. SFG 588K

Ang Mo Kio Ave 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

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:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190319/2045

Station Of Origin:
Hougang N.P.C
80 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3
Report No. T/20190319/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2019 12:47	Vide Report No.:	Station Diary No.: 96
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Informant's Particulars

Name of Informant: AFFANDI BIN ALI			Address: APT BLK 526 HOUGANG AVENUE 6 #04-151 SINGAPORE 530526	
ID Type / ID No.: NRIC NO / S1581174I			Contact No.: Home/Office: Mobile: 92701930	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 17/01/1963	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: Mechanical engineering technician (general)			Driving Licence Information: Class: 2B,2A,2	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/03/2019 07:30	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG617K	Motorcycle	HONDA	CBR600RR	Black	Slightly Damaged	0
SFQ588K	Car	BMW		Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG617K	NTUC Income Insurance Co-Operative Limited	5091578830-01	02/06/2018	01/06/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190319/2045

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20190319/2

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AFFANDI BIN ALI	ID No.	S15811741
Related Vehicle	FBG617K (Motorcycle)	Contact No.	92701930
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/03/2019	Date Discharge	18/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAN HSIAO LENG	ID No.	S7233880D
Related Vehicle	SFQ588K (Car)	Contact No.	NIL
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 18/03/2019 at about 0730hrs, My motorbike was travelling along Ang Mo Kio Avenue 3. My motorbike was stationary at the red traffic light. Suddenly, I felt an impact from the rear. A car had hit onto the rear of my motorbike. The male driver called for ambulance and I was conveyed to Sengkang General Hospital. There is no CCTV at the location.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190319/2045

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20190319/2045

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: F / Staff Sgt TEO HENG HENG, ROBIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/03/2019 12:47
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394	Classification Of Case:
Authentication Stamp NP158	Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



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