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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	27/03/2019 17:54
Date Of Accident	25/03/2019 12:15
Exact Location Of Accident	JURONG EAST ST 21 NEAR BLK 287 OPPOSITE BLK 208
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FV8449A
Insured/Policyholder	
Name Of Registered Owner	NORAZRI BIN ABDULLAH
NRIC No	S9106812E
Email Address	NORAZRI_ABDULLAH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91899025
Alternative Phone No	OTHERS-91899025
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	KRR ZX150-148CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING FOOD PANDA DELIVERY
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	5072575088-03
Cover Note Number	
Driver	

Name of Driver NORAZRI BIN ABDULLAH

 NRIC No
 \$9106812E

 Date Of Birth
 22/02/1991

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/10/2013

Driving Experience 5 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91899025

Fax Number

Contact Number OTHERS-91899025

EMail Address NORAZRI_ABDULLAH@HOTMAIL.COM

BLK 41 TEBAN GARDENS ROAD Address

#06-345 600041

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

Postcode

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

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

YES

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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190326/2027

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 Witness 1

Name **HASRIN** Phone Number 96390496

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD6104D Vehicle Make/Model/Colour TOYOTA PRIUS

Details Of Properties

TAXI Vehicle Category

Name of Driver LIM CHEE SENG

NRIC/Passport Number S1447148J Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NORAZRI BIN ABDULLAH

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FV8449A

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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- 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.
- 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.
- 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:
 - 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 Signatu

Name:

Accident Sketch Plan

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DESCRIBE CU	RCUMSTANCES OF		rpark	A	57
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We declare th	e foregoing particular	s are true in every resp	ect.		110
Tyk offeyholder's Sig	27/3/201	-		go 2	1603/2017
ate & Time:	5.53 pm	Driver's Signature (If driver is not the po Date & Time:	olicyholder)	Reporting Centre Per Name: NRIC/FIN No.:	of Li With

POLICE REPORT





Report No. T/20190326/2027

1 of 3

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 26/03/2019 10:36 Informant's Particulars Name of Informant: Address: APT BLK 41 TEBAN GARDENS ROAD #06-345 SINGAPORE NORAZRI BIN ABDULLAH 600041 ID Type / ID No .: Contact No.: Mobile: 91899025 NRIC NO / S9106812E Home/Office: Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: 28 22/02/1991 Rider Male Race: Language: Institution / School Name: Malay Occupation: Driving Licence Information: Student Class: Date of Expiry:

Type of Accident:	Injury Conveyed By A	Injury Conveyed By Ambulance		Date/Time of Accident: 25/03/2019 12:15		Type of Location
	ST STREET 21	K 208				
		ad Surface:		Road Speed Limit:		
Traffic Flow: Traffic		fic Control:			Traffic Volume:	
		Type of Collision:				

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Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FV8449A	Motorcycle	KAWASAKI	KRRZX150	Green		0
SHD6104D	Car	TOYOTA	PRIUS TAXI (SMRT)			0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV8449A	NTUC Income Insurance Co-Operative Limited	5072575088-03	23/11/2018	22/11/2019

POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190326/2027

CONTINUATION OF REPORT

Details of Perso	n Involved			SULT -	E E	
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of P	Use of Pedestrian Crossing: NA		
Rider		No. Sec.			. 0.000	ang. rec
Name	NORAZRI BIN ABDULLAH			ID No		S9106812E
Related Vehicle	FV8449A (Motorcycle)			Conta	ict No.	91899025
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licen Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	25/03/2019 Date Di			charge	_	/2019
No. of Days gran	No. of Days granted Medical Leave 08			Degree of Injury NIL		1

Brief Details.

ON STATED DATE, TIME AND LOCATION.

I WAS ON THE MOST LEFT OF 2 LANE HEADING STRAIGHT WHEN SUDDENLY A TAXI FROM MY RIGHT MADE A SUDDEN LANE CHANGE INTO MY PATH, AS HE WANTED TO ENTER INTO A CARPARK ON MY LEFT. IF IM CORRECT, THE MOST RIGHT LANE IS MEANT TO DRIVE STRAIGHT ONLY. I TRIED TO BRAKE AND AVOID HIM BY SWERVING TO THE LEFT, BUT DID NOT MANAGE TO STOP IT TIME THUS COLLIDED ONTO HIS FRONT LEFT SIDE NEAR TO HIS LEFT TYRE. THE TAXI DRIVER THEN CALLED FOR THE AMBULANCE AND SOME OF THE PASSER BY CAME TO MY AID. SOON AFTER, THE AMBULANCE ARRIVED AND CONVEYED ME TO THE HOSPITAL. ONE OF THE PASSER BY INFORMED ME THAT HE WITNESS THE ACCIDENT AND WILLING TO BE THE WITNESS IF NEEDED.

PARTICULARS OF WITNESS: HASRIN, 96390496.

POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190326/2027

CONTINUATION OF REPORT

Sketch Plan

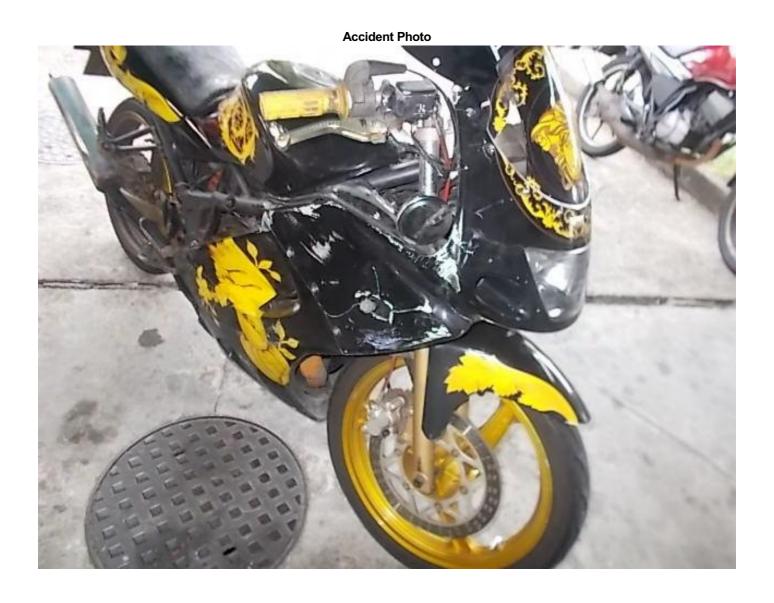
Informant is not able to provide sketch plan

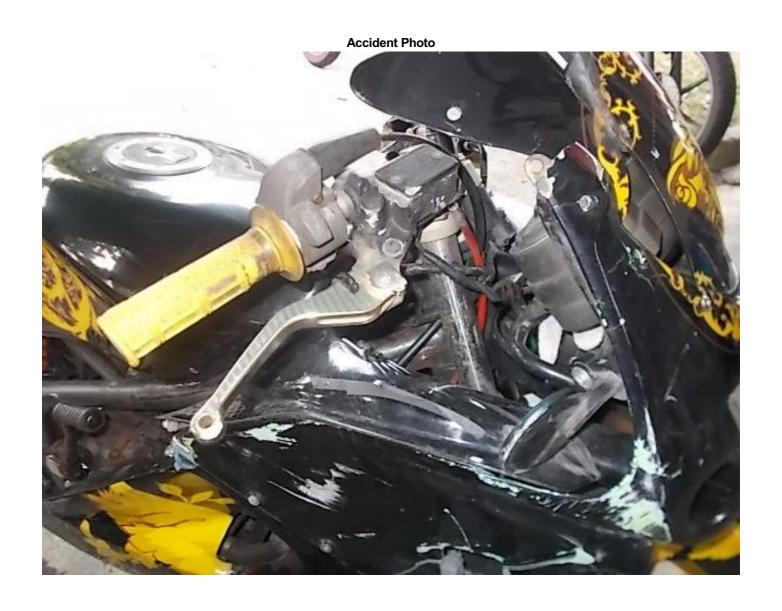
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

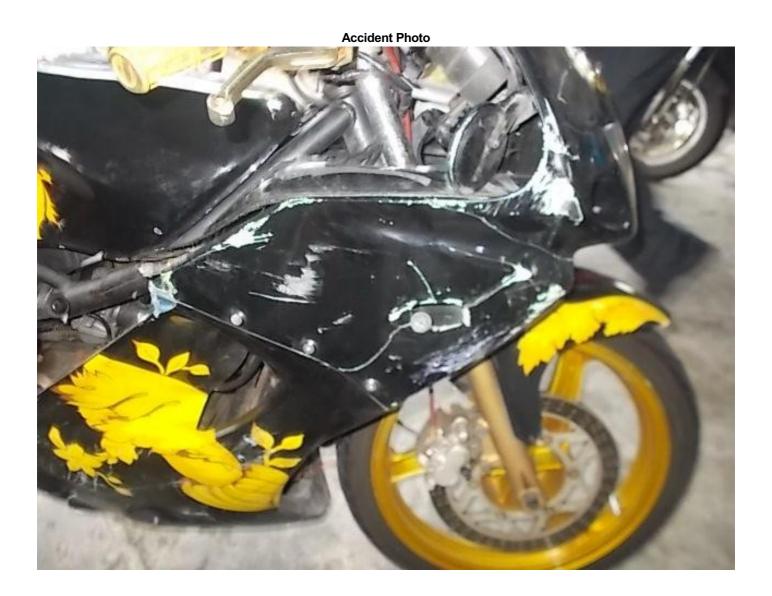
Signature Of Officer Recording The Report: TP / MOHAMED ANWAR BIN MOHAMED IBRAHIM	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	26/03/2019 10:36
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA	SINGAPORE
Contact No.: 65476202	POLICE FORCE
Authentication Stamp	4
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Identification Card

