

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	27/03/2019 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	S9106812E
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

Address	BLK 41 TEBAN GARDENS ROAD #06-345
Postcode	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

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: 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	
Vehicle Category	TAXI
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

JURONG FERRY ST 71 NHAH BLK 287 OPPOSITE 208

A) 4V 8449A

B) 31A 6104D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFERENCE TO POLICE REPORT 27
7/20190326/2027

DECLARATION

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

27/3/2019

Policyholder's Signature

Date & Time: 5.53pm

Driver's Signature

(if driver is not the policyholder)

Date & Time:

27/03/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190326/2027

1 of 3

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

Report No. T/20190326/2027

REPORT OF A TRAFFIC ACCIDENT

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

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/03/2019 12:15	Type of Location:
Location: Along Road 1 JURONG EAST STREET 21 NEAR BLK 287 OPPOSITE BLOCK 208				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	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



**SINGAPORE
POLICE FORCE**



T/20190326/2027

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

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Report No. T/20190326/2027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NORAZRI BIN ABDULLAH	ID No.	S9106812E
Related Vehicle	FV8449A (Motorcycle)	Contact No.	91899025
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/03/2019	Date Discharge	25/03/2019
No. of Days granted Medical Leave	08	Degree of Injury	NIL

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



**SINGAPORE
POLICE FORCE**



T/20190326/2027

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 Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
26/03/2019 10:36

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

