SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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.

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	11/04/2019 15:35
Date Of Accident	02/12/2018 15:00
Exact Location Of Accident	JURONG EAST AVENUE 1 NEAR BLK 341 JURONG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FL9009H
Insured/Policyholder	
Name Of Registered Owner	EFFENDY BIN AB RAHIM
NRIC No	S7616994B
Email Address	SHAKEYF@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90063638
Alternative Phone No	OTHERS-90063638
Vehicle Particulars	
Manufacturer	SUZUKI
Model	HAYABUSA 1300-1.3 (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	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	5099328832
Cover Note Number	
Driver	
Name of Driver	EFFENDY BIN AB RAHIM
NRIC No	S7616994B
Date Of Birth	04/05/1976
Occupation	OUTDOOR
D + O(D): D	40/07/0000

18/07/2000

MALE

18 YEARS AND 4 MONTHS

(LOCAL) +65-90063638

SHAKEYF@GMAIL.COM

OTHERS-90063638

Address BLK 329 JURONG EAST AVENUE 1

#12-1682

Postcode 600329

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 PEDESTRIAN

Weather Conditions DRIZZLING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

1

YES

YES

NO

1

YES

Police Station Address ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4849999 - **FAX NO**: 62181399

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181202/2072

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

Vehicle Make/Model/Colour

Details Of Properties PEDESTRIAN
Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name UNKNOWN PEDESTRIAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle?

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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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

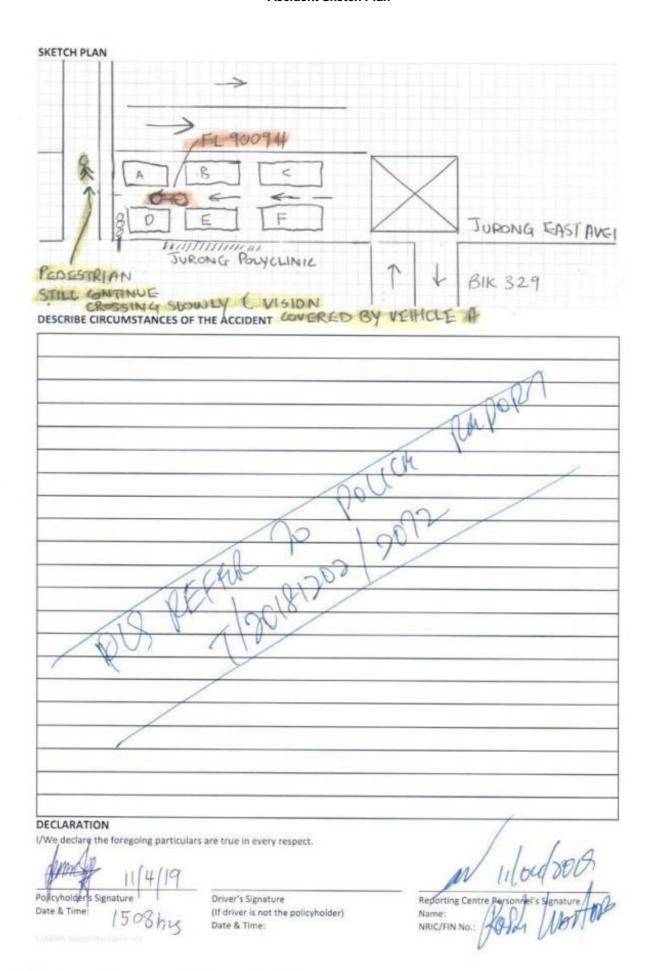
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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)
 - (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
- (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
- 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.
- 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Accident Sketch Plan



POLICE REPORT



Police Station Of Origin; Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

T/20181202/2072 pursuant to Sec. 78 of the Evidence Act, Cap 97.

1 of 3

Report No. T/20181202/2072

Ju Suriati Ble Buang (MX) Traffic Police
Date: 1 | APR 2019

Certified True Copy

Date/Time Report Made: 02/12/2018 17:21		Made:	Vide Report No.: D/20181202/0092	Station Diary No.:	
Informa	int's Partic	ulars			
	f Informant: DY BIN AB		Address: APT BLK 329 JURONG EAST AVENUE 1 #12-1682 SINGAPORE 600329		
ID Type / ID No.: NRIC NO / S7616994B		94B	Contact No.: Home/Office:	Mobile: 90063638	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 42	Date of Birth: 04/05/1976	Type of Informant: Rider		
Race: Javanese			Language:	Institution / School Name:	
Occupation: Bus driver			Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:	

General Infor	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/12/2018 15:00	Type of Location: Straight Road	
	ST AVENUE 1 East Avenue 1 near to B				
D. I. II.		Road Surface: Wet		Road Speed Limit:	
Traff		Traffic Control; Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FL9009H	Motorcycle	SUZUKI	GSX1300RA ZL4 (HAYABUSA ABS)		No Damage	0

Details of V	ehicle Insurance	SECTION OF STREET		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FL9009H	NTUC Income Insurance Co-Operative Limited	5099328832	28/03/2018	27/03/2019

POLICE REPORT





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999

2 of 3 Report No. T/20181202/2072

CONTINUATION OF REPORT

Brief Details.

On the 02/12/2018 at about 1500hrs, I was riding my motorcycle bearing registration plate number of FL9009H. I had just turned left out from Blk 329 Jurong East carpark onto Jurong East Avenue 1. The traffic light just slightly in front of the bus stop was red in color.

As I was nearing the bus stop, the traffic light turned green. As I was moving in between cars, I did not notice my surrondings. As I was nearing the traffic light and looked up, I saw a Chinese old lady about 60 years old crossing the road slowly even though the pedestrian light was red.

I immediately applied my emergency brakes but as I could not stop fully, my motorcycle collided with the old lady and she fell down. Some passer-bys at the nearby bus stop came and shifted the old lady to the pavement and I shifted my motorcycle to the side of the road so as not to obstruct traffic.

There was a van opposite with Police officers and they came to check out the situation. They assisted to call for the ambulance and Traffic Police which arrived shortly after. The ambulance conveyed the old lady to Ng Teng Fong hospital as she suffered a swollen right elbow, back of the head was swollen and blister on the right ankle. She was not bleeding and there were no damages on my motorcycle.

The Traffic Police advised me to lodge a report as soon as possible.

Certified True Copy pursuant to Sec. 78 of the Evidence Act. Cap 97.

Suriati Bte Buang (MX)

Traffic Police

Date: 1 1 APR 2019

POLICE REPORT





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

3 of 3 Report No. T/20181202/2072

Tel No: 1800-4849999 CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Cartified True Copy pursuant to Sec. 78 of the Evidence Acy, Cap 97.

Suriati Bte Buang (MX) Traffic Police

Date: 1 1 APR 2019

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 / Sgt 2 YEO JUN BIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2018 17:21
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:
Authentication Stamp	











