

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	29/04/2019 15:37
Date Of Accident	11/04/2019 18:45
Exact Location Of Accident	BUKIT BATOK WEST AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB8433Y
Insured/Policyholder	
Name Of Registered Owner	SHARULLHIZAM BIN MOHD NOOR
NRIC No	S7618381C
Email Address	SHARUL1937@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91014619
Alternative Phone No	OTHERS-91014619

Vehicle Particulars

Manufacturer	PIAGGIO
Model	X8 400 I.E
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	5086984611-02
Cover Note Number	

Driver

Name of Driver	SHARULLHIZAM BIN MOHD NOOR
NRIC No	S7618381C
Date Of Birth	13/06/1976
Occupation	INDOOR
Date Of Driving Pass	25/02/2003
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91014619
Fax Number	
Contact Number	OTHERS-91014619
Email Address	SHARUL1937@GMAIL.COM

Address	BLK 148 BUKIT BATOK WEST AVE 6 #04-317
Postcode	650148
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	SIDE SWIPE
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
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

PLS REFER TO THE POLICE REPORT: T/20190429/2087

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	SDD7667L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SHARULLHIZAM BIN MOHD NOOR
Approximate Age	
Injuries Sustain	LEG
Injured person in which vehicle?	FBB8433Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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) 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:

 29/04/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

BUKIT BATOK WEST AVE 3

A - FBB84334

B - SDD7667L

A hand-drawn diagram on grid paper showing a road layout. The road has four lanes. The top two lanes have arrows pointing right. The bottom two lanes have arrows pointing left. A dashed line runs vertically on the left side. A solid line runs horizontally across the middle. A small rectangle labeled 'B' is on the left side of the horizontal line, and a small circle labeled 'A' is on the right side of the horizontal line. A dashed line also runs horizontally on the left side, parallel to the vertical one.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/00190429/2087

DECLARATION

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

Shannell.

Policyholder's Signature
Date & Time:

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

sfm 28/04/19

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190429/2087

Police Station Of Origin:
Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190429/2087

CONTINUATION OF REPORT

Brief Details.

ON 11/04/2019 @ AROUND 6.45 PM, I WAS RIDING MY MOTORCYCLE(FBB8433Y) ALONG BUKIT BATOK WEST AVENUE 3 GOING BACK HOME. I WAS GOING STRAIGHT ON THE EXTREME RIGHT LANE AND I WAS APPROACHING A JUNCTION. I DID NOT KNOW WHAT HAPPENED TO ME AND I DID NOT REALISE THAT THE TRAFFIC LIGHT HAD ALREADY TURNED RED. BY THE TIME I REALISED, I WAS ONE CAR-LENGTH AWAY FROM A STATIONARY CAR(SDD7667L) INFRONT OF ME. I IMMEDIATELY BRAKED AND VEERED TO THE LEFT TO AVOID THE CAR. HOWEVER, I BRUSHED THE LEFT REAR BUMPER OF THE CAR AND I FELL ON MY RIGHT SIDE. AMBULANCE CAME AND I WAS CONVEYED TO NG TENG FONG GENERAL HOSPITAL WHERE I WAS DISCHARGED THE NEXT DAY AND RECEIVED 14-DAYS HOSPITALISATION LEAVE. I SUFFERED LEG INJURIES FROM THE ACCIDENT.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190428/2087

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

1 of 3

Report No. T/20190428/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/04/2019 14:39	Video Report No.: J/20190411/0101	Station Diary No.:
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Informant's Particulars

Name of Informant: SHARULLHIZAM BIN MOHD NOOR			Address: 148 BUKIT BATOK WEST AVENUE 6 #04-317 SINGAPORE 650148	
ID Type / ID No.: NRIC NO / S7618381C			Contact No.: Home/Office: Mobile: 91014619	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 42	Date of Birth: 13/06/1976	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: ENGINEERING EXEC			Driving Licence Information: Class: 2B,2A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/04/2019 18:45	Type of Location:
Location: Along Road 1 BUKIT BATOK WEST AVENUE 3				
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
FBB8433Y		PIAGGIO	X8 400 I.E.	Silver		0
SDD7667L						0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB8433Y	NTUC Income Insurance Co-Operative Limited	5085984611-02	22/12/2018	21/12/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190429/2087

Police Station Of Origin:
Traffic Police

2 of 3

10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20190429/2087

Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

ON 11/04/2019 @ AROUND 6.45 PM, I WAS RIDING MY MOTORCYCLE(FBBB433Y) ALONG BUKIT BATOK WEST AVENUE 3 GOING BACK HOME. I WAS GOING STRAIGHT ON THE EXTREME RIGHT LANE AND I WAS APPROACHING A JUNCTION. I DID NOT KNOW WHAT HAPPENED TO ME AND I DID NOT REALISE THAT THE TRAFFIC LIGHT HAD ALREADY TURNED RED. BY THE TIME I REALISED, I WAS ONE CAR-LENGTH AWAY FROM A STATIONARY CAR(SDD7657L) INFRONT OF ME. I IMMEDIATELY BRAKED AND VEERED TO THE LEFT TO AVOID THE CAR. HOWEVER, I BRUSHED THE LEFT REAR BUMPER OF THE CAR AND I FELL ON MY RIGHT SIDE. AMBULANCE CAME AND I WAS CONVEYED TO NG TENG FONG GENERAL HOSPITAL WHERE I WAS DISCHARGED THE NEXT DAY AND RECEIVED 14-DAYS HOSPITALISATION LEAVE. I SUFFERED LEG INJURIES FROM THE ACCIDENT.

Police Report



SINGAPORE
POLICE FORCE



T/20190428/2087

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

3 of 3

Report No. T/20190428/2087

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 /

MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

29/04/2019 14:39

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65478252



Classification Of Case:

SINGAPORE
POLICE FORCE

Authentication Stamp

MP160

Signature: