

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	03/05/2019 16:50
Date Of Accident	01/05/2019 18:55
Exact Location Of Accident	JUNCTION OF CLEMENTI ROAD/PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF2424S
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAIZAL BIN JAMSURI
NRIC No	S8001093A
Email Address	WOLFPEJALZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90297991
Alternative Phone No	OTHERS-90297991

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-135CC (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	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	5097144605-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAIZAL BIN JAMSURI
NRIC No	S8001093A
Date Of Birth	10/01/1980
Occupation	INDOOR
Date Of Driving Pass	20/09/2000
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90297991
Fax Number	
Contact Number	OTHERS-90297991
Email Address	WOLFPEJALZ@GMAIL.COM

Address	BLK 261 JURONG EAST STREET 24 #06-461
Postcode	600261
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 ON COLLISION
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?	NO
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT /20190502/2158

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	SGU3625J
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG CHEE KEONG
NRIC/Passport Number	S8001093A
Contact Number	96925000
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name MUHAMMAD FAIZAL BIN JAMSURI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBF2424S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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.

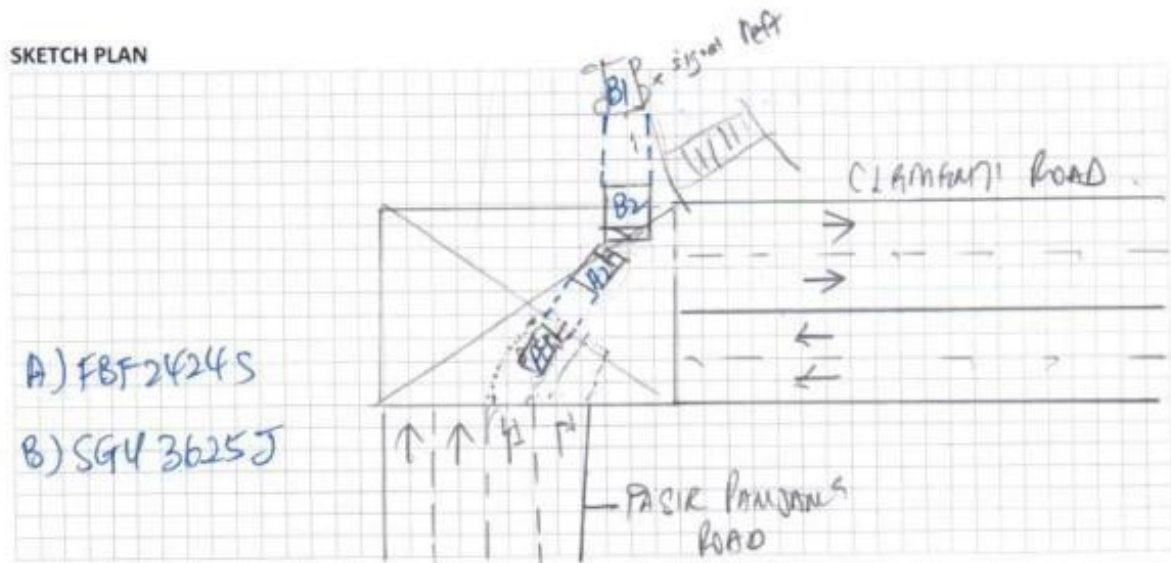
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the section:
 pls refer to police report
 7/20190502/2158

DECLARATION

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

Policyholder's Signature
Date & Time:

Handwritten signature and date: 3rd Mar 2019

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

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

Handwritten signature and date: 3/05/2019
Handwritten name: Roshan Chatterjee

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190502/2158

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No. T/20190502/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2019 22:34		Vide Report No.:		Station Diary No.: 226	
Informant's Particulars					
Name of Informant: MUHAMMAD FAIZAL BIN JAMSURI			Address: APT BLK 261 JURONG EAST STREET 24 #06-461 SINGAPORE 600261		
ID Type / ID No.: NRIC NO / S8001093A			Contact No.: Home/Office: Mobile: 90297991		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 10/01/1980	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name: SOFTWARE ENGINEER
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/05/2019 18:55	Type of Location: X-Junction
Location: Along Road 1 CLEMENTI ROAD JUNCTION OF CLEMENTI RD AND PASIR PANJANG RD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF2424S	Motorcycle	YAMAHA	X-1R	Black	Slightly Damaged	0
SGU3625J	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF2424S	NTUC Income Insurance Co-Operative Limited	5097144605-01	22/02/2019	21/02/2020

POLICE REPORT



**SINGAPORE
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T/20190502/2158

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20190502/2158

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD FAIZAL BIN JAMSURI	ID No.	S8001093A
Related Vehicle	FBF2424S (Motorcycle)	Contact No.	90297991
Hospital/Clinic	24TH HOURS CLINIC (JURONG WEST)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	02/05/2019	Date Discharge	02/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ONG CHEE KEONG	ID No.	S7417790E
Related Vehicle	SGU3625J (Car)	Contact No.	96925000
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 the above said mentioned date, time and location, while I was riding my motorcycle (FBF2424S) stopping at the right turn pocket of the X-junction, I saw the driver of a motor car (SGU2625J) at the opposite direction and had switched on his left signal light. However, the said motor car did not turn left and suddenly moved straight and it had hit on my front wheel of my said motorcycle.

After the accident happened, we have exchanged our particulars and contact numbers. On the next day, I had seek medical checkup at a 24 hrs private clinic at Jurong West and I was given with 3 days MC (from 02/05/2019 to 04/05/2019). I had sustain bruise on my right thigh, swollen and cut at my right ankles and swollen at my right thumb. The damages of my said motorcycle as follow:

- foot rest break
- front head light crack
- front fairing brake lever break
- right side mirror break
- one of the front fork leak

This is the first time such accident happened between the said motor car and my saidmotorcycle.

POLICE REPORT



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T/20190502/2158

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Report No. T/20190502/2158

CONTINUATION OF REPORT

POLICE REPORT



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T/20190502/2158

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Report No. T/20190502/2158

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:

J /

Sr Staff Sgt ONG BOON TIONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Contact No.:

Authentication Stamp

NP188

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

02/05/2019 22:34

Classification Of Case:

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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