

## 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	30/05/2019 10:38
Date Of Accident	07/05/2019 17:45
Exact Location Of Accident	ALONG AYE BEFORE CLEMENTI AVENUE 6 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA7289J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	ALLEYYYYOHORELLA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91554229
Alternative Phone No	OFFICE-62730369

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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
Fleet Policy	NO
Policy Number	5109280207
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ALI OHORELLA BIN ROSLEE
NRIC No	S9747333A
Date Of Birth	29/12/1997
Occupation	INDOOR
Date Of Driving Pass	10/10/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91554229
Fax Number	
Contact Number	OFFICE-62730369
Email Address	ALLEYYYYOHORELLA@GMAIL.COM

Address	BLK 162 YISHUN STREET 11 #05-246
Postcode	760162
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 TO REAR
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?	NO
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT L/20190527/2110

#### 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	SLE2214T
Vehicle Make/Model/Colour	CHEVROLET ORLANDO 1.4 TURBO
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)

## 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:

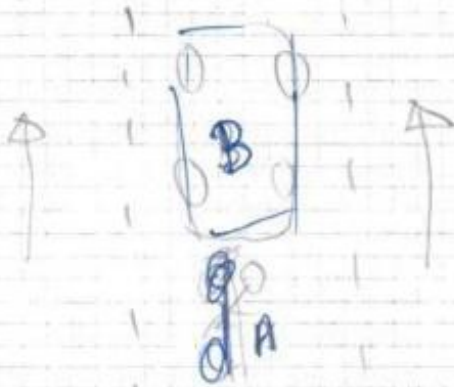
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

SKETCH PLAN

ALONG AYE BEFORE CLEMENTI AVENUE 6 EXIT



A) FBA 7289J

B) SLE 2214T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer Police Report  
2/20190527/2110

## DECLARATION

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

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.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



L/20190527/2110

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20190527/2110

Police Station Of Origin  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Date/Time Report Made 27/05/2019 21:31	Vide Report No.	Station Diary No. 189
Name Of Informant MUHAMMAD ALI OHORELLA BIN MOHD ROSLEE	Address APT BLK 162 YISHUN STREET 11 #05-246 SINGAPORE 760162	
ID Type / ID No. NRIC NO / S9747333A	Contact No. Home/Office	Mobile 91554229
Nationality SINGAPORE CITIZEN	Email Address	
Occupation National Service Full Time	Sex Male	Age 21
Institution/School Name	Date of Birth 29/12/1997	Race Malay
Date/Time Of Incident 07/05/2019 17:45 - 07/05/2019 17:45	Location Of Incident Along AYE before Clementi Avenue 6 Exit	

## Brief details.

On the 07/05/2019 at around 1745hrs , I was riding a rental Motorbike , Model : Yamaha Spark 135 bearing registration plate no : FBA 7289J , along AYE. The motorbike was rented from SOUTHERN MOTOR , located at Block 1006 Bukit Merah Lane 2 #01-10 S(159762) Reg No : 234147/00L , from 07/05/2019 to 13/05/2019

The traffic was slowing moving and I was riding on lane 2. Somewhere before Clementi Exit 6 , I wanted to switched to lane 3 and thus I checked my blind spot on my left and while I was checking my

Signature Of Officer Recording The Report: L / Staff Sgt ZENG ZHIMIN, KEVIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2019 21:31
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp LIM JING XIANG Contact No.: 64660000	Classification Of Case:
Authentication Stamp	

POLICE REPORT



SINGAPORE  
POLICE FORCE



L/20190527/2110

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190527/2110

blind spot , the car in front of me , bearing registration no : SLE 2214T , braked abruptly and I couldn't react and stop my motorbike in time and thus collided into the rear of the car. No one was injured in this accident and we agreed on private settlement. We took photographs of the damages on our vehicles and I informed the motorbike shop informed of the accident. However subsequently , I was informed by the bike shop to lodge a Police Report as required by their insurance company. I am lodging this report for insurance company action.

Signature Of Officer Recording The Report:

L / Staff Sgt ZENG ZHIMIN, KEVIN

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
L / Woodlands Police Divisional Investigation Branch /  
Insp LIM JING XIANG  
Contact No.: 64660000

Authentication Stamp

Signature Of Informant:

Date/Time:  
27/05/2019 21:31

Classification Of Case:

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo









Accident Photo



Accident Photo



# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048510  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S663500200 / GST Reg. No: M400017722

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MW469070313 Vehicle Registration No: FBA 7289J  
Name (as shown in NRIC): MUHAMMAD ALI OTTARULLAH NRIC/FIN/Passport No: S9747333A  
(\* Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate)  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 9155 4229  
Email Address: \_\_\_\_\_  
Date of Accident: 07/05/2018 Time of Accident: 17:45  
Place of Accident: OUTER RAMP BEFORE CANTONMENT AVK 6 EXIT  
Insurance Company: ANIC

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policy number 70 5109280207

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Paul Ottar  
NRIC/FIN No.:  
Date: 30/05/2018