

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	08/07/2019 15:22
Date Of Accident	21/03/2019 15:10
Exact Location Of Accident	PIE (TUAS) NEAR STEVENS RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC8218Y
Insured/Policyholder	
Name Of Registered Owner	DICKY SHARAIN BIN MOHAMED ANUAR
NRIC No	S9119457J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87521797
Alternative Phone No	OFFICE-87521797

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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	5085603288-02
Cover Note Number	

Driver

Name of Driver	DICKY SHARAIN BIN MOHAMED ANUAR
NRIC No	S9119457J
Date Of Birth	12/06/1991
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87521797
Fax Number	
Contact Number	OFFICE-87521797
Email Address	NOEMAIL

Address	BLK 462 SEMBAWANG DRIVE #11-233
Postcode	750462
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190423/2122.

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	GBB2011X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name DICKY SHARAIN BIN MOHAMED ANUAR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBC8218Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

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

PE (Tues)

A: Factory
B: Girl's school

A hand-drawn diagram of a person standing on a platform, looking at a rectangular object labeled 'R'. The person is represented by a simple stick figure with a head, torso, and legs. They are standing on a horizontal line representing the ground. The rectangular object 'R' is positioned in front of them, and they are looking at it. The diagram is drawn on a grid background.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/2014 ~ 7/21/2014.

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**

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

1 of 3
Report No: Y20190423/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2019 16:56

Vide Report No. Station Diary No. 141

Informant's Particulars

Name of Informant: DICKY SHARAIN BIN MOHAMED ANUAR		Address: APT BLK 462 GEMBAWANG DRIVE #11-233 SINGAPORE 750462	
ID Type / ID No. NRIC NO / S9119457J		Contact No. Home/Office: Mobile: 87521767	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 12/06/1991	Type of Informant: Rider
Race: Javanese		Language: English	Institution / School Name:
Occupation: DESPATCH RIDER		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: 21/03/2019 15:10	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC8218Y	Motorcycle	HONDA	CB400	Black	Seriously Damaged	0
GBB2011X	Van	FIAT	FIAT DOBLO CARGO 1.9MJTD	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report

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

Barcode: 1951964332122
2 of 3
Report No: T201904332122

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBC8218Y	NTUC Income Insurance Co-Operative Limited	5085603288-02	01/11/2018	31/10/2019

Brief Details:
On 21/03/2019 at about 1510hrs, I was traveling along with my black in colour motorbike bearing of FBC 8218Y along Pan Island Expressway on the rightmost lane of a 4 lane road. There is one grey in colour van bearing of GBB 2011X which was beside me had then switch towards my lane without signalling and was driving in a fast manner. As such I could not break in time was the van had collided onto me.

I had then fall off from the motorbike and rolled to the divider.

I was then conveyed to Tan Tock Sheng Hospital by ambulance and admitted in hospital and was discharged on 16 April 2019. I was given a total of 57 days of Medical Leave by the hospital. I was diagnosed of fractured on both legs and right wrist area.

The damaged to my vehicles:


1. Suspension Handle bar dented.
2. Petrol Tank dented and scratches
3. Exhaust Pipe dented and scratches
4. Tail Box chipped off

The damaged to vehicle GBB 2011X


1. Right side mirror broken.

I wish to state that the accident took place during my work time as I am proceed to do my dispatch work.

Police Report

 **SINGAPORE POLICE FORCE**


Police Station Of Origin:
Yishun North N.P.C.
31 Yishun Central SINGAPORE 758527
Tel No: 1800-8529999


1/20190423/2122
3 of 3
Report No: 1/20190423/2122


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: L / Sgt 2 KOH JIN BAO	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/04/2019 16:58
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437	Classification Of Case: Stn 085

Authentication Stamp
NP168

 Signature _____
Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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