

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	15/07/2019 12:49
Date Of Accident	14/07/2019 14:45
Exact Location Of Accident	BALESTIER RD TWDS LAVENDER ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH636A
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAMDAN BIN DUL JALIL
NRIC No	S9106328Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91159643
Alternative Phone No	OFFICE-91159643

Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA RUNNER ST 200
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
Fleet Policy	NO
Policy Number	5086035319-02
Cover Note Number	

Driver

Name of Driver	ABDUL MUDDAKIM BIN PATHAM
NRIC No	S9701008J
Date Of Birth	02/01/1997
Occupation	OUTDOOR
Date Of Driving Pass	09/07/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87422842
Fax Number	
Contact Number	OFFICE-87422842
Email Address	NOEMAIL

Address	BLK 43 BENDEMEER ROAD #06-1014
Postcode	330043
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE AS A BUS ABOUT TO INCH FORWARD TO LANE 2. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

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	SMH2281X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN JUN WEI (CHEN JUNWEI)
NRIC/Passport Number	S8710595D
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name ABDUL MUDTAKIM BIN PATHAM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBH636A

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:



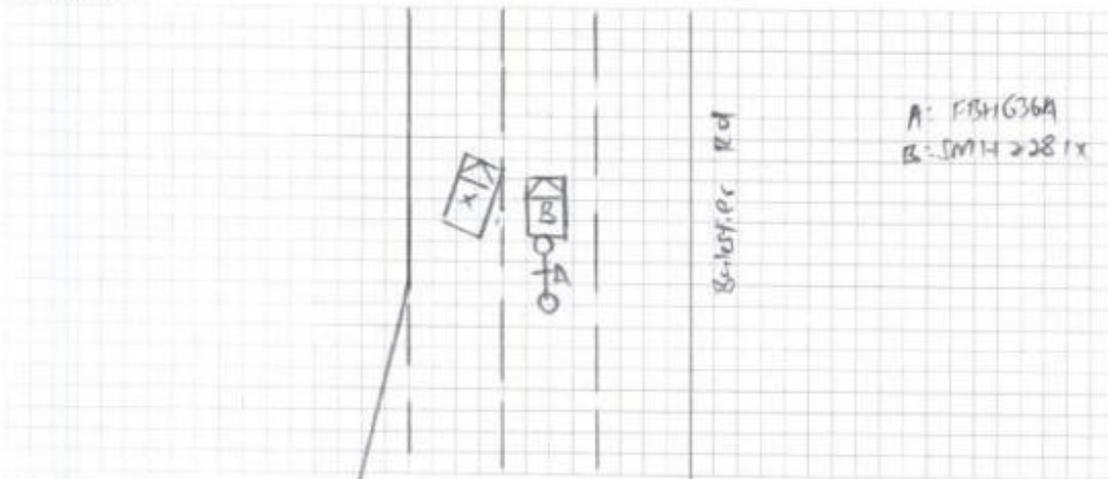
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statement.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Police Report



SINGAPORE
POLICE FORCE



T/20190715/2111

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

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Report No. T/20190715/2111

CONTINUATION OF REPORT

Rider			
Name	ABDUL MUDTAKIM BIN PATHAM	ID No.	S9701008J
Related Vehicle	FBH636A (Motorcycle)	Contact No.	87422842
Hospital/Clinic	PARIQUA CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	15/07/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/07/2019 at about 1445hrs, I was riding my motorcycle along Balestier Road towards Lavender Street when I saw that a bus filtered out which caused the car (SMH2281X) in front of me to jam break. As such, it caused me to collide into the rear of his car. We then agreed on a private settlement. I then went to the clinic on 15/07/2019 as I felt a slight pain on my wrist and thumb and was given a 3 days MC. After visiting the clinic, I then went to IDAC and was informed that I had to lodge a traffic accident report as my MC was 3 days. I am lodging this report for record purposes. That is all.

Police Report



SINGAPORE
POLICE FORCE



T/20190715/2111

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

3 of 3

Report No. T/20190715/2111

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:

A /

Sgt 2 GOH JUN XIAN SHERMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/07/2019 15:38

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400017735

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 : MNA119092076 Vehicle Registration No: FBH636A
Name (as shown in NRIC) : ABDUL MUDTAKIM BIN PATHAM NRIC/FIN/Passport No : S9701008J
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : BLK 43 BENDEMEER ROAD #06-1014 Singapore(330043)
Contact (Tel) : Mobile No. : 87422842
Email Address :
Date of Accident : 14/07/2019 Time of Accident : 14:45
Place of Accident : BALESTIER RD TWDS LAVENDER ST
Insurance Company: NTUC Income Insurance Co-operative Ltd

(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:

Add in police report -T/20190715/2111
[Multiple blank lines for additional information]

Policyholder / Driver's Signature
Date:

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