

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	18/07/2019 17:18
Date Of Accident	11/07/2019 17:00
Exact Location Of Accident	ALONG CROSS STREET TURN TOWARDS CLUB STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP665Z
Insured/Policyholder	
Name Of Registered Owner	ISMANDE BIN ARPAH
NRIC No	S7910987H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92373717
Alternative Phone No	OTHERS-92373717

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150-150CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5107315958
Cover Note Number	

Driver

Name of Driver	ISMANDE BIN ARPAH
NRIC No	S7910987H
Date Of Birth	23/04/1979
Occupation	OUTDOOR
Date Of Driving Pass	21/07/1999
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92373717
Fax Number	
Contact Number	OTHERS-92373717
Email Address	NOEMAIL

Address	BLK 408 CHOA CHU KANG AVENUE 3 #03-311
Postcode	680408
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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190715/2145

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	GBF9918M
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)

Accident Sketch Plan

SKETCH PLAN


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B. 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

AS REFER TO POLICE REPORT
1/70/2015/2145

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 Person's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190715/2145

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20190715/2145

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2019 18:01		Vide Report No.: A/20190711/0096		Station Diary No.: 144	
Informant's Particulars					
Name of Informant: ISMANDE BIN ARPAH			Address: APT BLK 408 CHOA CHU KANG AVENUE 3 #03-311 SINGAPORE 680408		
ID Type / ID No : NRIC NO / S7910987H			Contact No.: Home/Office: Mobile: 92373717		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 23/04/1979	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/07/2019 17:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CROSS STREET CLUB STREET Cross Street turn towards Club Street				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBP665Z	Motorcycle	YAMAHA	SNIPER T150	Green	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBP665Z	NTUC Income Insurance Co-Operative Limited	5107315958	29/01/2019	28/01/2020

POLICE REPORT



**SINGAPORE
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T/20190715/2145

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20190715/2145

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ISMANDE BIN ARPAH	ID No.	S7910987H
Related Vehicle	FBP665Z (Motorcycle)	Contact No.	92373717
Hospital/Clinic	SINGAPORE GENEREAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	11/07/2019	Date Discharge	15/07/2019
No. of Days granted Medical Leave	30	Degree of Injury	Serious

Brief Details.

On 11/07/2019 at about 1700hrs, I was riding along Cross street on the most left lane to collect my orders along club street. While I prepare to slow down to turn left towards club street, a van on my right suddenly turn as well. The van then cut into my lane and went ahead of my motorcycle and turn left while I was making my turn. As it was too sudden, I was unable to stop in time and thus his vehicle bang onto the right side of my motorcycle causing me to lose balance and fell on my left.

Subsequently I lost conscious for a moment and someone helped me to one side to rest. I could remember someone called for Ambulance and shortly after Ambulance and Traffic Police arrive at scene. While being attended by the paramedics, I remember the traffic police asked me what had happen and after that I was send to Singapore General Hospital. I had been warded since then till 15/07/2019. I suffered open fracture of patella and damages of my motorcycle I am unsure of as I had not went back to check.

I was certain that the lane on my right was not allowed to turn left into Club street. There is one witness who provided me with his name and contact number willing to be the witness of what happened.

The witness namely : Sharul, Contact number 87535878.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190715/2145

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20190715/2145

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:  Sgt 2 OH DING FENG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/07/2019 18:01
Singapore Police Force	Classification Of Case:
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD Contact No.: 65476423	
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



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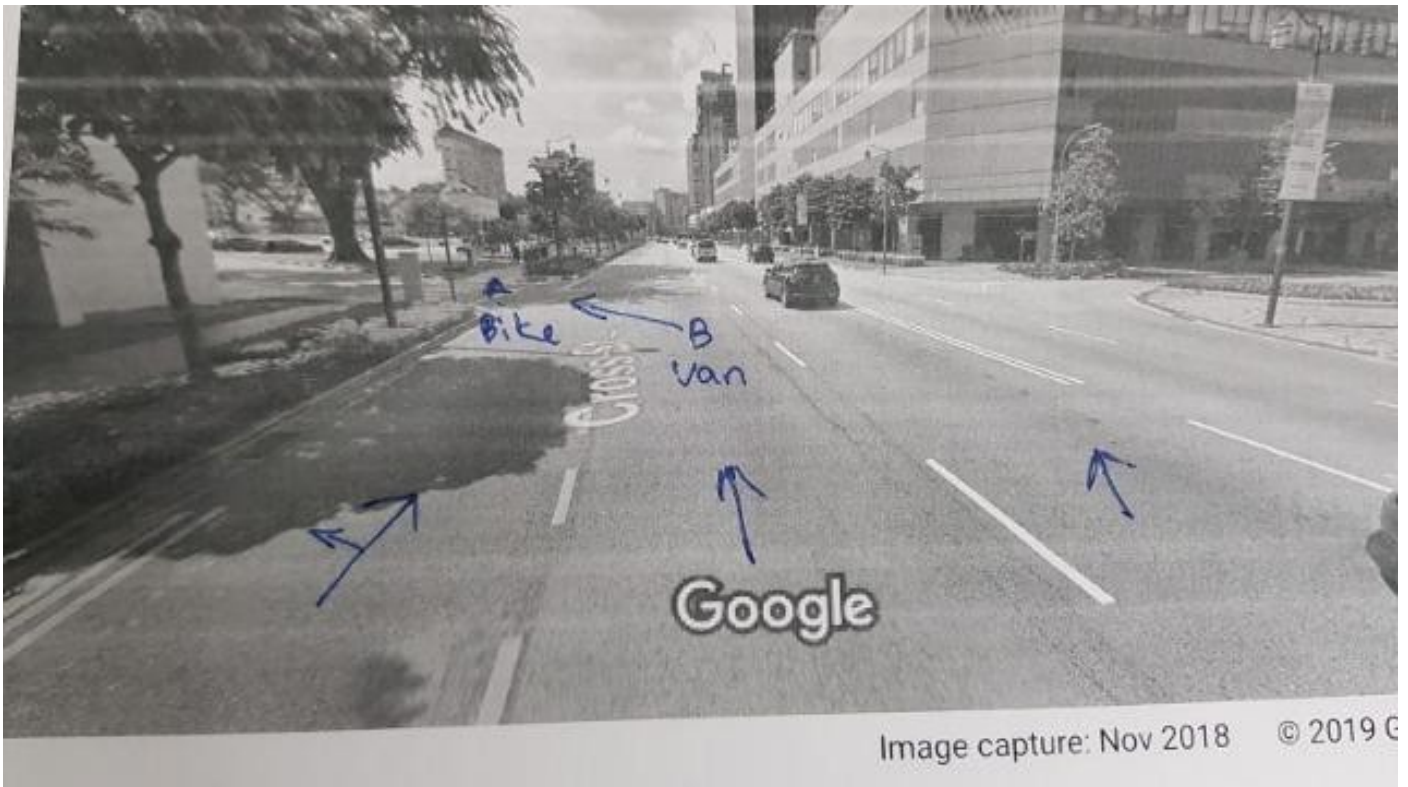
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