

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	31/07/2019 10:44
Date Of Accident	30/07/2019 13:00
Exact Location Of Accident	NEW UPP CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5942L
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AZIM BIN MOHAMED FOAD
NRIC No	S8733711A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98362420
Alternative Phone No	OFFICE-98362420

Vehicle Particulars

Manufacturer	HONDA
Model	NC750X ABS MANUAL
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5087129678-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AZIM BIN MOHAMED FOAD
NRIC No	S8733711A
Date Of Birth	19/10/1987
Occupation	INDOOR
Date Of Driving Pass	21/11/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98362420
Fax Number	
Contact Number	OFFICE-98362420
Email Address	NOEMAIL

Address	BLK 364 TAMPINES STREET 34 #05-119
Postcode	520364
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?	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	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190730/2103.

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 Witness 1

Name	RAMPRABHU S/O THIAGARAJAN
Phone Number	85990456
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDT987A
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FOO SOON LAN
NRIC/Passport Number	S0068512G

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD AZIM BIN MOHAMED FOAD
Approximate Age	
Injuries Sustain	ELBOW, KNEE & ANKLE
Injured person in which vehicle?	FBL5942L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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- 5) **Any false reporting may be referred to the police for investigation.**
- 6) The 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

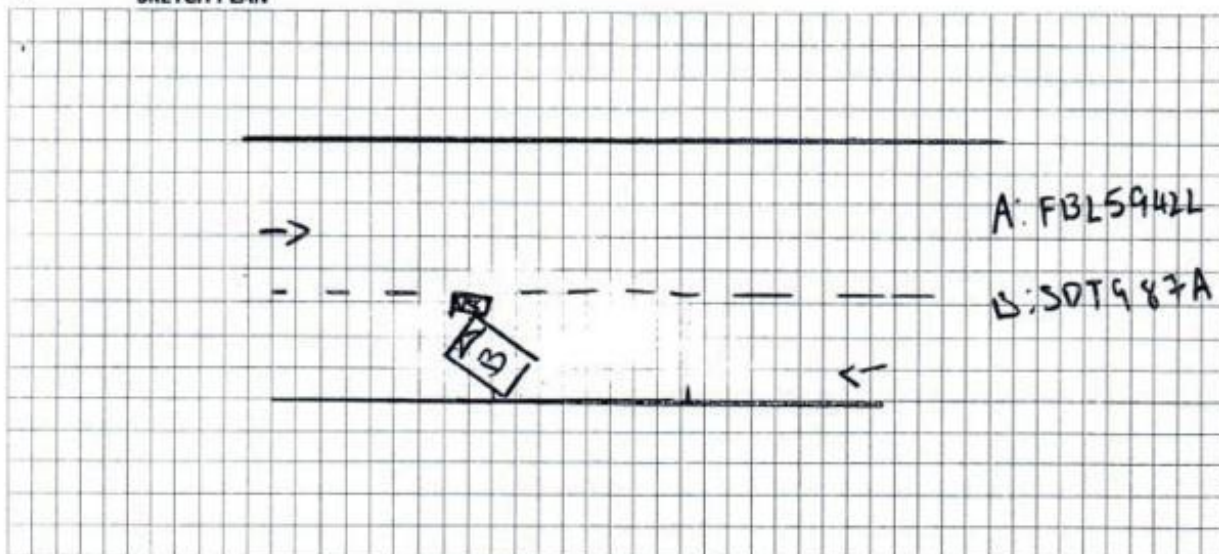
Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report.

DECLARATION

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


Policy holder's signature
Date & time:


Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190730/2103

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20190730/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2019 15:00	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: MUHAMMAD AZIM BIN MOHAMED FOAD			Address: APT BLK 364 TAMPINES STREET 34 #05-119 SINGAPORE 520364	
ID Type / ID No.: NRIC NO / S8733711A			Contact No.: Home/Office: Mobile: 98362420	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 31	Date of Birth: 19/10/1987	Type of Informant: Rider	
Race: Javanese			Language:	Institution / School Name:
Occupation: EXECUTIVE OFFICER			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: 30/07/2019 13:00	Type of Location: Car Park
Location: NEW UPPER CHANGI ROAD Open carpark between Blk 59 and Blk 63				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL5942L	Motorcycle	HONDA	NC750X ABS MANUAL	Blue	Slightly Damaged	0
SDT987A	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20190730/2103

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Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20190730/2103

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL5942L	NTUC Income Insurance Co-Operative Limited	5087129678-02	23/12/2018	22/12/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD AZIM BIN MOHAMED FOAD	ID No.	S8733711A
Related Vehicle	FBL5942L (Motorcycle)	Contact No.	98362420
Hospital/Clinic	ACCESS MEDICAL BEDOK SOUTH	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/07/2019	Date Discharge	30/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	FOO SOON LAN	ID No.	S0068512G
Related Vehicle	SDT987A (Car)	Contact No.	NIL
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-mentioned date and time, I was riding in the carpark near Blk 62 New Upper Changi Road, towards the carpark exit at New Upper Changi Rd. There was a car next to Blk 63 New Upper Changi Rd which was travelling in the same direction very slowly. There was no signal on the car. After observing that it was safe, I overtook the car from its right. As I was on the right side of the car, it suddenly turned right and hit me on my left side. I lost balance and fell on my left side. A few passerby then helped me and to lift up my bike and pushed it to the side. I sustained lacerations on my left elbow, bruises on my left knee, and sprained my left ankle.

One passerby, Ramprabhu s/o Thiagarajan, NRIC S8535353E, contact number 85990456, informed me that he saw the incident and is willing to be a witness.

After that I went to the clinic nearby where I received 3 days MC. The left side of my motorbike is scratched and dented, the gear lever is bent inwards, and the left footrest had broken off. I am not sure if the alignment of my motorbike is affected. The front right side of the car was dented and scratched. Its right wing mirror is also broken. The lady driver did not mention if she had any injuries. There were no visible injuries on her.

Police Report



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T/20190730/2103

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Report No. T/20190730/2103

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20190730/2103

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SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20190730/2103

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:
G /
Sr Staff Sgt MUHAMMAD HAFIZ BIN ABDUL
RAZAK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/07/2019 15:00

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

Accident Photo



Accident Photo



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