

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	14/08/2019 16:49
Date Of Accident	14/08/2019 07:20
Exact Location Of Accident	ALONG JALAN BOON LAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBG9252U
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	HASYAS AIS123@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91810104
Alternative Phone No	OFFICE-91810104
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER LC135-135CC
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	MOHAMED HASSAN S/O MOHAMED YOUNUS
NRIC No	T0071182E
Date Of Birth	27/12/2000
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91810104
Fax Number	
Contact Number	OTHERS-91810104
EEmail Address	HASYAS AIS123@GMAIL.COM

Address	BLK 608 JURONG WEST STREET 65 #12-560
Postcode	640608
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?	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190814/2120

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	SML3933X
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JASWANT SINGH S/O GURMEJ SINGH
NRIC/Passport Number	S7639631J
Contact Number	97601610
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name MOHAMED HASSAN S/O MOHAMED YOUNUS

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBG9252U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

Bm
Driver's Signature
(If driver is not the policyholder)
Date & Time: 1630
14/8/19

14/08/2019
Rosh
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

249 JAN BOON LAY (3)

A) FBG 92524
B) SML 3933X
C) UNIDENTIFIED CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DIS REFER TO POLICE REPORT
7/20190814/2170

DECLARATION

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

Policyholder's Signature
Date & Time:

GAMVIC SketchPlanForm_021

Driver's Signature
(if driver is not the policyholder)
Date & Time: 1630
4/8/19

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190814/2120

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190814/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2019 16:01		Vide Report No.: J/20190814/0047		Station Diary No.: 57	
Informant's Particulars					
Name of informant: MOHAMED HASSAN S/O MOHAMED YOUNUS			Address: APT BLK 608 JURONG WEST STREET 65 #12-560 SINGAPORE 640608		
ID Type / ID No.: NRIC NO / T0071182E			Contact No.: Home/Office:		Mobile: 91810104
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 18	Date of Birth: 27/12/2000	Type of Informant: Rider		
Race: Indian			Language: English	Institution / School Name: NANYANG POLYTECHNIC	
Occupation: Student			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/08/2019 07:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JALAN BOON LAY JURONG PIER ROAD NEAR 249 JALAN BOON LAY				
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 - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG9252U	Motorcycle	YAMAHA	JUPITER	Blue	Slightly Damaged	0
SML3933X	Car	BMW		Red	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190814/2120

2 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190814/2120

CONTINUATION OF REPORT

Rider			
Name	MOHAMED HASSAN S/O MOHAMED YOUNUS	ID No.	T0071182E
Related Vehicle	FBG9252U (Motorcycle)	Contact No.	91810104
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	14/08/2019	Date Discharge	14/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	JASWANT SINGH S/O GURMEJ SINGH	ID No.	S7639631J
Related Vehicle	SML3933X (Car)	Contact No.	97601610
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 14/08/2019 at about 0715hrs, I was riding m/cycle FBG9252U along Jalan Boon Lay towards Jurong Pier Road. I was on centre lane of said road near 249 Jalan Boon Lay. While travelling, I wanted to lane change to the right most lane. I have checked the right mirror and blind spot, and it was clear to proceed. While lane changing, there was a car on my right which drove past me quickly. As it was not safe, I lane changed back to the middle lane and car in front of me SML3933X applied emergency brake. While doing so I tried to stop my vehicle however the m/cycle front portion had collided with the rear portion of the car.

Due to the accident, I fell and injured myself. Said driver had assisted me to move m/cycle and we exchanged particulars. Ambulance was scene and I was conveyed to Ng Teng Fong Hospital.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190814/2120

3 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No: T/20190814/2120

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:

D /
Staff Sgt MOHAMMED HARIS BIN MOHAMED
PAHORASI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/08/2019 16:01

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt CHONG GUAN FATT
Contact No.: 65476083

Classification Of Case:

SN 50

Authentication Stamp

NP168



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

