

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	15/08/2019 15:34
Date Of Accident	08/08/2019 22:05
Exact Location Of Accident	UPP BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8770H
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Insured/Policyholder

Name Of Registered Owner	NUR MOHAMMAD ZULFAKHRI BIN HAJI JUMALI
NRIC No	S9606389Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97765918
Alternative Phone No	OFFICE-97765918

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R
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	5100742626-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SYAZWAN BIN SUWANDI
NRIC No	S9826317I
Date Of Birth	15/08/1998
Occupation	OUTDOOR
Date Of Driving Pass	21/11/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92993436
Fax Number	
Contact Number	OFFICE-92993436
Email Address	NOEMAIL

Address	BLK 508 JELAPANG ROAD #03-102
Postcode	670508
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 - 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	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190812/2075.

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	SMK1213J
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD SYAZWAN BIN SUWANDI
Approximate Age	
Injuries Sustain	LEG, HAND & BACK
Injured person in which vehicle?	FBE8770H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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

Along Upper Bukit Timah Rd.

Bus lane

Veh A - FB8870H
Veh B - SMK123J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer 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/20190812/2075

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3
Report No. T/20190812/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/08/2019 21:24		Vide Report No.: J/20190808/0164		Station Diary No.: 130
Informant's Particulars				
Name of Informant: MUHAMMAD SYAZWAN BIN SUWANDI		Address: APT BLK 508 JELAPANG ROAD #03-102 SINGAPORE 670508		
ID Type / ID No.: NRIC NO / S98263171		Contact No.: Home/Office: Mobile: 92993436		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 20	Date of Birth: 15/08/1998	Type of Informant: Rider	
Race: Malay		Language: English	Institution / School Name:	
Occupation: PIZZAHUT RIDER		Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/08/2019 22:05	Type of Location: Straight Road
Location: Along Road 1 UPPER BUKIT TIMAH ROAD Upper Bukit Timah Rd towards Woodlands Rd. Lamp Post Number: 185				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 70 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8770H	Bicycle	YAMAHA	X-1R	Black	Seriously Damaged	0
SMK1213J	Car	HONDA	FIT HYBRID 1.5 AUTO	Purple	Slightly Damaged	0

Details of Person Involved

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

Police Report



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POLICE FORCE**



T/20190812/2075

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20190812/2075

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD SYAZWAN BIN SUWANDI	ID No.	S9826317I
Related Vehicle	FBE8770H (Bicycle)	Contact No.	92993436
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	08/08/2019	Date Discharge	09/08/2019
No. of Days granted Medical Leave	11	Degree of Injury	Serious
Driver			
Name	Lee Lian Sheng	ID No.	S9023806Z
Related Vehicle	SMK1213J (Car)	Contact No.	96216388
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 08/08/2019 at about 2205hrs, I was riding my motorcycle FBE8770H along Upper Bukit Timah Rd towards Woodlands Road, heading back home. I was riding on the 3rd lane of the road when the vehicle beside be bearing the registration number SMK1213J traveling along the 2nd lane did not signal left nor check his blind spot on the left side and proceed to lane change into my lane. In doing so, it cause his vehicle to hit onto my motorcycle and made me fall off and skid along the road. Shortly after, the ambulance arrived and helped me to get the particulars of the other driver while I was being conveyed to Ng Teng Fong General Hospital. I sustained bruises all over my body, including fingers, arms, forearms, right elbow, back, hips, both legs.
I was given 11 days mc.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190812/2075

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20190812/2075

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: J / SC2 TAI HONG XUAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/08/2019 21:24
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case: SN 117
Authentication Stamp NP168 	

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 - ACCIDENT MANAGEMENT CENTRE

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: MNA119106953 Vehicle Registration No: FBE8770H
 Name (as shown in NRIC): Muhammad Syazwan Bin Syamandi NRIC/FIN/Passport No: S9826317 I
 ("Vehicle Driver / Vehicle Owner") (*) Please delete as appropriate
 Address: Blk 508 Jelapang Road # 03-102 Singapore (670508)
 Contact (Tel): 9299 3436 Mobile No.: _____
 Email Address: _____
 Date of Accident: 08/08/2019 Time of Accident: 2205
 Place of Accident: Along Upper Bukit Timah Road
 Insurance Company: NTUC

(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:

No camera

Policyholder / Driver's Signature
 Date:

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