

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	21/08/2019 18:16
Date Of Accident	16/08/2019 22:30
Exact Location Of Accident	ALONG TAMPINES CENTRAL 1 BESIDE TAMPINES BUS INT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM5645P
Insured/Policyholder	
Name Of Registered Owner	ABDUL HAKIM BIN ABDUL WAHID
NRIC No	S9327878Z
Email Address	ABDULHAKIMWAHID@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92201343
Alternative Phone No	OTHERS-92201343

Vehicle Particulars

Manufacturer	BAJAJ
Model	DOMINAR 400
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	5096845970-01
Cover Note Number	

Driver

Name of Driver	ABDUL HAKIM BIN ABDUL WAHID
NRIC No	S9327878Z
Date Of Birth	04/08/1993
Occupation	OUTDOOR
Date Of Driving Pass	12/05/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92201343
Fax Number	
Contact Number	OTHERS-92201343
EEmail Address	ABDULHAKIMWAHID@HOTMAIL.COM

Address	BLK 174 WOODLANDS STREET 13 #02-345
Postcode	730174
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	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	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , 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/20190817/2120

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6461P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LEONG WAI SEAM
NRIC/Passport Number	S7485518J
Contact Number	85434218
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ABDUL HAKIM BIN ABDUL WAHID
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBM5645P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

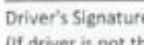
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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

Traffic light - RED

ⓐ stop line.

SKETCH PLAN

Bus turning left.

Tampines Canyon 1 Bus Interchange

Rear side of bus impact bike

A) TBM 5645P

B) SBS 6461P

Bike

(stationary position)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Report to police report

1/20/2019/12

DECLARATION

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

Policyholder's Signature

Date & Time:

21/08/2019

12:31 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

21/08/2019

Roshan Kumar

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190817/2120

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20190817/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2019 19:30		Vide Report No.:		Station Diary No.: 300	
Informant's Particulars					
Name of Informant: ABDUL HAKIM BIN ABDUL WAHID			Address: APT BLK 174 WOODLANDS STREET 13 #02-345 SINGAPORE 730174		
ID Type / ID No.: NRIC NO / S9327878Z			Contact No.: Home/Office: Mobile: 92201343		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 04/08/1993	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Technician			Driving Licence Information: Class: 2B,2A,3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 16/08/2019 22:30	Type of Location: Roundabout
Location: Along Road 1 TAMPINES CENTRAL 1				
Along Tampines Central 1 beside Tampines Bus interchange.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM5645P	Motorcycle	BAJAJ CHETAK	DOMINAR 400	Black	Slightly Damaged	0
SBS6461P	Bus/Coach/Mi nibus				No Damage	15

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM5645P	NTUC Income Insurance Co-Operative Limited	5096845970-01	19/12/2018	18/12/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190817/2120

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20190817/2120

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL HAKIM BIN ABDUL WAHID	ID No.	S9327878Z
Related Vehicle	FBM5645P (Motorcycle)	Contact No.	92201343
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LEONG WAI SEAM	ID No.	S7485518J
Related Vehicle	SBS6461P (Bus/Coach/Minibus)	Contact No.	85434218
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/08/2019 at about 2230hrs I was riding my bike (FBM5645P) along Tampines Central Road 1 while waiting for the traffic light to turn green a SBS bus (SBS6461P) wanted to turn left into Tampines Bus Interchange however while she was turning the rear of right of hit the left rear side of my bike, the impact was quite loud however she did not stop and continue to drive off and I decided to follow up, after I caught her with her and talk to her about the incident she admit she was aware of the impact however did not stop and told me that SBS will be follow up and contact me the next day, she also informed me that there are camera in-front and the rear of the bus, after that we exchanged particulars and drove off.

After the incident I went to see a doctor and was given a 3 days MC.

I have video footage of the incident and SBS haven contacted me on any follow up hence I'm making this report.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190817/2120

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20190817/2120

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:

L /

Sgt 2 TAN KIAN LEONG



Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Signature Of Informant:

Date/Time:

17/08/2019 19:30

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

