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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	23/08/2019 17:53
Date Of Accident	22/08/2019 23:45
Exact Location Of Accident	INFRT BLK 554 HOUGANG STREET 51 TWDS HOUGANG AVE 8
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FR3742G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ARIEF BIN ARIS
NRIC No	S9224565I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98774206
Alternative Phone No	OFFICE-98774206
Vehicle Particulars	
Manufacturer	HONDA
Model	SUPER 4
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	5102973950-01
Cover Note Number	-
Driver	
Name of Driver	MUHAMMAD ARIEF BIN ARIS
NRIC No	S9224565I
Date Of Birth	20/07/1992
Occupation	INDOOR

Occupation INDOOR **Date Of Driving Pass** 21/11/2014

Driving Experience 4 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98774206

Fax Number

Contact Number OFFICE-98774206

EMail Address NOEMAIL Address BLK 532 SERANGOON NORTH AVE 4 #04-241

Postcode 550532

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 - U-TURN

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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 SERANGOON NORTH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE:

550108, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2849999 - FAX NO: 63431742

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG HOUGANG ST 51, VEH B WAS INFRONT OF ME, WHEN REACH A INTERSECTION, SUDDENLY VEH B WITHOUT ANY INDICATOR AND SLOW DOWN HIS VEH INTEND TO MAKE A ILLEGAL U-TURN, I FROM BEHIND MANAGE TO STOP TO AVOID COLLISION, BUT CANNOT STOP IN TIME, AS THE RESULT, MY BIKE HIT ONTO THE VEH B REAR LEFT PORTION.

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 SMJ5797U

Vehicle Make/Model/Colour

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 ARIEF BIN ARIS

Approximate Age

Injuries Sustain SLIGHTLY ABRUSION

Injured person in which vehicle? FR3742G

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

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- 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 Singagore ("GLA") may/are permitted to collect, use, disclose and/or process my personal data/personal information act 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), who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' lawyers/faw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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' lowyers/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 CIA to their third party service providers or agents(including their (awyers/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 to collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing froud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (k) for complying with requirements under any regulations, laws or court orders.

Policyhtyder's Signature

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Accident Sketch Plan

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DECLARATION	
I/We declare the foregoing p	erticulars are true in every respect.
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Date & Time:	(If driver is not the policyholder) Name:
	Date & Time: NRIC/FIN Ns.:

POLICE REPORT

CONFIDENTIAL

Annex E

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NOTICE OF COMPLIANCE

This is to confirm that Muhammad Arief Bin Aris. Tel 98774206 NRIC/F!N S9224565], has reported to the Police a non-injury traffic accident which occurred at in from of Blk 554 Hougang Street 51 towards Hougang Avenue 8 on 22/08/2019 at 1143HRS involving the following vehicles: FR3742G - Complainant SMJ5797U - Mr Lim, 98322565

If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT(2) T180076 Alvin On Wei Jie

Date: 23/08/2019

Time: 1500hrs

Side Street, and Such hard of the Subject Collection of the Subject Collection

S/D Ref: ____8___

* **

Police Post/Unit: Serangoon North NPP

CONFIDENTIAL























