

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	31/08/2019 11:02
Date Of Accident	28/06/2019 08:20
Exact Location Of Accident	SLE (BKE) BEFORE WOODLANDS AVE 2 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT5221U
Insured/Policyholder	
Name Of Registered Owner	HASMIN SIREGAR BIN HASBULLAH
NRIC No	S9533644B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91162095
Alternative Phone No	OFFICE-91162095

Vehicle Particulars

Manufacturer	YAMAHA
Model	TZM150
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	5066178153-05
Cover Note Number	

Driver

Name of Driver	HASMIN SIREGAR BIN HASBULLAH
NRIC No	S9533644B
Date Of Birth	20/09/1995
Occupation	INDOOR
Date Of Driving Pass	18/06/2014
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91162095
Fax Number	
Contact Number	OFFICE-91162095
Email Address	NOEMAIL

Address	BLK 257C COMPASSVALE ROAD #03-533
Postcode	543257
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 - 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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190629/2023.

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	SME4672D
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	HASMIN SIREGAR BIN HASBULLAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FT5221U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

(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.

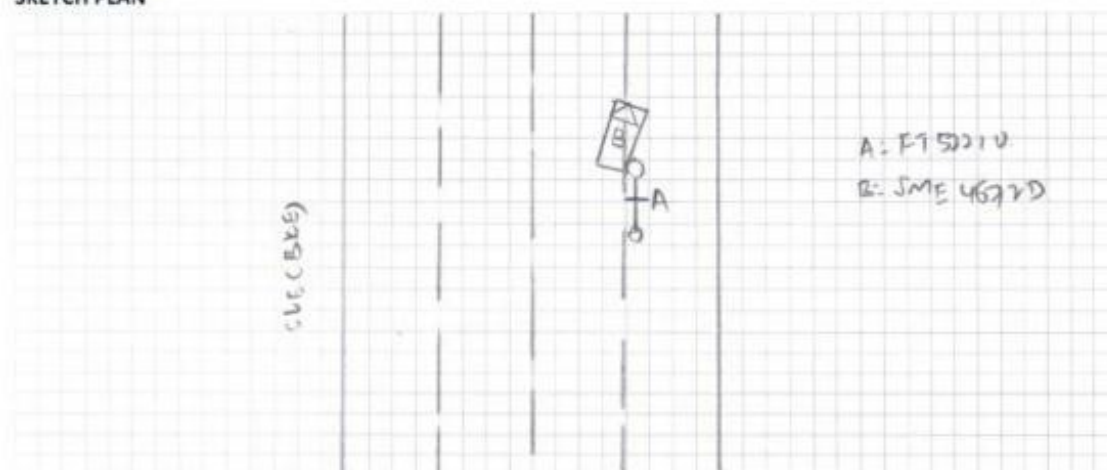
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/24/06 29/2023.

DECLARATION

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

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190629/2023

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190629/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2019 04:07	Vide Report No.:	Station Diary No.: 55
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Informant's Particulars

Name of Informant: HASMIN SIREGAR BIN HASBULLAH			Address: APT BLK 257C COMPASSVALE ROAD #03-533 SINGAPORE 543257		
ID Type / ID No.: NRIC NO / S9533644B			Contact No.: Home/Office: Mobile: 91162095		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 20/09/1995	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Other assistant engineers			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/06/2019 08:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SELETAR EXPRESSWAY BUKIT TIMAH EXPRESSWAY SLE towards BKE before Woodlands Avenue 2 Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
FT5221U	Motorcycle	YAMAHA	TZM150	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT5221U	NTUC Income Insurance Co-Operative Limited	5066178153-05	24/06/2019	23/06/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190629/2023

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190629/2023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HASMIN SIREGAR BIN HASBULLAH	ID No.	S9533644B
Related Vehicle	FT5221U (Motorcycle)	Contact No.	91162095
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	28/06/2019	Date Discharge	28/06/2019
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

On the 28/06/2019 at about 0830hrs, I was riding my motorcycle, bearing the registration plate FT5221U, along SLE towards BKE between lane 1 and 2. There was a heavy traffic as such I was not travelling fast. Before Woodlands Avenue 2 exit, one maroon Subaru car was on lane 1 and abruptly changed to lane 2. However, I was too close to him and unable to stop my motorcycle. My motorcycle collided to the car's rear left side and I fell down. Shortly later, an ambulance arrived and made a check on me. I was then conveyed to Khoo Teck Puat Hospital. I was discharged on the same day. I received 14 days MC and I suffer abrasion on my right wrist, left elbow, left hand, left knee, both feet, bruise on my left leg and cut on my face. I also feel pain at my neck area when I turn my head and felt giddiness. Some of my teeth also chipped off. I received a call one TP officer, IO David, and was told that my motorcycle had been towed. He also advised me to lodge a traffic accident report. Before I was conveyed to the hospital, I managed to talk to the driver and he told me that he has an in-car camera facing the rear. After which I was conveyed to the hospital, I did not manage to take down any details of the said car and the driver.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190629/2023

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190629/2023

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: F / Staff Sgt NUR NADHIRAH BINTE HASHIM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/06/2019 04:07
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEEN Contact No.: 65476206	Classification Of Case: 
Authentication Stamp NP168 	Signature  Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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