

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	09/09/2019 12:16
Date Of Accident	02/09/2019 20:10
Exact Location Of Accident	MARINA BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1611T
Insured/Policyholder	
Name Of Registered Owner	KAJAKAMAL KIYATHUL NASAR
NRIC No	S7868323F
Email Address	STSNASAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91698569
Alternative Phone No	OFFICE-91698569

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ150N
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	5111122041
Cover Note Number	

Driver

Name of Driver	KAJAKAMAL KIYATHUL NASAR
NRIC No	S7868323F
Date Of Birth	27/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2010
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91698569
Fax Number	
Contact Number	OFFICE-91698569
Email Address	STSNASAR@GMAIL.COM

Address	APT BLK 10 JALAN KUKOH #08-59 SINGAPORE
Postcode	162010
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 [OTHER]	391 NEW BRIDGE ROAD CANTONMENT COMPLEX
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN.

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	SGV8826H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIAW MUI FUE
NRIC/Passport Number	S7572529I
Contact Number	96695367
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KAJAKAMAL KIYATHUL NASAR
Approximate Age	
Injuries Sustain	LEG AND HAND
Injured person in which vehicle?	FBL1611T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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.

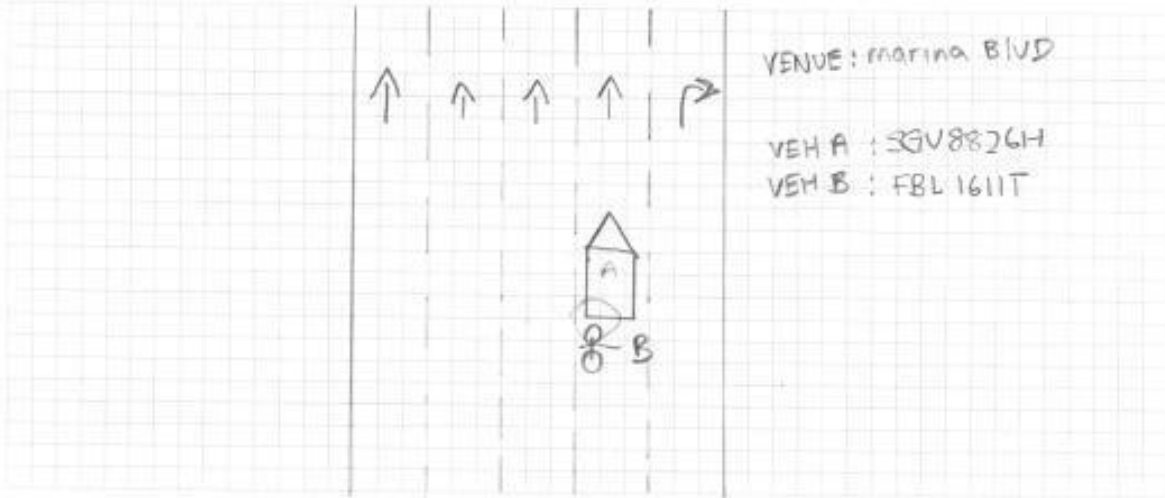

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the mention Road. Suddenly veh A stopped in front of me. I tried my best to stop on time, but I couldn't and hit into veh A Rear Left portion. I was injured and went to SH by me myself for consultation. I was given 5 days mc, and made a police report.

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**



A/20190903/7023

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Report No. A/20190903/7023

Date/Time Report Made 03/09/2019 15:02	Vide Report No.	Station Diary No.
Name Of Informant KAJAKAMAL KIYATHUL NASAR	Address APT BLK 10 JALAN KUKOH #08-59 SINGAPORE 162010	
ID Type / ID No. NRIC NO / S7868323F	Contact No. Home/Office:	Mobile: 91698569
Nationality INDIAN	Email Address inasar15@yahoo.co.in	
Occupation Despatch worker	Sex Male	Age 41
Institution/School Name	Date of Birth 27/05/1978	Race Indian
Date/Time Of Incident 02/09/2019 20:05 - 02/09/2019 20:25	Location Of Incident marina blvd near by marina link mall	

Brief details.

iam a food delivery rider.when i riding on my way hit the car.the car was damaged rear left side indicator and crashes in side.

Subjects Involved	
Victim	
Person Name	KAJAKAMAL KIYATHUL NASAR
ID Type	NRIC NO
ID No	S7868323F
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/09/2019 15:02
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

POLICE REPORT



**SINGAPORE
POLICE FORCE**



A/20190903/7023

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190903/7023

Gender	Male	Age	41
Race	Indian	Language	English
Occupation	Despatch worker	Address Type	
Address	APT BLK 10 JALAN KUKOH #08-59 SINGAPORE 162010	Mobile No	91698569
Is Informant A Victim?	Yes		
Person Name			
KAJAKAMAL KIYATHUL NASAR (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/09/2019 15:02
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

