

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	10/09/2019 18:02
Date Of Accident	03/09/2019 07:00
Exact Location Of Accident	JUNCTION OF BT BATOK WEST AVE 2/BT BATOK WEST AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG2517C
Insured/Policyholder	
Name Of Registered Owner	DAHLIA BTE DASUKI
NRIC No	S7870853J
Email Address	SHOAFYDA1608@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87760577
Alternative Phone No	OTHERS-96752417

Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA RUNNER ST 200
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	5107857237
Cover Note Number	

Driver

Name of Driver	MOHAMAD SARUDDIN BIN DASUKI
NRIC No	S8105493B
Date Of Birth	16/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2005
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87760577
Fax Number	
Contact Number	OTHERS-96752417
EEmail Address	SHOAFYDA1608@GMAIL.COM

Address	BLK 216 PETIR ROAD #02-417
Postcode	670216
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190904/2009

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	SKT9792B
Vehicle Make/Model/Colour	VOLVO/BLACK
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	MOHAMAD SARUDDIN BIN DASUKI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG2517C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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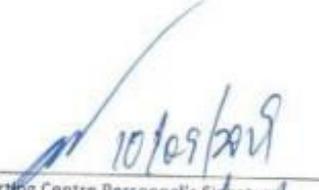
8. Consent under the Personal Data Protection Act (PDPA)

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.

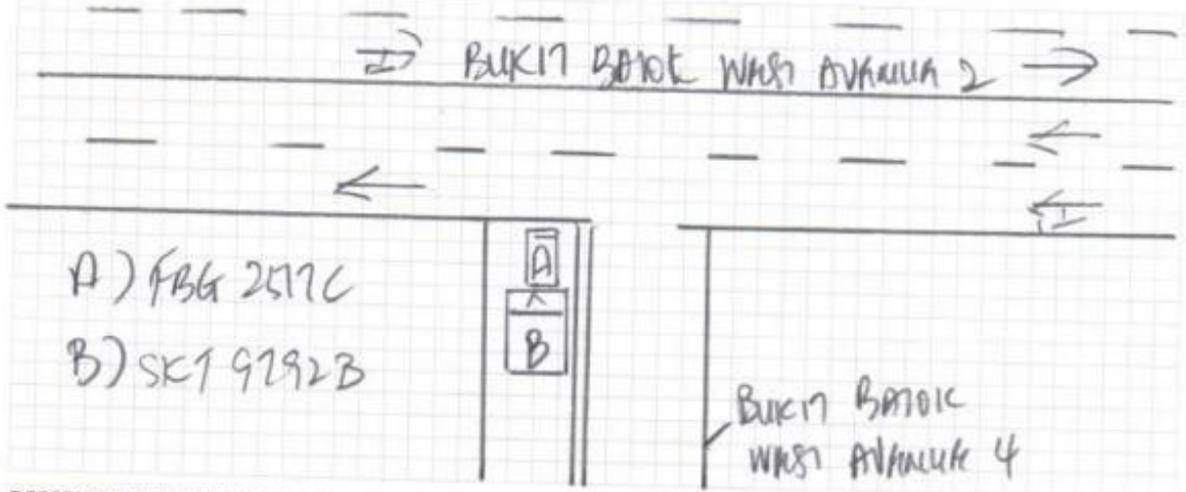
Policyholder's Signature
Date & Time:

 03/09/19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 10/09/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~FOR REFERENCE TO POLICE REPORT
7/2019 0904/2009~~

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.:

CIAMVIC 20090904/2009

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190904/2009

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20190904/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2019 01:49	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: MOHAMAD SARUDDIN BIN DASUKI		Address: APT BLK 216 PETIR ROAD #02-417 SINGAPORE 670216	
ID Type / ID No.: NRIC NO / S8105493B		Contact No.: Home/Office: Mobile: 96752417	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 16/02/1981	Type of Informant: Driver
Race: Boyanesse		Language:	Institution / School Name:
Occupation: PRIME MOVER DRIVER		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 03/09/2019 07:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BUKIT BATOK WEST AVENUE 4 BUKIT BATOK WEST AVENUE 2			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBG2517C	Motorcycle					0
SKT9792B (Not Accurate)	Car					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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T/20190904/2009

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Report No. T/20190904/2009

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD SARUDDIN BIN DASUKI	ID No.	S8105493B
Related Vehicle	FBG2517C (Motorcycle)	Contact No.	96752417
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	03/09/2019	Date Discharge	03/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Tham Qi Yuan	ID No.	NIL
Related Vehicle	SKT9792B (Car)	Contact No.	94875199
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 03/09/2019 at about 7am, I was riding my vehicle bearing registration number V1) FBG2517C along Bt Batok West Ave 4. I approached the junction of Bt Batok West Ave 2 and stopped at the stop line. Before I signalled my intention to turn right, suddenly a car hit me from behind. My motorcycle surged forward due to the impact.

We moved to the side and tried to settle the issue. The driver namely, Tham Qi Yuan HP: 94875199 said that he wanted to do a private settlement. As V1 belongs to my sister, I told him that it was best that he settles it with the owner himself. As I was still in a state of shock at that time, I did not manage to take down his vehicle number and also his particulars. I only have his name and contact number. But what I remember was he was driving a black coloured Volvo (MPV kind).

I did not have any injury at the time of accident. However, as the day progressed, I felt pain on my back and neck area hence went to the clinic to get some treatment. I was given 5 days of MC from 03/09/2019 to 07/09/2019.

The visible damages to V1 are starter relay loose, rear mudguard crack, rear taillights housing broken, plate number light broken, fork leaking. I noticed a scratch on the front right bumper of the Volvo.

After messaging him, he provided his vehicle number as SKT9792B. The last conversation that I had with him was at 12noon via a phone call. Subsequently, he WhatsApp my sister regarding the private settlement. However, my sister told him that it was best to claim from insurance instead as there were quite a number of damages due to the impact. He read my sister's messages but did not reply them.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190904/2009

Police Station Of Origin:
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Report No. T/20190904/2009

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190904/2009

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Report No. T/20190904/2009

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/ Staff Sgt SITI FATIMAH BINTE ISMAIL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/09/2019 01:49
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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