

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 willful 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	13/09/2019 16:55
Date Of Accident	12/09/2019 17:10
Exact Location Of Accident	AT SENTOSA GATEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH635C
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD KAMARUL HAKIM BIN SUHERMAN
NRIC No	S9501732J
Email Address	AROLHAKIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87671220
Alternative Phone No	OTHERS-87671220

Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX
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	5111732387
Cover Note Number	

Driver

Name of Driver	MOHAMMAD KAMARUL HAKIM BIN SUHERMAN
NRIC No	S9501732J
Date Of Birth	12/01/1995
Occupation	OUTDOOR
Date Of Driving Pass	05/06/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87671220
Fax Number	
Contact Number	OTHERS-87671220
Email Address	AROLHAKIM@GMAIL.COM

Address	BLK 117 JALAN BUKIT MERAH #05-1659
Postcode	160117
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	SIDE SWIPE
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190913/2070 (TYPE OF COLLISION IS HEAD TO SIDE)

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 Witness 1

Name	DANIEL
Phone Number	96969040
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA4079M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SNG CHENG KIAT
NRIC/Passport Number	S1417887B

Contact Number	88177721
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD KAMARUL HAKIM BIN SUHERMAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH635C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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6. The 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 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: 1630 13/9/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

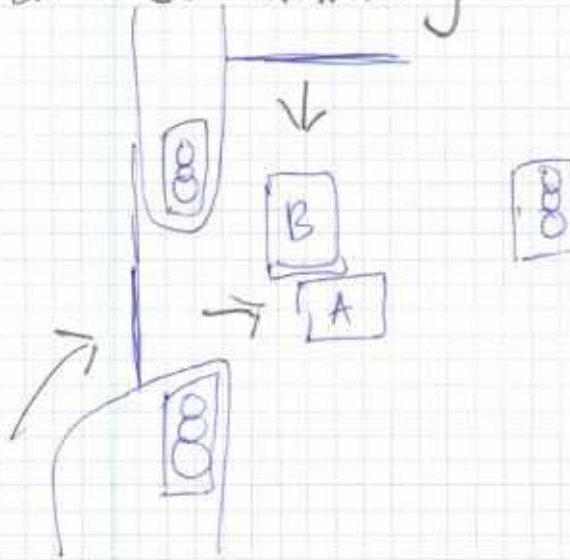
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

SHAROSA GATEWAY



A) FBH 635C
B) SMA 409m

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MS REFER TO POLICE REPORT
1/2019 0913/2020

DECLARATION

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

Policyholder's Signature
Date & Time: 1624 13/9/19

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

Reporting Centre Personnel's Signature
Name: 13/09/2019
NRIC/FIN No.: 2024 100003



SINGAPORE POLICE FORCE



T/20190913/2070

1 of 3

Report No. T/20190913/2070

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/09/2019 15:34	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHAMMAD KAMARUL HAKIM BIN SUHERMAN			Address: APT BLK 117 JALAN BUKIT MERAH #05-1659 TIONG BAHRU ORCHID SINGAPORE 160117		
ID Type / ID No.: NRIC NO / S9501732J			Contact No.: Home/Office: Mobile: 87671220		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 12/01/1995	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: FREELANCE			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/09/2019 17:10	Type of Location: Bend
Location: SENTOSA GATEWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH635C	Motorcycle	YAMAHA	AEROX GDR155 CVT	Grey		0
SMA4079M	Car	TOYOTA	VOXY HYBRID 1.8X CVT	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190913/2070

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Report No. T/20190913/2070

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH635C	NTUC Income Insurance Co-Operative Limited	5111732387	06/08/2019	05/08/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD KAMARUL HAKIM BIN SUHERMAN	ID No.	S9501732J
Related Vehicle	NIL	Contact No.	87671220
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

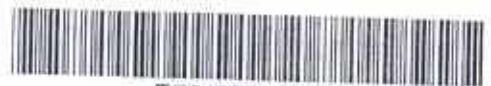
Brief Details.

ON THE MENTIONED DATE TIME AND LOCATION,

I WAS ABOUT TO GO TO DESIGNATED SENTOSA GATEWAY DELEVERY LOT. THEN SUDDENLY A CAR OUT OF NOWHERE HIT ME. HE DID NOT STOP ON TIME AND IT WAS MY RIGHT OF PASSAGE. IT WAS ON GREEN LIGHT ON MY FAVOUR, WHEREAS FOR THE DRIVER RED. I GAVE A WITNESS TO BACK MY CLAIMS. AFTER EXCHANGING PARTICULARS, HE STRAIGHTAWAY LEFT AS HE HAD A PASSENGER TO SEND. AT THAT POINT OF TIME I FORGOT TO ASK THE PLATE NUMBER AS I SAW A SENTOSA RANGER TOOK A PIC OF THE INCIDENT AND RELATED VEHICLES. THE RANGER WAS THERE TO USHER TRAFFIC AND RENDER VEHICLE. AFTER EVERYTHING SIMMER DOWN, I WENT BACK TO THE RANGER JUST TO OBTAIN THE OTHER VEHICLE NUMBER. THATS ALL



**SINGAPORE
POLICE FORCE**



T/20190913/2070

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190913/2070

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:
TP /
NURSADIY ZULFIKAR BIN SHAWAL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
13/09/2019 15:34

Classification Of Case:

Thumbnail	File Name	File Type	File Size	File Date	File Location	File Content	File Status	File Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2019 11:46	Photos	Normal	2019-9-17	Photos	2019-9-17		
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2019 11:46	Photos	Normal	2019-9-17	Photos	2019-9-17		
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2019 11:46	Photos	Normal	2019-9-17	Photos	2019-9-17		
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2019 11:46	Photos	Normal	2019-9-17	Photos	2019-9-17		
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2019 11:46	NRIC/ Driving License	Normal	2019-9-17	NRIC/ Driving License	2019-9-17		
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Sep 2019 11:46	SAS	Normal	2019-9-17	SAS	2019-9-17		

Video List

Uploaded By/Date

Folder Date

File Name

File Size

File Date

File Location

File Content

File Status

File Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 13/9/2019 (DD/MM/YYYY), TIME: 17:10 (HH:MM)

LOCATION: Sentosa Gateway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 635 C
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha Aerox 155
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Mohammed Kamal Hakim Bin Subman (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 895017323 CONTACT: 8767 1220
 c) ADDRESS: Blk 117 Jalan Bukit Merah #05-6659 S160117

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 12/01/1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 05/04/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/ NO)

7. a) REPORTED TO POLICE (YES/ NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMA 459 M MODEL: Toyota
 b) DRIVER'S NAME: Ng Chong Eot
 c) NRIC/FIN/PASSPORT: S1417887B CONTACT: 88177721

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: W17M685 MODEL: _____
 e) DRIVER'S NAME: Daniel
 f) NRIC/FIN/PASSPORT: _____ CONTACT: 9696 9040

Email = orslham@gmail.com

VIDEO

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5111732387		MOHAMMAD KAMARUL HAKIM BIN SUHERMAN	S95017323	GMC	Third Party, Fire & Theft	FBH635C	FBH635C	06/08/2019	05/08/2020