

## 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	01/10/2019 15:04
Date Of Accident	27/09/2019 23:45
Exact Location Of Accident	ALONG LOYANG AVE TWDS CHANGI CARGO COMPLEX
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9789M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL AZIZ BIN TAIB
NRIC No	S1237172A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91051371
Alternative Phone No	OFFICE-91051371

### Vehicle Particulars

Manufacturer	YAMAHA
Model	XT1200Z
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	5058200217-06
Cover Note Number	

### Driver

Name of Driver	ABDUL AZIZ BIN TAIB
NRIC No	S1237172A
Date Of Birth	01/11/1957
Occupation	INDOOR
Date Of Driving Pass	23/06/2009
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91051371
Fax Number	
Contact Number	OFFICE-91051371
Email Address	NOEMAIL

Address	BLK 422 TAMPINES ST 41 #01-160
Postcode	520422
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 - MAJOR/MINOR RD
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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 9 EUNOS CRESCENT #01-2687 , <b>POSTCODE:</b> 400009 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7479999 - <b>FAX NO:</b> 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191001/2078

#### 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	SKL1477H
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	ABDUL AZIZ BIN TAIB
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBG9789M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan


### SKETCH PLAN

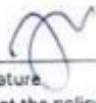
#### IMPORTANT NOTICE


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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.

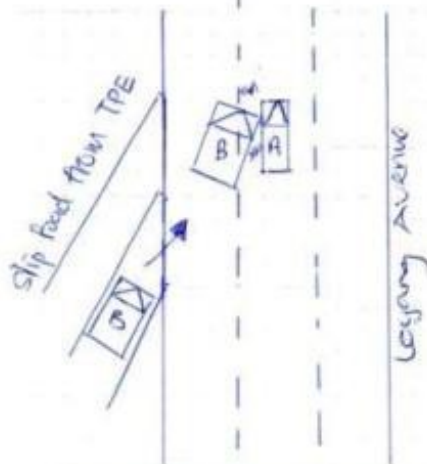
  
Policyholder's Signature  
Date & Time:

  
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



Vehicle A : FBG 978AM

Vehicle B : SKL1477H

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

report no : T/2019001/2078

### 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/20191001/2078

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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Report No. T/20191001/2078

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2019 13:10	Vide Report No.: T/20190928/2032	Station Diary No.: 10
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### Informant's Particulars

Name of Informant: ABDUL AZIZ BIN TAIB			Address: APT BLK 422 TAMPINES STREET 41 #01-160 SINGAPORE 520422		
ID Type / ID No.: NRIC NO / S1237172A			Contact No.: Home/Office: Mobile: 91051371		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 01/11/1957	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: CARGO ASSISTANT			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/09/2019 23:45	Type of Location: Straight Road
Location: Along Road 1 LOYANG AVENUE  ALONG LOYANG AVENUE, TOWARDS CHANGI CARGO COMPLEX				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG9789M	Motorcycle	YAMAHA	XT1200Z	Black		0
SKL1477H	Car	MERCEDES BENZ	CLA 200 (R18 SR)	Red		0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG9789M	NTUC Income Insurance Co-Operative Limited	5058200217-06	25/02/2019	24/02/2020

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191001/2078

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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Report No. T/20191001/2078

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL AZIZ BIN TAIB	ID No.	S1237172A
Related Vehicle	FBG9789M (Motorcycle)	Contact No.	91051371
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	28/09/2019	Date Discharge	28/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL

### Brief Details.

On the 27/09/2019, at about 2345hrs, I was travelling along Loyang Ave towards Changi on my motorbike, FBG9789M. The road was clear and I was travelling on the 2nd lane from the right. Right after I rode pass the slip road from TPE, a red car (SKL1477H) from the left side came from the slip road and drove diagonally towards my direction. I saw him coming and he collided onto me from the left.

After the collision, I fell off from my bike and onto the ground while my bike slide towards to 4th lane and hit the road divider. My back was in pain after the fall and I couldn't get up. There were also superficial cuts on my right forearm and some bruises on my right thigh. To the best of my knowledge, the other party did not suffer from any injuries. Traffic police came down to scene to investigate on the accident. I was then conveyed by ambulance to Changi General Hospital and given 5 days MC for my back injury. I do not have any camera installed on my bike. I have not seen my bike after the accident and is unsure of the damages that was sustained as a result of the accident. I also do not have the particulars of the other party.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191001/2078

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

3 of 3

Report No. T/20191001/2078

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:

G /

Sgt 3 LIM HSI YUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/10/2019 13:10

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MA JUNXIANG

Contact No.: 65476251

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE



Accident Photo



Accident Photo



Accident Photo



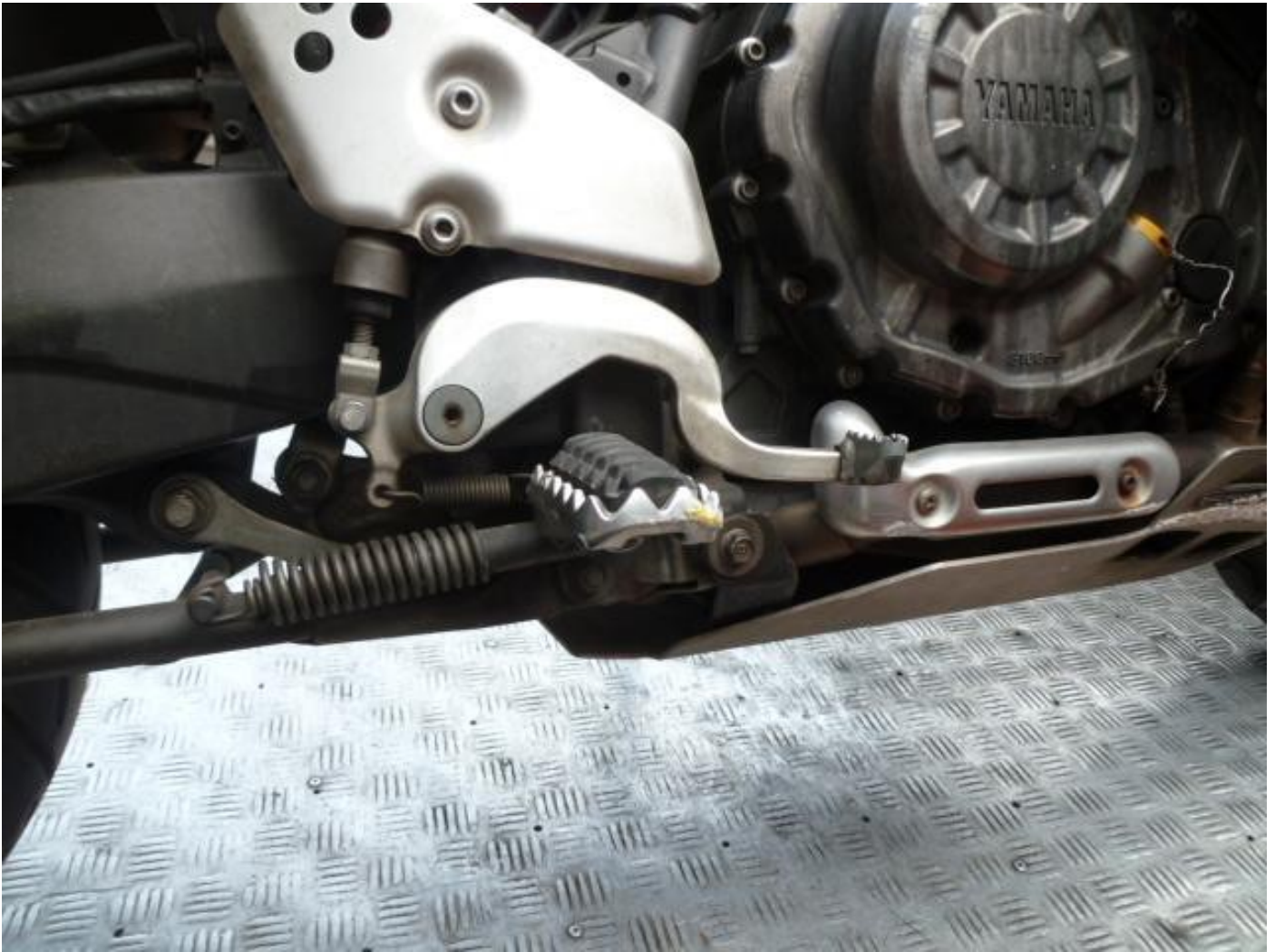


Accident Photo





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