

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	02/10/2019 14:32
Date Of Accident	02/10/2019 08:00
Exact Location Of Accident	BLK 468 FERNVALE LINK MULTISTORY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC2427A
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD HUSSAINI BIN WAHID
NRIC No	S8734698F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97697223
Alternative Phone No	OFFICE-97697223

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ1-S
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?	YES
If No, Please state action to be taken	
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	5094052744-01
Cover Note Number	

Driver

Name of Driver	MOHAMMAD HUSSAINI BIN WAHID
NRIC No	S8734698F
Date Of Birth	02/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97697223
Fax Number	
Contact Number	OFFICE-97697223
Email Address	NOEMAIL

Address	BLK 468C FERNVALE LINK #02-559
Postcode	793468
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	FIRE, EXPLOSION OR LIGHTNING
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

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 - F/20191002/2034.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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

Link USA Farmville link
Military Corpse

Vehicle range

A: 5BC0437A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - F/2019/002/2024.

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**



F/20191002/2034

1 of 2

POLICE REPORT (NP299)

Report No. F/20191002/2034

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

Date/Time Report Made 02/10/2019 12:04		Vide Report No. F/20191002/0048		Station Diary No. 84	
Name Of Informant MOHAMMAD HUSSAINI BIN WAHID		Address APT BLK 468C FERNVALE LINK #02-559 SINGAPORE 793468			
ID Type / ID No. NRIC NO / S8734698F		Contact No. Home/Office Mobile 97697223			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Police Officer		Sex Male	Age 31	Date of Birth 02/11/1987	Race Malay
Institution/School Name		Language			
Date/Time Of Incident 02/10/2019 08:00		Location Of Incident Blk 468 Fernvale Link MSCP Deck 1B SINGAPORE			

Brief details.

On 02/10/2019 at about 0800hrs while I was at work, I received a call from my wife stating that my motorbike vehicle registration number FBC2427A had caught on fire.

I wish to state that I last rode and parked my motorbike on the 29/09/2019 at about 2100hrs, everything intact and in order. Nothing amiss.

Signature Of Officer Recording The Report: F / Sgt 3 TEO JIA HAO, KENNETH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2019 12:04
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / SI TAN SOON KWANG Contact No.: 62181343	Classification Of Case:

Authentication Stamp



Police Report



**SINGAPORE
POLICE FORCE**



F/20191002/2034

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191002/2034

I am unsure how my motorbike had caught on fire and I have no suspect in mind. I have no dispute with anyone. I am unsure of my motorbike damage cost. Hence, I am here to lodge this vide report for insurance purpose.

Police attended to the said incident reference to F/20191002/0048.

Signature Of Officer Recording The Report:

F / Sgt 3 TEO JIA HAO, KENNETH

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

F / Ang Mo Kio Police Divisional Investigation Branch /
SI TAN SOON KWANG
Contact No.: 62181343

Signature Of Informant:

Date/Time:

02/10/2019 12:04

Classification Of Case:

Authentication Stamp



Signature: _____

SN 085

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

