

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	16/10/2019 14:48
Date Of Accident	15/10/2019 18:00
Exact Location Of Accident	LOYANG AVENUE EXIT FROM PIE TOWARDS PASIR RIS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB5810L
Insured/Policyholder	
Name Of Registered Owner	NUR FADHILAH BINTE RAHIM
NRIC No	S8614961C
Email Address	MDFMHM@OUTLOOK.SG
Mobile Phone No	(LOCAL) +65-91883174
Alternative Phone No	OTHERS-93821751

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC
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	5073126338-04
Cover Note Number	

Driver

Name of Driver	FIRDAUS DIAZ DE JESUS
NRIC No	S8519142Z
Date Of Birth	08/07/1985
Occupation	INDOOR
Date Of Driving Pass	25/02/2004
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93821751
Fax Number	
Contact Number	OTHERS-91883174
Email Address	MDFMHM@OUTLOOK.SG

Address	BLK 317B YISHUN AVENUE 9 #04-284
Postcode	762317
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : NUR FADHILAH BINTE RAHIM GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I was riding my bike, FBB 5810L on lane 2, with a pillion, and just after I exited TPE turning right into Loyang Ave, I noticed a white van GBA 668U from lane 1 suddenly turned on his left signal and protrude forward abruptly to lane 2. I swerved to lane 1 to avoid colliding onto him but when he was honked at (believed to be by an incoming car at lane 2), he jammed brake while inching back to lane 1, thus colliding onto my left side mirror and handle, and this caused my right handle and front brake lever to graze against the left rear side of a car at lane 1, SJV6508D. Upon the collision, driver of GBA 668U, still continued to drive into lane 2, with his rear right tyre grazing against my left foot. I knocked on the van with my fist to initiate him to stop but the driver drove off even when his rear passengers saw me. I quickly exchanged numbers with SJV6508D and chased after the van. It was only after the junction of Loyang Ave and Pasir Ris Drive 3 (opposite Shell at Loyang) that I manage to catch up with the driver and make him stop by the side of the road. We exchanged particulars then. 16/10/2019, 14:44 - +65 9382 1751: I have settled privately with SJV6508D by compensating \$350 via paynow to his mobile number.

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	GBA668U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJV6508D
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 FIRDAUS DIAZ DE JESUS
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBB5810L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN


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

I understand, acknowledge, agree and consent that:

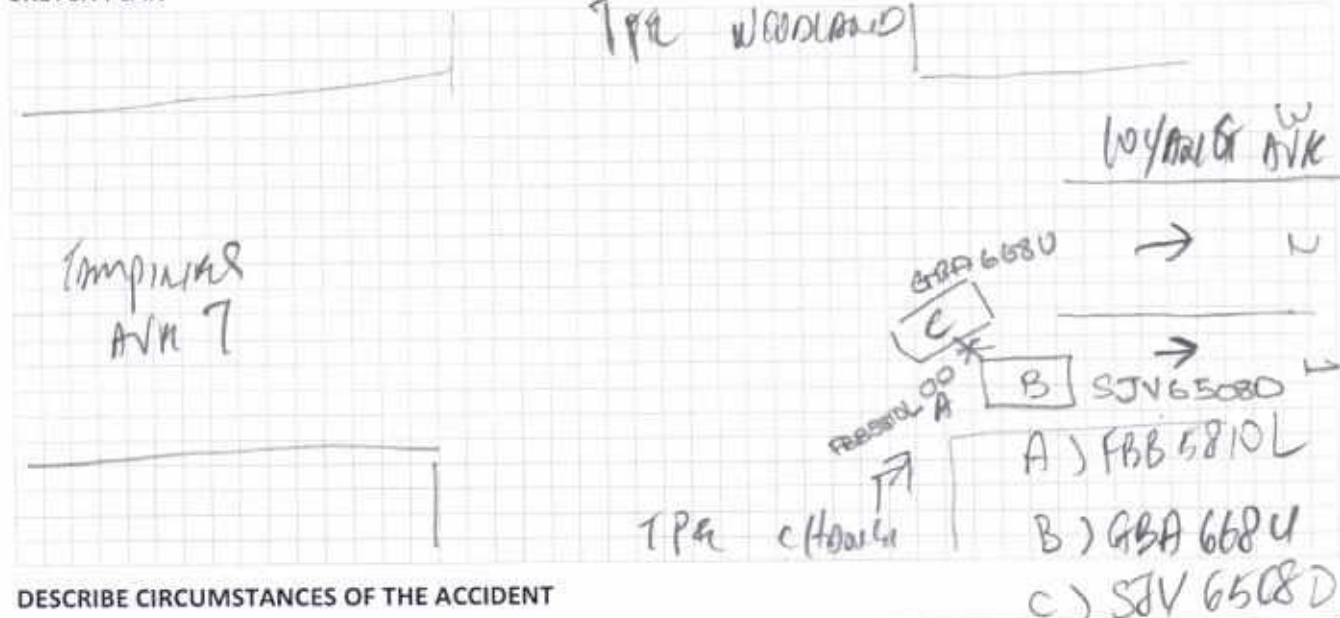
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 14/10/2019
16 OCT 2019


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS RIDING MY BIKE, FBB 5810L ON LANE 2 WITH A PILLION AND JUST AFTER I EXITED TPE TURNING RIGHT INTO LOYANG AVE, I NOTICED A WHITE VAN GBA 668U FROM LANE 1 SUDDENLY TURNED ON HIS LEFT SIGNAL AND PROCEED FORWARD ALBERTY TO LANE 2. I SWERVED TO LANE 1 TO AVOID COLLIDING ONTO HIM BUT WHEN HE WAS HONKED BY AN INCOMING CAR AT LANE 2, HE JAM BREAK WHILE INCHING BACK TO LANE 1. THUS COLLIDING ONTO MY LEFT SIDE MIRROR AND HANDLE BAR. THIS CAUSED MY RIGHT HANDLE AND FRONT BRAKE LEVER TO GRAB AGAINST THE LEFT SIDE OF A CAR AT LANE 1, STV 6508D. VAN COLLISION, DRIVER OF GBA 668U STILL CONTINUE TO DRIVE OFF INTO LANE 2 WITH HIS RIGHT TYRE RUN OVER ^{LEFT} MY FOOT, I KNOCKED ON THE VAN TO INITIATE HIM TO STOP BUT THE DRIVER DROVE OFF EVEN HIS REAR PASSENGER SAW ME. I QUICKLY EXCHANGE NUMBER WITH ~~STV~~ STV 6508D DRIVER AND CHASED AFTER THE VAN. IT WAS ONLY AFTER THE JUNCTION OF LOYANG AVENUE AND PASIR RIS AVENUE 3 (OPPOSITE SHELL LOYANG) THAT I MANAGE TO CATCH UP WITH THE DRIVER AND MAKE HIM STOP BY THE BORDSIDE. WE EXCHANGED PARTICULAR.

I HAVE SETTLED PRIVATLY WITH STV 6508D BY COMPENSATING \$350 VIA PAYNOW TO HIS MOBILE NUMBER.

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: 14/5/2019
16 OCT 2019

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

Claim Handling

Accident MT/1067194

Policy No.	SRF3526338-04	Vehicle No.	PB85810L	GST Registration No.	
Certificate No.					
Policyholder Name	MUR FADHILAH BINTE RAHM			Policyholder NRIC	S8614961C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	91882174	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
ETK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	16/10/2019 18:55	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/10/2019	Time of Accident (hh:mm)	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOYANG AVENUE EXIT FROM RIE TOWARDS PASIR RIS				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver Is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 317B #04-284	Address 2	YISHUN AVENUE 6	Address 3	YISHUN GREENWALK
Address 4	SINGAPORE 762317	Address Type	Singapore address	Post Code	762317
Unit No.	04-284	Related Policy Number	5110677702		

OT Driver Info

Driver Name	FIRDAUS DIAZ DE JESUS	Driver Type	Named Driver		
Unnamed driver Name		Driver NDC	S85191422	Driver DOB	08/07/1985
Register Date of Driver License	01/01/2000	Driver Age	34	Driving Experience	18
Contact No.(Mobile)	918821751	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered Car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	PB85810L	Driver Insurer Company	RTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	CO-HR	Insured Name	MUR FADHILAH BINTE RAHM	Insured NRIC	S8614961C
Contact No.(Mobile)	91882174	Contact No.(Home)	NTL	Contact No.(Office)	
Email Address	slah_58@hotmail.com	Of Vehicle Number	PB85810L	TP Vehicle Number	GBA888U
Claim Description	PB85810L / GBA888U ON 16 Oct 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Repair Option	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/10/2019 18:21	Claim Close Date		Date Received	16/10/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AR letter

Save Submit

Attachment

Accident No.	MT/1067194	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/10/2019 18:22

Choose File	No file chosen	Clear	Please Select	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 16 Oct 2019 16:22	Photos	Normal	Photos 2019-10-16	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 16 Oct 2019 16:22	Photos	Normal	Photos 2019-10-16	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 16:22	Photos		Normal	Photos 2019-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 16:22	Photos		Normal	Photos 2019-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 16:22	Photos		Normal	Photos 2019-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 16:22	Photos		Normal	Photos 2019-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 16:22	Photos		Normal	Photos 2019-10-16
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 16:22	Photos		Normal	Photos 2019-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 16:22	Photos		Normal	Photos 2019-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 16:22	Photos		Normal	Photos 2019-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 16:22	Photos		Normal	Photos 2019-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 16:22	Photos		Normal	Photos 2019-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 16:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 16:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 16:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-16
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2019 16:22	SAS		Normal	SAS 2019-10-16

Video List

Uploaded By/Date	Folder Data	File Name	Source	Action
Display in New Window Scan and uploading				

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 10 / 2019) (DD/MM/YYYY), TIME: (18 : 00) (HH:MM)

LOCATION: LOYANG AVENUE EXIT, TPE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBB5810L
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA / T125
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
 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: NUR FADILAH BINTI RAHIM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8614961C CONTACT: 91883174
 c) ADDRESS: 317B YISHUN AVENUE 9 #04-284
762317

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: FREDRUS DIAZ DE JESUS (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8514122 CONTACT: 93821751
 c) ADDRESS: 317B YISHUN AVENUE 9 #04-284
762317

*d) DATE OF BIRTH: (06 / 07 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25 FEB 2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G8A668 U MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G8 SJV 6508D MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email = mofmhm@outlook.sg

VIDEO

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="15/10/2019 14:37"/>
Vehicle No. (For Motor)	<input type="text" value="FB85810L"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select:	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5073126338-04		NUR FADHILAH BINTE RAHIM	S8614961C	GMC	Third Party	FB85810L	FB85810L	17/05/2019	16/05/2020