

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	21/11/2019 15:54
Date Of Accident	26/10/2019 21:20
Exact Location Of Accident	UPPER SERANGOON ROAD (JUNCTION OF BATRLEY FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2860U
Insured/Policyholder	
Name Of Registered Owner	DAYAN
Co Reg No	53309015J
Email Address	BLACKBIRD8855@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98190982
Alternative Phone No	OFFICE-98190982

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5074972192-04
Cover Note Number	

Driver

Name of Driver	AZMIR SHAH BIN ALIAS
NRIC No	S7526179I
Date Of Birth	19/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	06/02/1998
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98190982
Fax Number	
Contact Number	OTHERS-98190982
Email Address	BLACKBIRD8855@GMAIL.COM

Address 19 FLORA ROAD
#02-03 AVILA GARDENS

Postcode 509736

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLIDED INTO MOTORCYCLIST

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? NO

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: : WIFE
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191027/2002

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH THE POLICE OFFICER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBP8028K

Vehicle Make/Model/Colour HONDA CB190X MANUAL

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number 97371488
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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)**

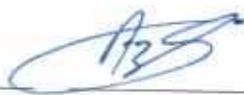
I understand, acknowledge, agree and consent that:

- (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.

Dayan

Reg No: 53309015J
AZMIR @ 9819 0982

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)

Date & Time: 21/11/2019
1125 hrs.

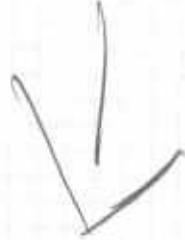

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

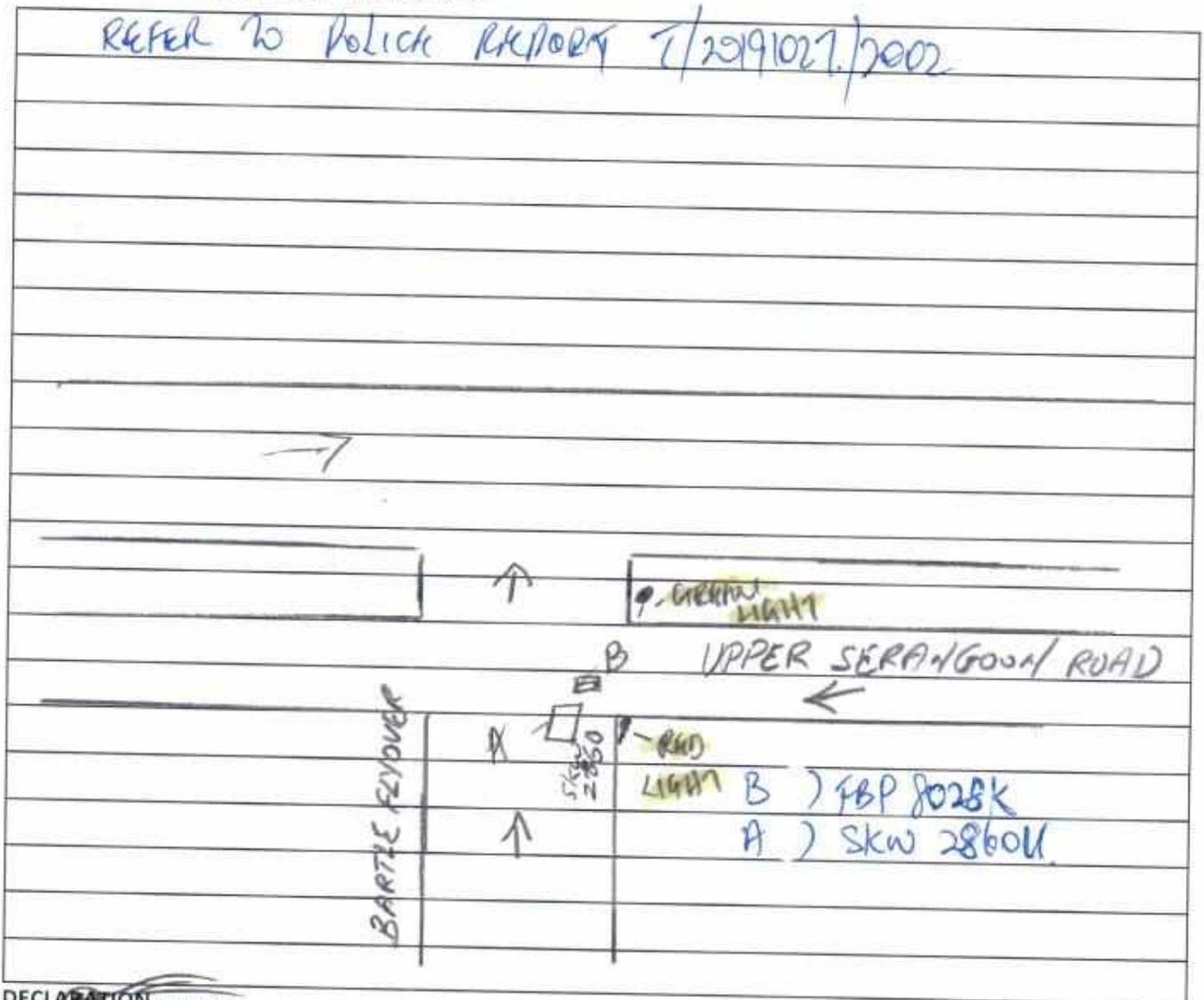
SKETCH PLAN

REFER 21 SKATCH



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20191027/2002



DECLARATION

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

Reg No: 53309015J
Azmir @ 9819 0982

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/11/2019
1125 hrs.

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

21/11/2019
Kard Lina



**SINGAPORE
POLICE FORCE**



T/20191027/2002

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4

Report No. T/20191027/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2019 00:37	Vide Report No.: F/20191026/0200	Station Diary No.: 9
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Informant's Particulars			
Name of Informant: AZMIR SHAH BIN ALIAS		Address: 19 FLORA ROAD #02-03 AVILA GARDENS SINGAPORE 509736	
ID Type / ID No.: NRIC NO / S7526179I		Contact No.: Home/Office: Mobile: 98190982	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 19/08/1975	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: LIMOUSINE DRIVER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/10/2019 21:20	Type of Location: X-Junction
Location: Along Road 1 UPPER SERANGOON ROAD JUNCTION OF BARTLEY FLYOVER, UPPER SERANGOON ROAD AND BRADDELL ROAD				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP8028K	Motorcycle	HONDA	CB190X MANUAL		Slightly Damaged	0
SKW2860U	Car	TOYOTA	VELLFIRE 2.5Z A		Slightly Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191027/2002

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20191027/2002

CONTINUATION OF REPORT

Rider			
Name	ONG CHING BENG		ID No. NIL
Related Vehicle	FBP8028K (Motorcycle)		Contact No. 97371488
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
Driver			
Name	AZMIR SHAH BIN ALIAS		ID No. S7526179I
Related Vehicle	SKW2860U (Car)		Contact No. 98190982
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 26/10/2019 at about 9.20pm, I (SKW2860U) was travelling on Bartley Flyover towards Serangoon Ave 3 with 2 passengers on board. I saw the traffic light was green and continue straight however, one motorcycle from Upper Serangoon road came out and I hit him.

I stopped immediately stopped and checked with my passengers if they were injured and they informed me that they were not. I then came out of my vehicle, assisted the motorcyclist to bring up his motorcycle and pushed to the side of the road. I checked with the rider if he is injured and he informed me that he is not injured. Two witnesses (I did not took down their particulars) came and they called the police. I overheard that one of the witness told the rider to act injured and to claim insurance.

Ambulance came and checked on the rider and while paramedics was checking, traffic police came. Traffic police interviewed both me and the rider. Traffic police took down our particulars and shortly IO Farhan came down to the scene. Traffic police took some photos of the incident location. Ambulance left the scene, subsequently traffic police took my memory card of my in car camera and issued me an acknowledgement slip vide report: F/20191026/0200.

I wish to state that I have in car camera pointing front and rear. There was a CCTV around the vicinity however, I am unsure if the CCTV is pointing at the incident location. I also wish to that I got confused by the traffic light as I felt that I have look at the next traffic light instead thus I proceeded. No one was injured at the point of accident.



**SINGAPORE
POLICE FORCE**



T/20191027/2002

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20191027/2002

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20191027/2002

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

4 of 4

Report No. T/20191027/2002

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 2 JOHNNY TAN KOK JOO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/10/2019 00:37

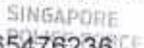
Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NORAMEERA BINTE MOHAMED

HUSSEIN

Contact No: 65476236



Authentication Stamp

NP168

SIGNATURE

Classification Of Case:



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: F/20191026/0200

I, Sgt(3) TORAYZ Md Syahidudin
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of Traffic Police
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One "Kingston" 16GB SD card, s/n: 32367-001-A00LF
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from Azmir Shah Bin Alias S7526179I
(Name, NRIC or Passport No. / Rank and No.)

of 19 Flora Road #02-03 S(509736)
(Address / Police Station / NPC / NPP)

on 26/10/2019 at 2:30pm
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

A35
(Signature)

[Signature]
(Signature)

AZMIR SHAH BIN ALIAS S7526179I
(Name, NRIC or Passport No. / Rank and No.)

Sgt(3) TORAYZ Md Syahidudin
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: for ID Farhan Saini.

ACCIDENT STATEMENT

ACCIDENT DATE: 26/10/2019 (DD/MM/YYYY), TIME: 21:20 (HH:MM)

LOCATION: UPPER SERAN/GOOL RD (JUNCTION of Bartley Flyover)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW 28604
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA VELLFIRE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
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: AZMIR SHAH BIN ALIAS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7526179 I CONTACT: 98190982
c) ADDRESS: 19 FLORA ROAD #02-03 AVILA GARDENS
S (509736)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DAYAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S3309015 J CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 19/08/1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 06/02/1998

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) 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: PASIR RIS NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBP 8028 K MODEL: YAMAHA
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

WIFE

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

email = blackbird8855@gmail.com

VIDEO

Claim Handling

Accident MT/1069390

Policy No.	5074972192-04	Vehicle No.	SKW2860U	GST Registrat
Certificate No.				
Policyholder Name	DAYAN			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	nil	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	= No Yes	TCA	= No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	40	Private Hire

Accident Details

Report Date	31/10/2019 17:14	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/10/2019	Time of Accident hh:mm	21:00	Country of Acc
Reporting Centre		Grange Force		ICM No.
Accident Location	ALONG UPPER SERANGOON ROAD			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess		Driver Is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	31/10/2019 17:15:31 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	19 FLORA ROAD	Address 2	#02-03 AVILA GARDENS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-03	Related Policy Number	5074972192-04	

01 Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experi
Register Date of Driver License		Driver Age		Contact No.(H
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	DA
Contact No.(Mobile)	98190982	Contact No. (Home)	65
Email Address		DI Vehicle Number	SK
Claim Description	SKW2860U / FBP8028K ON 26 Oct 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
Report Taken By	21/11/2019 15:53	Claim Close Date	
	BOSLI WAHAB		

Print AK letter.

Attachment

Accident No.

MT/1069390

Claim No.

002

Last Doc. Received

Yes No

Upload Date

21/11/2019 16:11

Path +

Choose File No file chosen

Message Read

Category *		Confider
Clear	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 16:11	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 16:11	SAS	Normal	S/
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 16:11	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 16:11	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 16:11	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 16:11	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 15:53	Photos	Normal	Phc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 15:53	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 15:53	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Nov 2019 15:53	Photos	Normal	Phc

Video List

Uploaded By/Date	Folder Date	File Name
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Display in New Window

Scan and uploading

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 type="checkbox"/>	5074972192-04		DAYAN	53309015J	GPC	drive CLASSIC	SKW2860U	SKW2860U	23/10/2019	22/10/2020