

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 | 04/12/2019 14:31 |
| Date Of Accident | 27/11/2019 18:05 |
| Exact Location Of Accident | ALONG UBI AVE 1 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | FBN270P |
|-----------------------------|---------|

Insured/Policyholder

| | |
|--------------------------|-----------------------------|
| Name Of Registered Owner | ZABIR SHAH BIN JAFFAR ALISA |
| NRIC No | S8827700G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-88929885 |
| Alternative Phone No | OTHERS-88929885 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | PCX150 |
| 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 | 5111306225 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | ZABIR SHAH BIN JAFFAR ALISA |
| NRIC No | S8827700G |
| Date Of Birth | 01/08/1988 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 06/05/2010 |
| Driving Experience | 9 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-88929885 |
| Fax Number | |
| Contact Number | OTHERS-88929885 |
| Email Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | BLK 323 UBI AVE 1 #02-567 |
| Postcode | 400323 |
| 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? | 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 | EUNOS NPP |
| Police Station Address | ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191129/2135

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 | SKM5986Z |
| 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 | ZABIR SHAH BIN JAFFAR ALISA |
| Approximate Age | |
| Injuries Sustain | SERIOUS |
| Injured person in which vehicle? | FBN270P |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

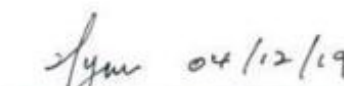
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6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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:

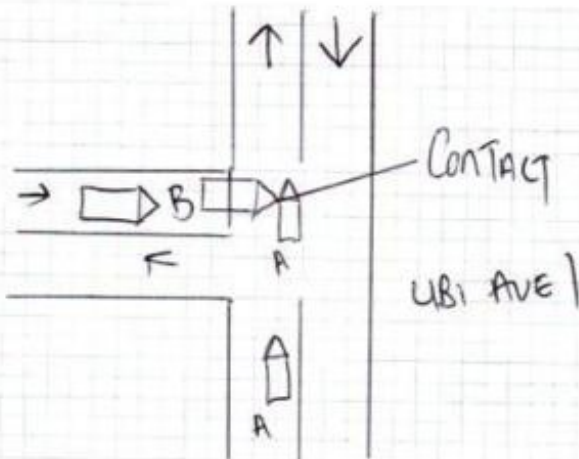

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 04/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A-FBN270P
B-SKM5986Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


AS Police Report

REPORT NO : T/2019/129/2135

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

sfym 04/12/19
Reporting Centre Personnel's Signature
Name:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191129/2135

2 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No: T/20191129/2135

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------------|--|----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | ZABIR SHAH BIN JAFFAR ALISA | ID No. | S8927700G |
| Related Vehicle | FBN270P (Motorcycle) | Contact No. | 88929885 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B Date of Expiry: NIL |
| Date Treatment | 27/11/2019 | Date Discharge | 27/11/2019 |
| No. of Days granted Medical Leave | 14 | Degree of Injury | Serious |

Brief Details.

On 27/11/2019 at about 6.05pm, I was driving a motorcycle bearing registration plate number FBN270P along Ubi Avenue 1 towards Ubi Crescent. While travelling along Ubi Ave 1, near to Paya-Ubi Industrial side, suddenly a white vehicle bearing registration plate number SKM5986Z came out of the industrial carpark Gantry and drive out to the main road without checking for me. I tried to jam brake to avoid collision however it was too late and I collide into him. I wished to state that I noticed the driver of SKM5986Z came out of the carpark and wanting to turn right into Ubi Avenue 1 towards Ubi Road 3.

I felt pain after the collision. Ambulance arrived shortly and I was conveyed to Changi General Hospital. I contacted my cousin to pick up my motorcycle and push to the nearest carpark. I was informed that my motorcycle was not able to startup and there was damage on the right side of the motorcycle. I went to Changi General Hospital A&E department and was given 14 days of MC from 27/11/2019 to 10/12/2019 (MC serial no: EMD2019235035).

I was advice by the traffic police investigation officer, Joshua(Contact:65476131) to lodge a accident police report reference to G/20191127/0141. I am lodging this report to claim insurance against the said driver of SKM5986Z.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/2019/1292135

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1520
SINGAPORE 470629
Tel No: 1800-4438999

1 of 3

Report No: T/2019/1292135

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 28/11/2019 18:55 | | Vide Report No.: | | Station Diary No.: 35 | |
| Informant's Particulars | | | | | |
| Name of Informant: ZABIR SHAH BIN JAFFAR ALI SA | | | Address: APT BLK 323 UBI AVENUE 1 #02-587 SINGAPORE 400323 | | |
| ID Type / ID No. NRIC NO / S8827700G | | | Contact No. Home/Office: Mobile: 88928685 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 31 | Date of Birth: 01/08/1988 | Type of Informant: Rider | | |
| Race: Indian | | | Language: | | Institution / School Name: |
| Occupation: Private security officer | | | Driving Licence Information: Class: 2B Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 27/11/2019 18:05 | Type of Location: X-Junction |
| Location: Along Road 1 UBI AVENUE 1 Ubi Avenue 1 towards Ubi Crescent | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| 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 |
|-------------|------------|--------|-------------------|-------|-----------|-----------------|
| FBN27CP | Motorcycle | HONDA | VM150 (PCX150) | Red | | 0 |
| SKM5968Z | Car | TOYOTA | | White | | 0 |

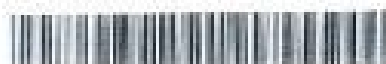
Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|--------------|------------|-------------|
| FBN27CP | NTUC Income Insurance Co-Operative Limited | 5111306225 | 18/07/2019 | 18/07/2020 |

Police Report



**SINGAPORE
POLICE FORCE**



T20191129/2135

2 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4438998

Report No: T20191129/2135

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------------|--|----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | ZABIR SHAH BIN JAFFAR ALISA | ID No. | 58927700G |
| Related Vehicle | FBN270P (Motorcycle) | Contact No. | 88929885 |
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Police Report



**SINGAPORE
POLICE FORCE**



T/20181128/2135

Police Station Of Origin:
Eunos NPP
628 Bedok Reservoir Road #01-1020
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No: T/20181128/2135

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 GOH JIAN WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/11/2019 16:55

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NG BEIFENG

Contact No : 65475415

Classification Of Case:

Authentication Stamp

NP168