

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	06/12/2019 16:03
Date Of Accident	08/03/2019 18:00
Exact Location Of Accident	SENOKO SOUTH ROAD TOWARDS WOODLANDS AVENUE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE7418H
Insured/Policyholder	
Name Of Registered Owner	NORIZAM BIN JUMAAD
NRIC No	S8620478I
Email Address	NOR_ZAYIE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93272600
Alternative Phone No	OTHERS-93272600

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ135-133CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5071272524-03
Cover Note Number	

Driver

Name of Driver	JUMAAD BIN MALEK
NRIC No	S0519326E
Date Of Birth	13/09/1947
Occupation	INDOOR
Date Of Driving Pass	14/03/1969
Driving Experience	49 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93272600
Fax Number	
Contact Number	OTHERS-93272600
Email Address	NOR_ZAYIE@YAHOO.COM.SG

Address	BLK 540 WOODLANDS DRIVE 16 #06-77
Postcode	730540
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	YP2064Y
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 INJURED PERSON 1	
Name	JUMAAD BIN MALEK
Approximate Age	
Injuries Sustain	DIED AT THE SCENE
Injured person in which vehicle?	FBE7418H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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(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.

Reporting Centre Personnel's Signature
Name: Bob
NRIC/FIN No. 123456789

SKETCH PLAN

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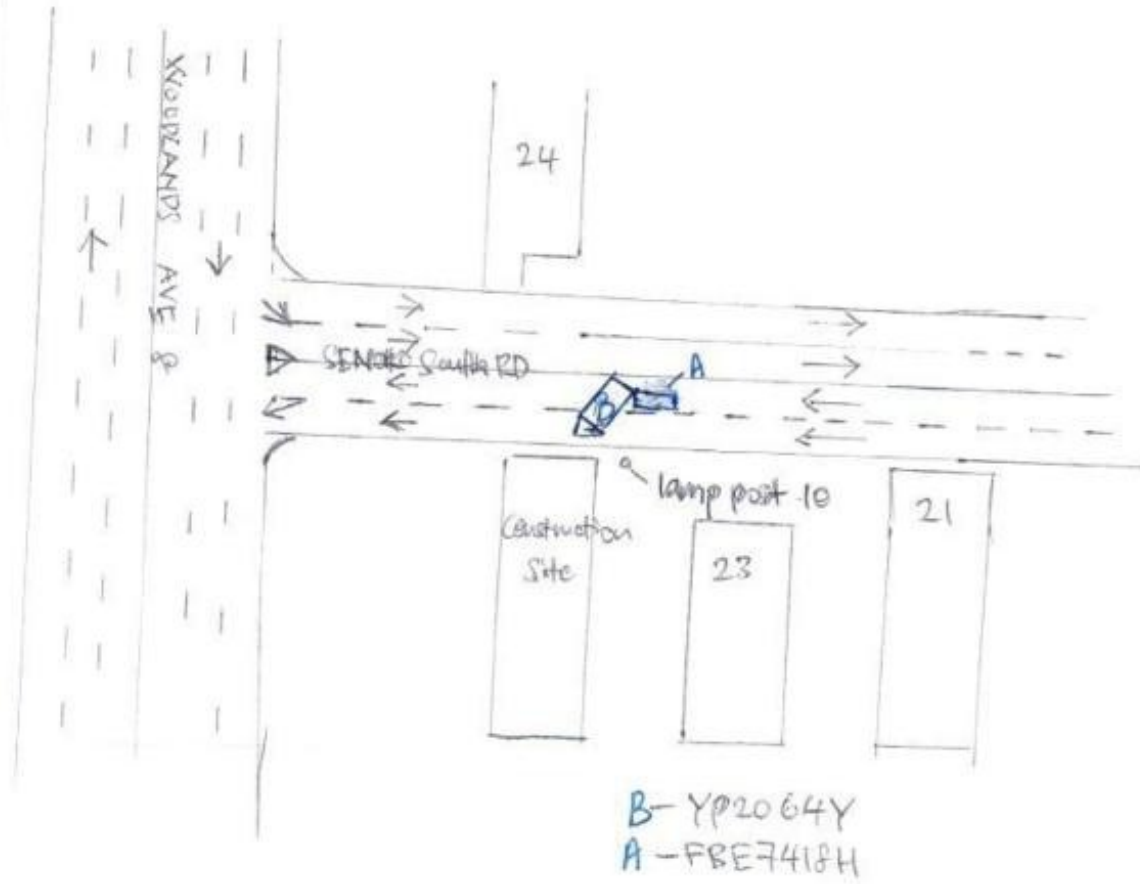
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Reporting Centre Personnel's Signature
Name: Bob
NRIC/FIN No. 123456789

Accident Sketch Plan

8-3-2019



06/12/2019
Rosa WARR

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191206/2100

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20191206/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2019 15:19		Vide Report No.:		Station Diary No.: 49	
Informant's Particulars					
Name of Informant: NORIZAM BIN JUMAAD			Address: APT BLK 540 WOODLANDS DRIVE 16 #06-77 SINGAPORE 730540		
ID Type / ID No.: NRIC NO / S8620478I			Contact No.: Home/Office: Mobile: 93272600		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 25/07/1986	Type of Informant: Vehicle Owner		
Race: Boyanese			Language:		Institution / School Name:
Occupation: TRACK RIDER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Fatal Others	Drink Drive: No	Date/Time of Accident: 08/03/2019 18:00	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 SENOKO SOUTH ROAD WOODLANDS AVENUE 8 ALONG SENOKO SOUTH ROAD TOWARDS WOODLANDS AVENUE 8 IN FRONT OF UNIT: 23 NEAR LP 10				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE7418H	Motorcycle					0
YP2064Y	Lorry					0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191206/2100

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20191206/2100

CONTINUATION OF REPORT

Rider			
Name	JUMAAD BIN MALEK		ID No. S0519326E
Related Vehicle	FBE7418H (Motorcycle)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Fatal
Vehicle Owner			
Name	NORIZAM BIN JUMAAD		ID No. S8620478I
Related Vehicle	NIL		Contact No. 93272600
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am the vehicle owner of FBE7418H and I share the bike with my father.

On the 8th March 2019, my father had used my bike to travel to work. At about 1802hrs, my father was travelling along Senoko South Road towards Woodlands Avenue 8, on the way back home. However, he met with a fatal accident in front of unit 23, near LP 10 along that road.

My sister contacted me that day to inform me that my father was pronounced dead at the scene itself due to multiple injuries. The IO namely Dzul Hairie Bin Ramli, Senior Investigation Officer from Traffic Police had also contacted me and my family for follow up. I am lodging this report as my bike workshop required a police report from me. I wish to inform that my bike was badly damaged. The reference number to the case is TP/IP/13815/2019 & CI-000779-2019-TA

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191206/2100

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

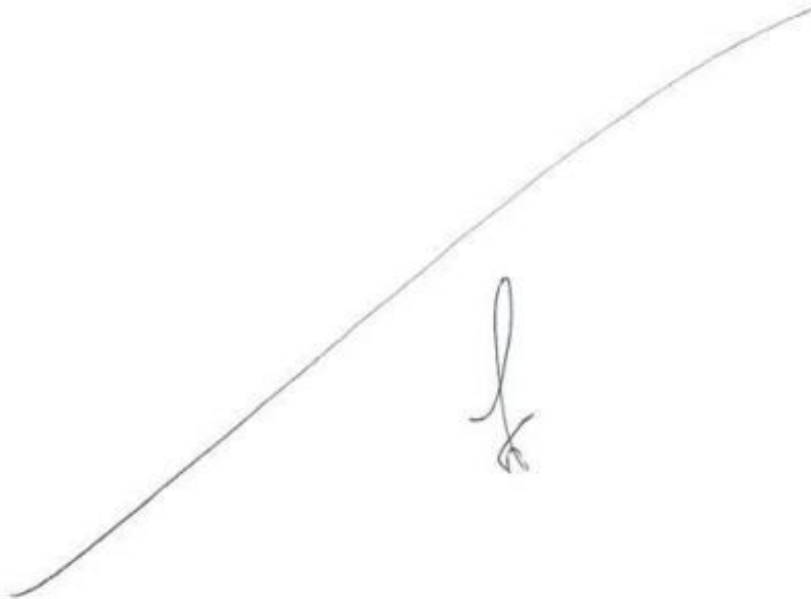
3 of 3

Report No. T/20191206/2100

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:

D /

Sgt 3 DAMIEN LEONG JUN SIAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/12/2019 15:19

Officer In Charge Of Case:

TP / FAIT /

SI DZUL HAIRIE BIN RAMLI

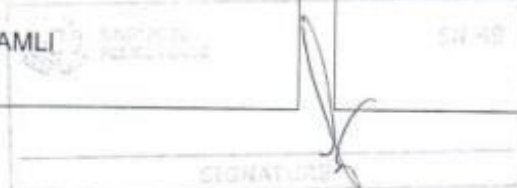
Contact No.: 65476220

Classification Of Case:

SW-48

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



A close-up photograph of a mechanical assembly, possibly a valve or actuator. A yellow cable is visible on the left, and a red cable is visible on the right. The central component is metallic and has some text or markings on it, which are partially obscured by the lighting and the angle of the shot. The background is dark and indistinct.

Accident Photo



Accident Photo

