

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

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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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.

 1547 hrs 6/12/19
Policyholder's Signature
Date & Time:

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

 06/12/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT
1/20/19/206/2100

DECLARATION

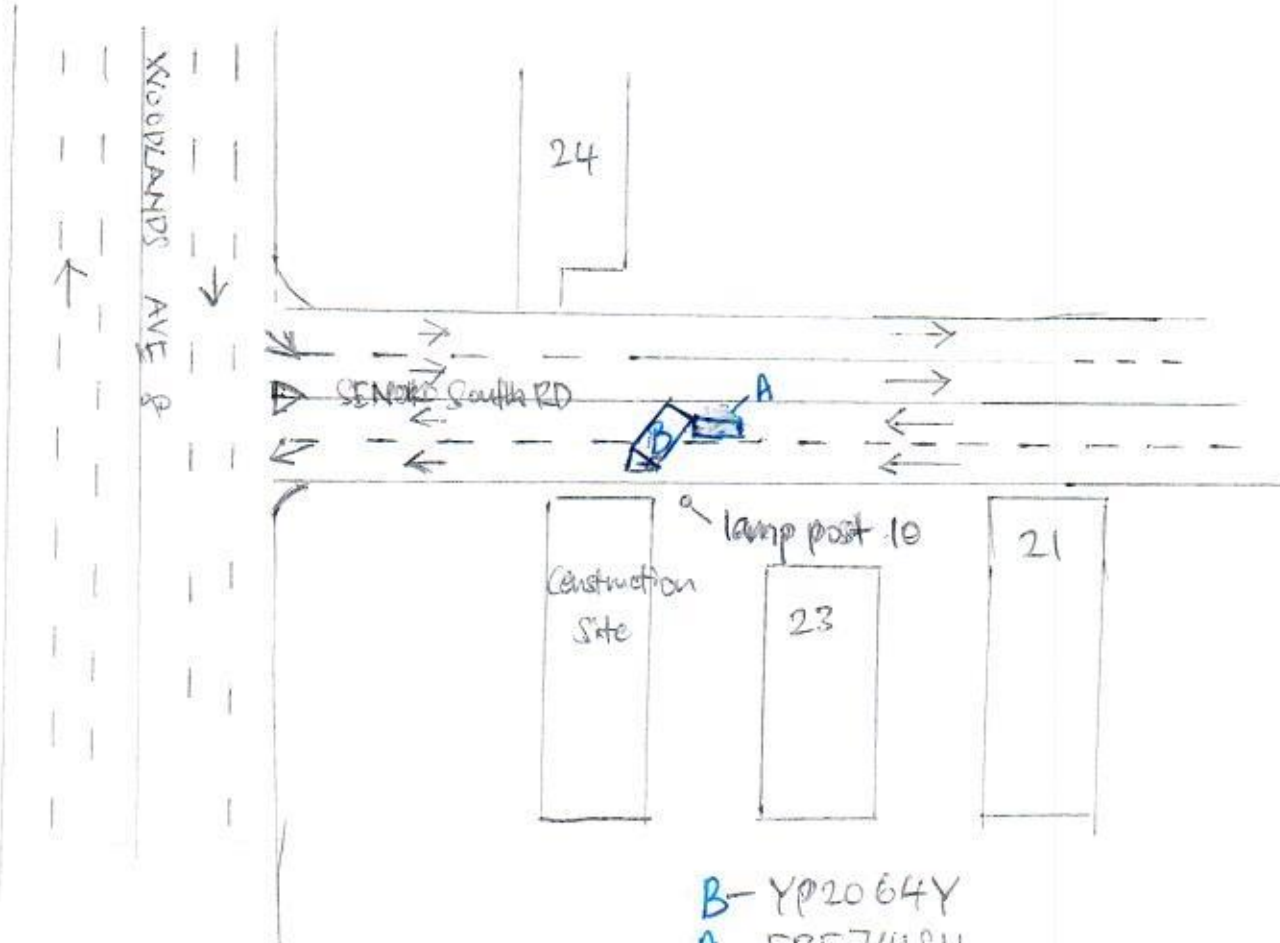
I/We declare the foregoing particulars are true in every respect.

1547ms 6/12/19
Policyholder's Signature
Date & Time:

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

06/12/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

8-3-2019



B-YP2064Y
A-FBE7418H

06/12/2019
Rosa Williams



SINGAPORE POLICE FORCE



T/20191206/2100

1 of 3

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

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



**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



**SINGAPORE
POLICE FORCE**



T/20191206/2100

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

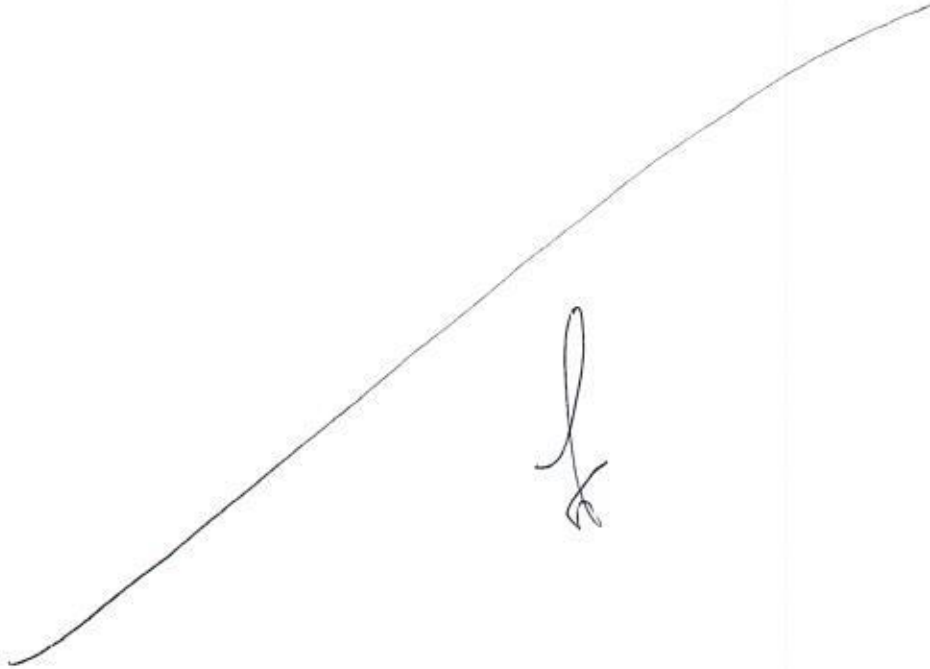
3 of 3

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: SI 49
Authentication Stamp NP168	

ACCIDENT STATEMENT

ACCIDENT DATE: 08/03/2019 (DD/MM/YYYY), TIME: 18:00 (HH:MM)
 LOCATION: SERANGO ROAD TO JALAN

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE 7418H
 b) INSURANCE COMPANY: NIC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) MOTORCYCLE
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: on the way home
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: NORIZAM BIN JUMAAD (MALE / FEMALE) MALE
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 9322660
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: JUMAAD BIN MALEK (MALE / FEMALE) MALE
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) INDOOR

f) DATE OF DRIVING PASS _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) RAINING

b) ROAD SURFACE: (DRY / WET / OTHERS) WET

6. WAS ANYBODY INJURED (YES/NO) YES

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

IF YES, PLEASE STATE WHICH POLICE STATION: BUKITMERTAJAR NPK

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YP 2064 Y MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = nor_zayir@yahoo.com.sg

VIDEO

Claim Handling

Accident MT/1074675

Policy No.	5071272524-03	Vehicle No.	FBE7418H	GST Registrati
Certificate No.				
Policyholder Name	NORIZAM BIN JUMAAD			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	93722600	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<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
▼ Accident Details				
Report Date	06/12/2019 17:11	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/03/2019	Time of Accident hh:mm	18:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SENOKO SOUTH ROAD TOWARDS WOODLANDS AVENUE 8			
▼ Excess				
Own damage Excess	0.00	Additional Excess		Windscreen Ex
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
▼ Policyholder Mailing Address				
Address 1	BLK 540 #06-77	Address 2	WOODLANDS DRIVE 16	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5069645786-04	
▼ OI Driver Info				
Driver Name	JAMAAD BIN MALEK	Driver Type	Named Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S0519326E	Driving Experie
Register Date of Driver License	01/01/2000	Driver Age	71	Contact No.(Hi
Contact No.(Mobile)	93722600	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?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBE7418H	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input type="radio"/>	

Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No. Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX	Insured Name	<input type="checkbox"/> NO
93722600	Contact No. (Home)	<input type="checkbox"/>
nor_zayle@yahoo.com.sg	OI Vehicle Number	<input type="checkbox"/> FBE
FBE7418H / YP2064Y ON 8 Mar 2019		

Insured Liability	Not at Fault	GIA report	Received
Preferred Workshop	Preferred Repair Option	Preferred Workshop, Name unknown	
Yes			

06/12/2019 17:13	Claim Close Date	<input type="checkbox"/>
ROSLI WAHAB		

Save Submit

Attachment

https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

?

Accident No.
Last Doc. Received

MT/1074675

Yes

No

Claim No.
Upload Date

001
06/12/2019 17:15

Path *

Choose File

No file chosen

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Message Read

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Category *

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NO

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2019 17:15	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2019 17:15	Photos		Normal	Ph
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2019 17:14	Photos		Normal	Ph
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2019 17:13	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2019 17:13	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2019 17:13	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2019 17:13	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2019 17:13	SAS		Normal	S

Video List

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

Scan and uploading

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5071272524-03

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: **FBE7418H**

Chassis Number

: PMY5PV100A0032907

2. Name of Policyholder

: NORIZAM BIN JUMAAD

3. Effective Date of Insurance

: 25 Apr 2018

4. Expiry Date of Insurance

: 24 Apr 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: NORIZAM BIN JUMAAD

NAMED DRIVER (2)

: JAMAAD BIN MALEK

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TELESales-DIRECT MARKETING (00000601661)

Date of Issue : 22 Mar 2018 23:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive