

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	16/12/2019 16:26
Date Of Accident	14/12/2019 19:00
Exact Location Of Accident	BUANGKOK VIEW BESIDE BLK 997D MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8059L
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARHAN BIN KAMALLUDIN
NRIC No	S8911521C
Email Address	FARHANPUTRI18@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87483131
Alternative Phone No	OTHERS-87483131

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150-150CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5099672308-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARHAN BIN KAMALLUDIN
NRIC No	S8911521C
Date Of Birth	31/03/1989
Occupation	OUTDOOR
Date Of Driving Pass	16/10/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87483131
Fax Number	
Contact Number	OTHERS-87483131
Email Address	FARHANPUTRI18@GMAIL.COM

Address	BLK 461A YISHUN AVENUE 6 #07-1011
Postcode	761461
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	AFTER RAIN
Road Surface	WET

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?	NO
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191215/2006

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

Details of Witness 1

Name	JOHN
Phone Number	81583883
Email Address	

Details of Witness 2

Name	JINGQIANG
Phone Number	96998549
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX815Y
Vehicle Make/Model/Colour	HONDA

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	ZAINUDIN BIN AHMAD
NRIC/Passport Number	S1733118C
Contact Number	93760649
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD FARHAN BIN KAMALLUDIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBM8059L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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:

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

Accident Sketch Plan

SKETCH PLAN

BUNAIKOK VIEW BESIDE BLK 9970 MSCP



A) FBM8059L


B) SLX 815Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/2019/215/2006

DECLARATION

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


16/12/19 1456415
Policyholder's Signature
Date & Time:

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


16/12/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191215/2006

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20191215/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2019 01:59		Vide Report No.:		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: MUHAMMAD FARHAN BIN KAMALLUDIN			Address: APT BLK 461A YISHUN AVENUE 6 #07-1011 SINGAPORE 761461		
ID Type / ID No.: NRIC NO / S8911521C			Contact No.: Home/Office:		Mobile: 87483136
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 31/03/1989	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Food Delivery			Driving Licence Information: Class: Date of Expiry:		

General information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/12/2019 19:00	Type of Location:
Location: Along Road 1 BUANGKOK VIEW				
Road beside multi purpose hall block 997D				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume:	
Type of Collision: Car collided front part of motorvehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM8059L	Motorcycle	YAMAHA	SNIPER T150	Grey	Slightly Damaged	1
SLX815Y	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM8059L	NTUC Income Insurance Co-Operative Limited	5099672308-01	06/04/2019	05/04/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191215/2006

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20191215/2006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FARHAN BIN KAMALLUDIN	ID No.	S8911521C
Related Vehicle	FBM8059L (Motorcycle)	Contact No.	87483136
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/12/2019	Date Discharge	15/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name			
Name	zainudin bin ahmad	ID No.	S1733118C
Related Vehicle	NIL	Contact No.	93860649
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 14/12/2019 at about 1902hrs, I was on my way delivering food to a customer's house when I met into an accident at Buangkok Edgeview. The accident took place at the road beside multi purpose hall Block 977D. I was riding straight ahead on my motorcycle (FBM8059L) when a car (SLX815Y) from my right, turned in and collided with my motorcycle from the front. My left leg got stucked to my motorcycle as I fell off to the left but I managed to escape and move away from my vehicle. The guy in the car, Zainudin Bin Ahmad, stopped and went out of the car, saying that he did not see me. He also asked if I wanted to claim from insurance or settle it personally together. I told him I would go home and give it a thought first. He agreed to it but advised that he would prefer settling the issue personally. When I went home, I called him to settle the issue with him. I discussed with him on the settlements he has to pay for but he told me he could not afford to pay. He then said that we will just fight for insurance. He also kept on emphasizing that I was in the wrong. Not to mention, there were 3 witnesses at the time of incident; John (81583883), Tan Jingqiang (96998549) and Yap Kah Peng. I also got a footage of the accident from Tan Jingqiang. I sustained an injury on my left leg below my knee and got 3 days MC from KTPH. That is all.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191215/2006

3 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20191215/2006

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:

L /

Sgt 1 ASHTON LIM THIAM MAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/12/2019 01:59

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

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

