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 witholding 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	27/12/2019 18:28
Date Of Accident	26/12/2019 15:30
Exact Location Of Accident	LOWER DELTA ROAD EXIT AYE TOWARDS CITY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE6599A
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD ASYRAF B MOHD KHALID
NRIC No	SXXXX942A
Email Address	ALLIFIZAINI84@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86786294
Alternative Phone No	OTHERS-87422821
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SPARK-135CC
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5106246918-01
Cover Note Number	
Driver	

Name of Driver MOHAMMAD ALLIFI BIN ZAINI

NRIC No SXXXX511J Date Of Birth 09/03/1984 Occupation **OUTDOOR** 13/07/2009 **Date Of Driving Pass**

Driving Experience 10 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86786294

Fax Number

Contact Number OTHERS-87422821

EMail Address ALLIFIZAINI84@GMAIL.COM Address BLK 409 BUKIT BATOK WEST AVENUE 4

#03-160

Postcode 650409

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

nice Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CENTRAL POLICE DIVISIONAL HQ (A DIVISION)

NO

2

NO

NO

1

Police Station Address

ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT

COMPLEX BLOCK A, **POSTCODE:** 088762, **COUNTRY**: SINGAPORE

Police Station Contact **TEL NO**: 1800-2240000 - **FAX NO**: 62200877

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20191227/7001

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 YN5735K

Vehicle Make/Model/Colour MITSUBISHI

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver PAN ONN SOON NRIC/Passport Number SXXXX273F

Contact Number

Address Postcode

Insurance Company Name

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DETAILS OF INJURED PERSON 1

Name MOHAMMAD ALLIFI BIN ZAINI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBE6599A

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

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 interested parties.
- 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:
 - 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 Perso

Name:

NRIC/FIN No.

Accident Sketch Plan

FBF 6599 B	I A No safety core No marshall No barrier No hazard light one
	HE CITY
	Lover Delta Road
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT
	A. A.
	Miss
	IM
	10
	1000/
	100
/	W. /20
	5 8
(
DECLARATION I/We declare the foregoing parti	culars are true in every respect.
	WILLIA 24/2/2019
Policyholder's Signature	Driver's Signature (If driver is not the policyholder) Reporting Centre Personne's Signature (Name:

POLICE REPORT





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POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Report No. A/20191227/7001

Date/Time Report Made 27/12/2019 02:14	Vide Report No.		Station Diary No.	
Name Of Informant MOHAMMAD ALLIFI BIN ZAINI	Address APT BLK 409 BUKIT BATOK WEST AVENUE 4 #03-16 SINGAPORE 650409			
ID Type / ID No. NRIC NO / S8406511J	Contact No. Home/Office: Mobile: 87422821			
Nationality SINGAPORE CITIZEN	Email Address allifizaini84@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
GRAB DELIVERY	Male	35	09/03/1984	Malay
Institution/School Name	Language English			
Date/Time Of Incident 26/12/2019 15:30 - 26/12/2019 15:40	Location Of Incident LOWER DELTA ROAD			

Brief details.

at about 3.30pm i was riding yamaha spark 135 red colour plate FBE 6599 A and was exiting from lower delta road to AYE. i saw CTM lorry plate YN5735K was on the right side of the road as i was riding on the 1st lane of the road,i saw the lorry as i saw its was signalling left i decided to go straight.suddenly what after i look at my left side side mirror den i notice the lorry didnt move.i have to jam break my motorbike and my motorbike didnt stop on time and hit the rear of the lorry, I would like to state that theres no traffic cones on sight and no traffic mashall they didnt not display any safety banner or signage to warn out road user there after the accident they claim they put safety cones after talking to the crew i decided to talk to

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2019 02:14
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20191227/7001

the driver (PAN ONN SOON S1307273F) and he claim that they already put safety cones to warn others and also 3 cones on the crash bumper but i already took a picture that they only put 1 cone behide my motorbike.after talking they decide to close the road with safety cones...the driver didnt on hazard lights...i would like to state i didnt speeding on that road as the impact was not so bad as i just fly from my bike to the bumper of the maintence lorry...

i have the video recording of the driver say they dont need to put safety cones as they are slow moving vehicle but infront of that lorry was another lorry which was parking and not moving, i have taken all pictures and video of the accident.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2019 02:14
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

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