

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	24/12/2019 11:17
Date Of Accident	20/12/2019 17:20
Exact Location Of Accident	TAMPINES STREET 83
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	AR4104B
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD WAFIY BIN JAINI
NRIC No	SXXXX342H
Email Address	WAFIY_1991@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-82015797
Alternative Phone No	OTHERS-82015797

Vehicle Particulars

Manufacturer	YAMAHA
Model	GDR155A (AEROX)

Exact Purpose for which vehicle was being used at time of accident

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	5107253337
Cover Note Number	

Driver

Name of Driver	MUHAMMAD WAFIY BIN JAINI
NRIC No	SXXXX342H
Date Of Birth	18/01/1991
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2000
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82015797
Fax Number	
Contact Number	OTHERS-82015797
Email Address	WAFIY_1991@ICLOUD.COM

Address	BLK 855 #04-254 TAMPINES STREET 83
Postcode	520855
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20191221/7009;

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 Witness 1

Name	SEAN
Phone Number	98362003
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD2361G
Vehicle Make/Model/Colour	TOYOTA / CAMRY 2.0 AUTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO WEE HOCK
NRIC/Passport Number	SXXXX394E
Contact Number	82004514

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD WAFIY BIN JAINI
Approximate Age	28
Injuries Sustain	
Injured person in which vehicle?	AR4104B
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 855 #04-254 TAMPINES STREET 83
Postcode	520855

Accident Sketch Plan

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.

Policyholder's Signature

Date & Time: 23/12/19

1500h.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@vicom.com.sg

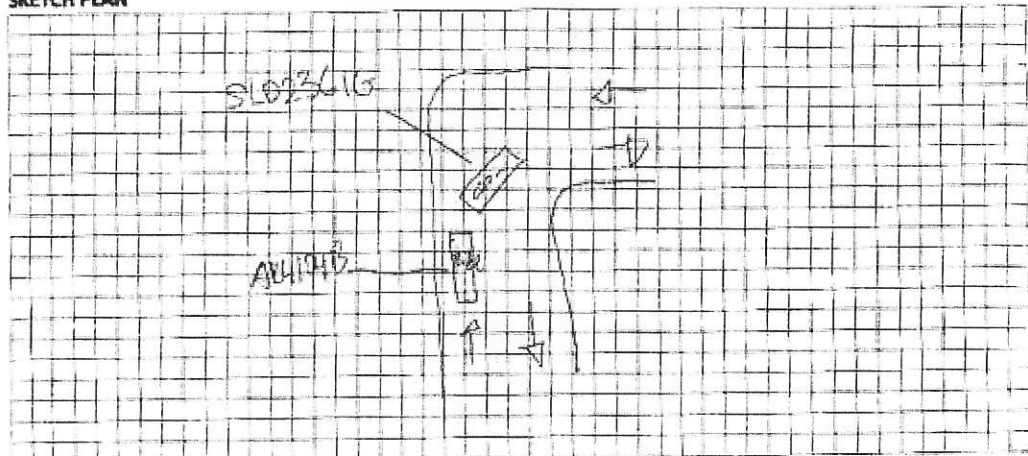
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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

Policyholder's Signature _____

Date & Time: 23/12/19

2000

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (YAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: yackb@vicom.com.sg

Reporting Centre Personnel's Signature _____

निष्कर्षः

NRIC/FIN No



SINGAPORE POLICE FORCE



T/20191221/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191221/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2019 12:06		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD WAFIY BIN JAINI			Address: 855 TAMPINES STREET 83 #04-254 SINGAPORE 520855		
ID Type / ID No.: NRIC NO / S9101342H			Contact No.: Home/Office: Mobile: 82015797		
Nationality: SINGAPORE CITIZEN			Email: WAFIY_1991@HOTMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 18/01/1991	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/12/2019 17:20	Type of Location: Car Park
Location: TAMPINES STREET 83				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 15 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AR4104B	Motorcycle	YAMAHA	Aerox	Black	Seriously Damaged	1
SLD2361G	Car	TOYOTA	Altis	Black	Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
AR4104B	NTUC Income Insurance Co-Operative Limited		24/01/2018	24/01/2020



SINGAPORE POLICE FORCE



T/20191221/7009

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191221/7009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	MUHAMMAD WAFIY BIN JAINI	ID No.	S9101342H
Related Vehicle	AR4104B (Motorcycle)	Contact No.	82015797
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	20/12/2019	Date Discharge	20/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Rider			
Name	MUHAMMAD WAFIY	ID No.	S9101342H
Related Vehicle	AR4104B (Motorcycle)	Contact No.	82015797
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/12/2019	Date Discharge	20/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	NEO WEE HOCK	ID No.	S7320394E
Related Vehicle	SLD2361G (Car)	Contact No.	82004514
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.

The vehicle bearing registration number SLD2361G was turning into the carpark. Driver made a wide turn and he was not focussing on the road as i saw he was looking to the left side where the void deck was. I then sound my horn but he was driving at quiet a speed but i am not sure how fast was he travelling but he was not able to stop his vehicle in time and hit head on to my motor bike. There is a witness by the name of Sean contact no. 98362003 whom was on his way back from work and he saw the incident happened. He assisted me to pick up my bike and called for the ambulance. I would wish to add that the driver have a in car camera installed in his car.



**SINGAPORE
POLICE FORCE**



T/20191221/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191221/7009

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20191221/7009

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191221/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MUHAMMAD RIZWAN BIN KAMALUDIN .
Contact No.: 65476185

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
21/12/2019 12:06

Classification Of Case: