

## 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             | 03/01/2020 17:16                                 |
| Date Of Accident           | 02/01/2020 20:30                                 |
| Exact Location Of Accident | T-JUNCTION NEAR BLK 441 JURONG WEST ST 2 CARPARK |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |  |
|-----------------------------|--|
| Vehicle Registration Number | FBD8401D                                 |
| <b>Insured/Policyholder</b> |  |
| Name Of Registered Owner    | MUHAMMAD NOOR HIZAIFUDIN BIN NOOR HASSAN |
| NRIC No                     | SXXXX496H                                |
| Email Address               | HIZAIFUDIN@GMAIL.COM                     |
| Mobile Phone No             | (LOCAL) +65-81140050                     |
| Alternative Phone No        | OTHERS-81140050                          |

### Vehicle Particulars

|  |                  |
|--|------------------|
| Manufacturer   | SUZUKI           |
| Model  | DRZ400SMK9-398CC |
| 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                                       | THIRD PARTY      |
| 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             | 5110615663                             |
| Cover Note Number         |  |

### Driver

|                      |  |
|----------------------|--|
| Name of Driver       | MUHAMMAD NOOR HIZAIFUDIN BIN NOOR HASSAN |
| NRIC No              | SXXXX496H                                |
| Date Of Birth        | 28/09/1995                               |
| Occupation           | INDOOR                                   |
| Date Of Driving Pass | 14/10/2015                               |
| Driving Experience   | 4 YEARS AND 2 MONTHS                     |
| Gender               | MALE                                     |
| Mobile Number        | (LOCAL) +65-81140050                     |
| Fax Number           |  |
| Contact Number       | OTHERS-81140050                          |
| Email Address        | HIZAIFUDIN@GMAIL.COM                     |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 187 BOON LAY AVENUE<br>#04-68 |
| Postcode  | 640187                            |
| 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 | -<br>-<br>-                       |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                       |

#### General Information of the Accident

|                    |                            |
|--------------------|----------------------------|
| Type Of Accident   | COLLISION - MAJOR/MINOR RD |
| 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?  | NO  |
| 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                       | JURONG WEST NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2689999 - <b>FAX NO:</b> 62672438                                   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO ATTACHMENT AND POLICE REPORT T/20200102/2182

#### 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 | SKN5061L            |
| Vehicle Make/Model/Colour   |                     |
| Details Of Properties       |                     |
| Vehicle Category            | PRIVATE CAR         |
| Name of Driver              | ONG JIE JIE, ZAVIER |
| NRIC/Passport Number        | SXXXX572J           |
| Contact Number              | 92223270            |
| Address                     |                     |
| Postcode                    |                     |
| Insurance Company Name      |                     |

Nature Of Damage  
No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1                         |  |
|---|--|
| Name  | MUHAMMAD NOOR HIZAIFUDIN BIN NOOR HASSAN |
| Approximate Age                                     |  |
| Injuries Sustain                                    | SLIGHT INJURY                            |
| Injured person in which vehicle?                    | FBD8401D                                 |
| Were seat belts worn?                               |  |
| Was this injured conveyed to hospital by ambulance? | NO                                       |
| Address   |  |
| Postcode  |  |

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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6. The 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 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:

14:50

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

REFER TO ATTACHMENT

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
1/2010102/282

## DECLARATION

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

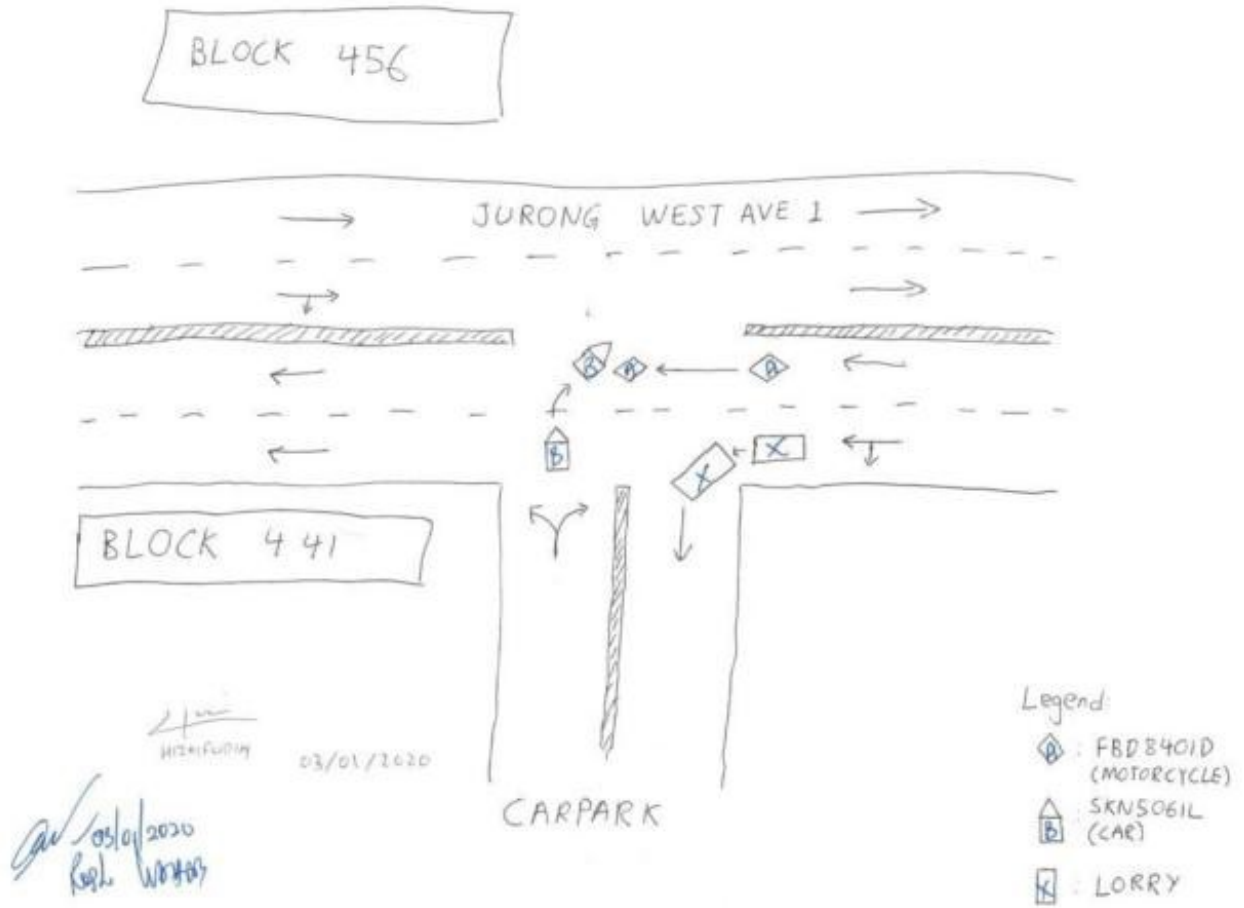
7/10/2010  
Policyholder's Signature  
Date & Time: 14:50

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

03/10/2020  
Reporting Centre Personnel's Signature  
Name: Resa  
NRIC/FIN No.: W11103

GEARME Sketch Plan Form, 03

# Accident Sketch Plan



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200102/2182

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20200102/2182

## REPORT OF A TRAFFIC ACCIDENT

|   |            |                              |  |                           |                            |
|---|------------|------------------------------|--|---------------------------|----------------------------|
| Date/Time Report Made:<br>02/01/2020 23:05                        |            | Vide Report No.:             |  | Station Diary No.:<br>281 |                            |
| <b>Informant's Particulars</b>                                    |            |                              |  |                           |                            |
| Name of Informant:<br>MUHAMMAD NOOR HIZAIFUDIN<br>BIN NOOR HASSAN |            |                              | Address:<br>APT BLK 187 BOON LAY AVENUE #04-68 SINGAPORE<br>640187 |                           |                            |
| ID Type / ID No.:<br>NRIC NO / S9534496H                          |            |                              | Contact No.:<br>Home/Office: Mobile: 81140050                      |                           |                            |
| Nationality:<br>SINGAPORE CITIZEN                                 |            |                              | Email:   |                           |                            |
| Sex:<br>Male  | Age:<br>24 | Date of Birth:<br>28/09/1995 | Type of Informant:<br>Rider  |                           |                            |
| Race:<br>Malay  |            |                              | Language:  |                           | Institution / School Name: |
| Occupation:<br>Student  |            |                              | Driving Licence Information:<br>Class:                             |                           | Date of Expiry:            |

## General Information of the Accident

|  |                                    |                             |  |                                     |
|--|------------------------------------|-----------------------------|--|-------------------------------------|
| Type of Accident:  | Non-Injury<br>Others               | Drink Drive:<br>No          | Date/Time of Accident:<br>02/01/2020 20:30 | Type of Location:<br>T-Junction     |
| Location:<br>Along Road 1<br>JURONG WEST AVENUE 1            |                                    |                             |  |                                     |
| Weather:<br>Clear  | Road Surface:<br>Dry               | Road Speed Limit:           |  |                                     |
| Traffic Flow:<br>One Way                                     | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate |  |                                     |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                                    |                             |  | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type       | Make   | Model          | Color | Condition           | No of Passenger |
|-------------|------------|--------|----------------|-------|---------------------|-----------------|
| FBD8401D    | Motorcycle | SUZUKI | DRZ400SMK<br>9 | Black | Slightly<br>Damaged | 0               |
| SKN5061L    | Car        |        |                |       |                     | 0               |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company                          | Insurance No | Effective  | Expiry Date |
|-------------|--|--------------|------------|-------------|
| FBD8401D    | NTUC Income Insurance Co-Operative Limited | 5110615663   | 21/06/2019 | 20/06/2020  |

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200102/2182

2 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20200102/2182

## CONTINUATION OF REPORT

| Details of Person Involved        |  |  |                                   |
|-----------------------------------|--|--|-----------------------------------|
| Any Pedestrian Involved: No       |  |  |                                   |
| No. of Pedestrians Injured: NIL   |  | Use of Pedestrian Crossing: NA         |                                   |
| Rider                             |  |  |                                   |
| Name                              | MUHAMMAD NOOR HIZAIFUDIN BIN NOOR HASSAN | ID No.                                 | S9534496H                         |
| Related Vehicle                   | FBD8401D (Motorcycle)                    | Contact No.                            | 81140050                          |
| Hospital/Clinic                   | ONECARE CLINIC BOON LAY                  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 02/01/2020                               | Date Discharge                         | 02/01/2020                        |
| No. of Days granted Medical Leave | 03                                       | Degree of Injury                       | Slight                            |
| Name                              |  |  |                                   |
| Name                              | ONG JIN JIE, ZAVIER                      | ID No.                                 | S9417572J                         |
| Related Vehicle                   | NIL                                      | Contact No.                            | 92223270                          |
| Hospital/Clinic                   | NIL                                      | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                                      | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                                      | Degree of Injury                       | NIL                               |

### Brief Details.

On 2/1/2020 at about 8.20pm, I was riding my motorcycle bearing plate number FBD8401D along Jurong West Ave 1 and was approaching a T junction near carpark of B/441 Jurong West St 42. I was on the first lane while there was a lorry on the second lane. Suddenly, a car came out and turn right from the carpark of B/441 Jurong West St 42. I applied emergency brake however still was unable to stop in time and collided onto the rear right side of the car bearing plate number SKN5061L. I went to the clinic after the incident and received 3 days of MC. Due to the incident, the front suspension was misaligned, the speedometer, the front and rear signal right was damaged.

POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



T/20200102/2182

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Report No. T/20200102/2182

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:

J /

Sgt 2 NURAQILAH BINTE ABDUL HAMID

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

02/01/2020 23:05

Classification Of Case:

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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