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# 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
- 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.

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.	and to copies of the report being made available
上 一	ACCIDENT STATEMENT
Date Of Report	10/01/2020 15:33
Date Of Accident	08/01/2020 07:20
Exact Location Of Accident	ALONG PIE TOWARDS STEVENS ROAD AFTER ERP GANTRY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF3573M
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NAZRI BIN KAMARUDIN
NRIC No	SXXXX130J
Email Address	BUBU_LEMON92@LIVE.COM.SG
W 1.9 60 27	

Mobile Phone No. (LOCAL) +65-91519983

Alternative Phone No. OTHERS-91519983

Vehicle Particulars

Manufacturer YAMAHA Model FZ1-N-998CC

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

Are you claiming under your own insurance policy for repair to your vehicle?

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 5096555819-02

Cover Note Number

Driver

Name of Driver MUHAMMAD NAZRI BIN KAMARUDIN

NRIC No SXXXX130J Date Of Birth 14/07/1992 Occupation INDOOR Date Of Driving Pass 30/10/2017

Driving Experience 2 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91519983

Fax Number

Contact Number OTHERS-91519983

EMail Address BUBU\_LEMON92@LIVE.COM.SG Address

BLK 686D CHOA CHU KANG CRESCENT

#10-264

Postcode

684686

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

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

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 - SINGAPORE CITY

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?

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200109/2082

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMF5297S

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

PRIVATE CAR

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

MUHAMMAD NAZRI BIN KAMARUDIN

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBF3573M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

#### SKETCH PLAN

# **IMPORTANT NOTICE**

- 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.
- 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.
- 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.
- 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.
- 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.

Policyfolder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Beporting Centre Personnel's Signatur

Name:

NRIC/FIN No .:

KETCH PLAN	rife	POWARDS	STRUTING	KOBD A	F ERP	GOUTRY
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	160	CIPOUCY NUMBER:	S07010.66.00.0000000000000000000000000000		
		a) MAKE & MODEL!	PREHENSIVE / THIRD P	ARTY / THIRD PARTY	fire atheri
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99		D) VEHIOLE CATEGORY:	(FRIYATE / COMMER	CIAL/MOTORYCI	.E) ' · '
		HARE YOU CLAIMING U	NDER YOUR OWN IN	SURANCE (YES/NO)	
	2.,	IF NO, PLEASE STATE (T	HIRO PARTY CLAIM /	REPORTING ONLY	
		A) NAME: MUTAMONE D) NRIC/FIN/PASSPORT!	to HOZIKI	(MALE	FEMALE 02
		o) ADDRESS:		CONTACT:	717 177 02
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ANO of	1000	DRIVER		TOLDER	
Cindud		d)NAME: BONESPORTS	ABIVA.		11918S
· man	U	D)ADDRESS:			
		d) DATE OF BIRTH! (	J [D0	(YYYYMM\C	
		6) OCCUPATION: (INCC 1) DAY & OF DRIVING	OR / OUTDOOR)		8
	4.	WAS DRIVER AN EMP	OYER OF THE INSU	RED'S COMPANY?	(YES Y (O)
. <b>x</b> :	5.	IF NO, RELATIONSHIP  O) WEATHER CONDITION	OF THE DRIVER WI	TH INSURED:	OUVER
6		D)ROAD SURFACE: (DR WAS ANYBODY INJURED	/ WET / OTHERS		
	7.	a) REPORTED TO POUCE	(YEX / NO)	N. TROFFIC.	181 e
W-0	8.	IF YES, PLEASE STATE VI THIRD PARTY VEHICLE	^		
He of p	history ar	O) VEHICLE NUMBER:	SMF 57979	MODELL	
(	ing alvioning).	C) NRIC/FIN/PASSPOR	T1	OONTACT:	
sd. r. A		HIRÖ, PÄRTY VEHICLE d) VEHICLE NUMBER:_	W	MODEL!	*774
( Indus	passungar ing.driver)	e) DRIVER'S NAME:			1
-34 (0.54)	my or wer	1) NRICYFIN/PASSPOR	[]	CONTACT:	

email = BUBU\_LAMON92@ LIVE. VIDEO





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

1 of 3 Report No. T/20200109/2082

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 13:57	Made:	Vide Report No.:	Station Diary No.:		
Informa	int's Partic	ulars	ALICENSES ESTERNADO			
	f Informant: IMAD NAZF UDIN		Address: APT BLK 686D CHOA CH SINGAPORE 684686	HU KANG CRESCENT #10-264		
ID Type / ID No.: NRIC NO / S9224130J			Contact No.: Home/Office: Mobile: 91519983			
National SINGAP	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age: 27	Date of Birth: 14/07/1992	Type of Informant:			
Race: Malay	1		Language:	Institution / School Name:		
Occupat			Driving Licence Informatio Class: 2B,2A,2,3	n: Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 08/01/2020 07:20	Type of Location:	
Location: Along Road 1 PAN ISLAND STEVENS RO AFTER ERP						
Weather: Road		Road Surface: Dry			Road Speed Limit:	
Traffic Flow:		Traffic	Control:		Traffic Volume: Heavy	
Type of Collis	ion:				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved									
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger			
FBF3573M	Motorcycle	YAMAHA	FZ1-N	Black	Seriously Damaged	MERCHANIST STREET, STR			
SMF5297S	Car					0			

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
FBF3573M	NTUC Income Insurance Co-Operative Limited	5096555819-02	12/12/2019	11/12/2020			



T/20200109/2082

2 of 3

Report No. T/20200109/2082

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

# CONTINUATION OF REPORT

Details of Person Any Pedestrian In	volved: No					
No. of Pedestrian			Use of F	edestrian	Cross	ing: NA
	S Injured. IVIL					ALEXANDER OF THE PARTY OF THE P
Rider Name	MUHHAMD NAZRI BIN KAMARUDIN		ID No.		S9224130J	
Related Vehicle	FBF3573M (Motorcycle)		Conta	ct No.	91519983	
Hospital/Clinic	NIL			Class Drivin Licent Expir	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	94	Date D	ischarge	NIL	
No of Days gran	ted Medical Leave	NIL	Degree	e of Injury	Serio	us

# Brief Details.

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS RIDING ON THE RIGHT MOST LANE ALONG PIE TOWARDS CHANGI. AFTER I PASSED THE ERP GANTRY.

THIS CAR SUDDENLY ENCROACHED INTO MY LANE. I WAS NOT ABLE TO REACT IN TIME AND THAT RESULTED IN ME

HITTING HIS CAR AND FALLING ON MY LEFT HAND SIDE.

THAT IS ALL.





Lo comp disposo

Report No. T/20200109/2082

3 of 3

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

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: TP / MUHAMMAD MOINUR RAHMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/01/2020 13:57
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case:
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March   Marc			Address Type	Bergegere atter	es .	Post Code	684688	
Section   Sect								
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Mary								
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