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 <u>truthful and accurate</u> 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	13/01/2020 18:41
Date Of Accident	10/01/2020 20:30
Exact Location Of Accident	JUNC JALAN BESAR TWDS ROCHOR CANAL RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FE8180M
Insured/Policyholder	
Name Of Registered Owner	SHEIKH HASHMAT AZIM BIN HASHIM
NRIC No	SXXXX211D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83337454
Alternative Phone No	OFFICE-83337454
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXK
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	5111157357
Cover Note Number	
Driver	

Driver

Name of Driver SHEIKH HASHMAT AZIM BIN HASHIM

NRIC No SXXXX211D

Date Of Birth 06/02/1995

Occupation INDOOR

Date Of Driving Pass 29/07/2019

Driving Experience 0 YEAR AND 5 MONTH

Gender MALE

Mobile Number (LOCAL) +65-83337454

Fax Number

Contact Number OFFICE-83337454

EMail Address NOEMAIL

BLK 91 HENDERSON ROAD Address

#05-116 150091

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

COLLISION - CROSS JUNCTION Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

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 NO

ambulance?

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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 **BUKIT MERAH WEST NPC**

ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200112/2033.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMG3233J

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

Postcode

Name SHEIKH HASHMAT AZIM BIN HASHIM Approximate Age Injuries Sustain HAND Injured person in which vehicle? FE8180M Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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.
- 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) 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

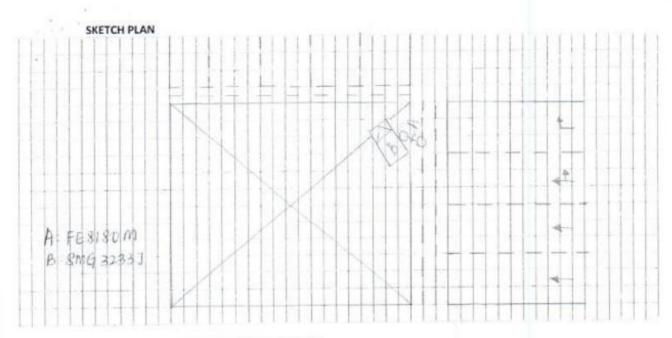
I understand, acknowledge, agree and consent that:

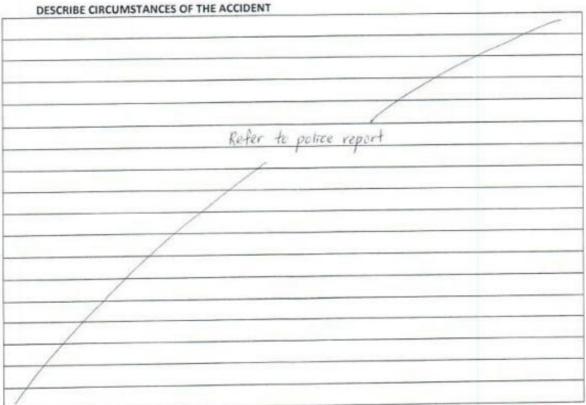
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
 - (1) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

Accident Sketch Plan





DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

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Police Report





Police Station Of Origin:

1 of 3

159682 Tel No: 1	800-37799								
Date/Tim	e Report N	C ACCIDENT	Vide Report No.:					Station Diary No.:	
12/01/20	20 11:51							18	
Informa	nt's Partic	ulars				DAMES OF STREET	1		
		T AZIM BIN	Address APT BL 150091	K 91 HEN	DERSON RO	DAD #05-	116	SINGAPORE	
ID Type / ID No.: NRIC NO / S9574211D		11011101010101			83337454				
National	ty: ORE CITIZ	ŒN	Email:						
Sex: Male	Age: 24	Date of Birth: 06/02/1995	Type of Informant: Rider						
Race: Malay					Institutio	ion / School Name:			
Occupation: National Service Full Time		Driving Licence Information: Class: 2B Date of Expiry:					ry:		
							e a		
Type of Accident Others Accident:			Drink Drive: No	Date/Tim Accident 10/01/20			Type of Location X-Junction		
JALAN E	of Road 1 BESAR R CANAL	and Road 2 ROAD esar turning right in	nto Roche	or Canal R	oad				
Junction of Jalan Besar turning right i Weather: Clear			Road Surface: Dry				Road Speed Limit:		
Traffic F	low:		Traffic	Traffic Control:			Traf	fic Volume:	
Type of Collision: Between Moving Vehicles - Side Swip			be - Same Direction				Anyone conveyed by ambulance:		

Vahicla No.	Typa	Make	Model	Color	Condition	No of Passenge
FE8180M	Motorcycle	YAMAHA	RXK	Black	Slightly Damaged	0
SMG3233J	Car		1			0

AND RESIDENCE AND DESCRIPTION OF THE PERSON NAMED IN	ehicle Insurance Insurance Company	Insurance No	Effective	Explry Date
venicle No.	NTUC Income Insurance Co-Operative	5444457057	14/07/2019	13/07/2020

Police Report



2 of 3 Report No. T/20200112/2033

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

CONTINUATION OF REPORT

Any Pedestrian Ir						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Rider				V2994981		
Name	SHEIKH HASHMAT AZIM BIN HASHIM			ID No		S9574211D
Related Vehicle	FE8180M (Motorcycle)			Conta	ct No.	83337454
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL			Class Drivin Licend Expiry	9 ce &	Class: 2B Date of Expiry: NIL
Date Treatment	11/01/2020 Date Di			ischarge	Anna de la constanta	/2020
			Degree	of Injury	Sligh	

Brief Details.

On 10/01/2020 at about 2030hrs, I was riding my motorcycle bearing car plate number FE8180M at the junction of Jalan Besar and Rochor Canal Road between lane 1 and 2 and one pink car bearing car plate number SMG3233J was on the lane 2. While turning right into Rochor Canal Road, the pink car suddenly make a sharp right turn, which cause the right side of the car to collided onto the left side of my motorcycle. I tried to balance my motorcycle, however I failed to do so and fell on my right. The driver stopped and we exchanged contact details. No government property damaged, no traffic police and ambulance was at scene. I then proceed to SGH for medical and was given 3 days MC. I suffered bruises and abrasion on my left palm and left knee cap. Currently pending for x-ray results. My motorcycle right signal light dropped off, handle bar bend, some motorcycle material dropped off and some electrical issue due to the collision.

Police Report





T/20200112/2033

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 3 of 3 Report No. T/20200112/2033

Tel No: 1800-3779999

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: D / Sgt 3 TEO JIA SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/01/2020 11:51
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case
Authentication Stamp NP168 SIGNAPIRE	

























