

## 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	14/01/2020 16:03
Date Of Accident	13/01/2020 09:20
Exact Location Of Accident	TOH GUAN RD TWDS TOH GUAN RD EAST INDUSTRIES AREA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG5967S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAMURI BIN BOIMIN
NRIC No	SXXXX264Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96424767
Alternative Phone No	OFFICE-96424767

### Vehicle Particulars

Manufacturer	YAMAHA
Model	XA 125 CVT
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	5099813701-01
Cover Note Number	

### Driver

Name of Driver	SAMURI BIN BOIMIN
NRIC No	SXXXX264Z
Date Of Birth	03/09/1962
Occupation	INDOOR
Date Of Driving Pass	23/04/1986
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96424767
Fax Number	
Contact Number	OFFICE-96424767
Email Address	NOEMAIL

Address	BLK 417 CHOA CHU KANG AVENUE 4 #02-374
Postcode	680417
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 - 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	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	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200113/2178.

#### 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	SMN3957S
Vehicle Make/Model/Colour	HONDA CIVIC
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	SAMURI BIN BOIMIN
Approximate Age	
Injuries Sustain	ANKLE, RIGHT ARM & BACK
Injured person in which vehicle?	FBG5967S
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** on the details of the accident to speed up the claims process.
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- 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 :
  - (i) 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 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' 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:
  - (i) 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

### SKETCH PLAN

A: FBG5967S  
B: SMN3957S

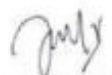
Teh Guan Road

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to police report

### 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.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200113/2178

1 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20200113/2178

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2020 21:07		Vide Report No.:		Station Diary No.: 225
<b>Informant's Particulars</b>				
Name of Informant: SAMURI BIN BOIMIN		Address: APT BLK 417 CHOA CHU KANG AVENUE 4 #02-374 SINGAPORE 680417		
ID Type / ID No.: NRIC NO / S1541264Z		Contact No.: Home/Office:		Mobile: 96424767
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 57	Date of Birth: 03/09/1962	Type of Informant: Rider	
Race: Javanese		Language:		Institution / School Name:
Occupation: LIFT TECHNICIAN		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/01/2020 09:20	Type of Location: Straight Road
Location: Along Road 1 TOH GUAN ROAD  TOH GUAN ROAD TOWARDS TOH GUAN ROAD EAST INDUSTRIES AREA				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG5967S	Motorcycle	YAMAHA	XA 125 CVT	Silver	Slightly Damaged	0
SMN3957S	Car	HONDA	CIVIC 1.6 VTI CVT	Black	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG5967S	NTUC Income Insurance Co-Operative Limited	5099813701-01	11/04/2019	10/04/2020

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200113/2178

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20200113/2178

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SAMURI BIN BOIMIN	ID No.	S1541264Z
Related Vehicle	FBG5967S (Motorcycle)	Contact No.	96424767
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	13/01/2020	Date Discharge	13/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	MAH ZHE HOON, JOYCE	ID No.	S7808225I
Related Vehicle	SMN3957S (Car)	Contact No.	81285734
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.

On 13/01/2020 at about 0920hrs, I was travelling along Toh Guan Road turning left towards Toh Guan Road East industries area. I was riding at about 40km/h and was about to make a left turn at the Toh Guan Road zebra crossing towards Toh Guan Road East. Out of a sudden, a black Honda vehicle (SMN3957S) hit onto my rear motorcycle and caused me to fly out of my bike about 4m away. Subsequently the driver of the black Honda came out of her vehicle and made a check on me and asked whether I needed an ambulance which I said no. Both of us then agreed to settle among our insurance company and exchanged both our particulars. I then went to seek treatment at National University Hospital on the same day and was given 3 days of MC.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200113/2178

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Report No. T/20200113/2178



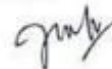
Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

## 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:		Signature Of Informant:	
J / Sgt 1	  SINGAPORE POLICE FORCE SINGAPORE		
Signature Of Interpreter: Not applicable		Date/Time: 13/01/2020 21:07	
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219		Classification Of Case:	
Authentication Stamp NP168			



Accident Photo



Accident Photo



Accident Photo





**VAccident Photo**



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

