

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	20/01/2020 14:02
Date Of Accident	19/01/2020 18:00
Exact Location Of Accident	WEST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ5956H
Insured/Policyholder	
Name Of Registered Owner	ABDUL HAKIM BIN RASHID
NRIC No	SXXXX308A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90709134
Alternative Phone No	OFFICE-90709134

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC F3V

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 REPORTING ONLY

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	5107896190
Cover Note Number	

Driver

Name of Driver	ABDUL HAKIM BIN RASHID
NRIC No	SXXXX308A
Date Of Birth	06/08/1990
Occupation	INDOOR
Date Of Driving Pass	12/03/2014
Driving Experience	5 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90709134
Fax Number	
Contact Number	OFFICE-90709134
EMail Address	NOEMAIL

Address 61 TELOK BLANGAH HEIGHTS
 #03-115
 Postcode S100061
 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? NO
 Was any injured conveyed to hospital by ambulance?
 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? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACHED SKETCH PLAN

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 SLW2265B
 Vehicle Make/Model/Colour MIT
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TAN CHER LIN CHERLY
 NRIC/Passport Number SXXXX149A
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

IMPORTANT NOTICE

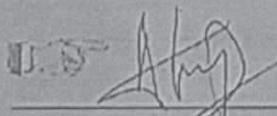
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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

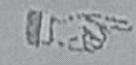
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

20 JAN 2020

IDAC BUREAU
511 Bukit Timah Street 23
Singapore 259545
Tel: 6569 3312 Fax: 6569 9111
Email: vacbb@simnet.net.sg

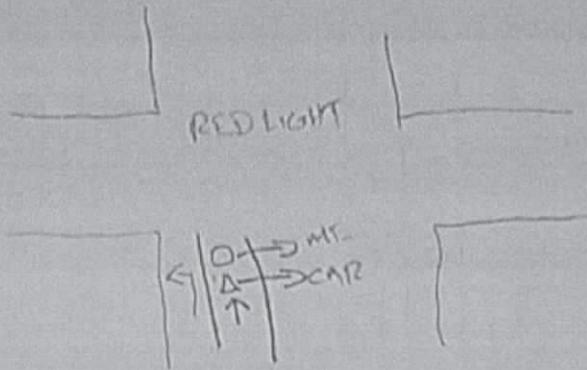


Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



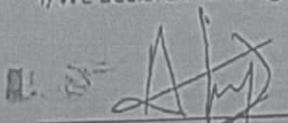
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

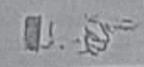
ACCIDENT HAPPEN IN ONE OF THE T JUNCTION IN WEST COAST ROAD. HAPPEN I WAS STOP AT THE TRAFFIC LIGHT DUE TO THE TRAFFIC IS ALL ALONG RED LIGHT. HOWEVER THERE IS A BMW CAR PROCEED & BEAT THE RED LIGHT. ~~SO THE~~ THEREFORE I CUT IN AND FILL IN THE PLACE OF THE BMW CAR THAT BEAT THE RED LIGHT. WHEN BMW DROVE & BEAT THE RED LIGHT, THE CAR BEHIND ME MODEL MITSUBISHI BY PLATE NO SLW 2265B THOUGHT IS GREEN LIGHT & ACCELERATE & BANG ME.

DECLARATION

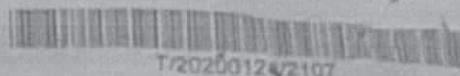
I/We declare the foregoing particulars are true in every respect.

20 JAN 2020


 Policyholder's Signature
 Date & Time:


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

IDAC BUKIT BATOK (MAG)
 511 Bukit Batok Street 23
 Singapore 659545
 Tel: 6580 3312 Fax: 6569 072
 Email: vacbu@psir.gov.sg
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL HAKIM BIN RASHID	ID No.	S9028308A
Related Vehicle	NIL	Contact No.	90709134
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTION DATE TIME AND LOCATIONS ,

I WAS TRAVELLING AT WEST COAST ROAD , WHILE I WAS GOING TOWARDS PASIR PANJANG I STOP DUE TO TRAFFIC LIGHT IS RED .

I WAS MY LANE , THEN SUDDENLY THIS BLACK BMW CAR PROCEED WHILE THE TRAFFIC STILL RED .

I SAW THE TRAFFIC LIGHT STILL RED SO I STOP WHILE THIS CAR BEHIND ME DID NOT NOTICE THE TRAFFIC LIGHT STILL RED SO SHE JUST HIT THE REAR OF MY BIKE .

AND I BELIEVE THE CAR BEHIND WAS ABOUT TO BEAT THE RED LIGHT DUE TO THE BLACK BWM CAR BECAUSE ON THE SENCE SHE MENTION TO ME THAT SHE THOUGHT THE TRAFFIC LIGHT TURN GREEN

BUT THE TRAFFIC LIGHT STILL RED .



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

COPY

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: _____
Date/Time: _____

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 /
MUHD ILHAN GHAZALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/01/2020 15:37

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Classification Of Case:
 SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

Signature: