

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	03/03/2020 11:35
Date Of Accident	01/03/2020 12:10
Exact Location Of Accident	JUNC ARAB ST & QUEEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ8174R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ARABIC BIN JAAFAR
NRIC No	SXXXX069C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86961723
Alternative Phone No	OFFICE-86961723

Vehicle Particulars

Manufacturer	HONDA
Model	PCX150 CBS AUTO
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5115586041
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ARABIC BIN JAAFAR
NRIC No	SXXXX069C
Date Of Birth	30/08/1976
Occupation	OUTDOOR
Date Of Driving Pass	03/01/2001
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86961723
Fax Number	
Contact Number	OFFICE-86961723
Email Address	NOEMAIL

Address	BLK 204A PUNGGOL FIELD #02-284
Postcode	821204
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	SIDE SWIPE
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	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200301/2040.

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	SLD8555A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KEE WOOK
NRIC/Passport Number	GXXXX154K
Contact Number	96188044
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name MUHAMMAD ARABIC BIN JAAFAR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBQ8174R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

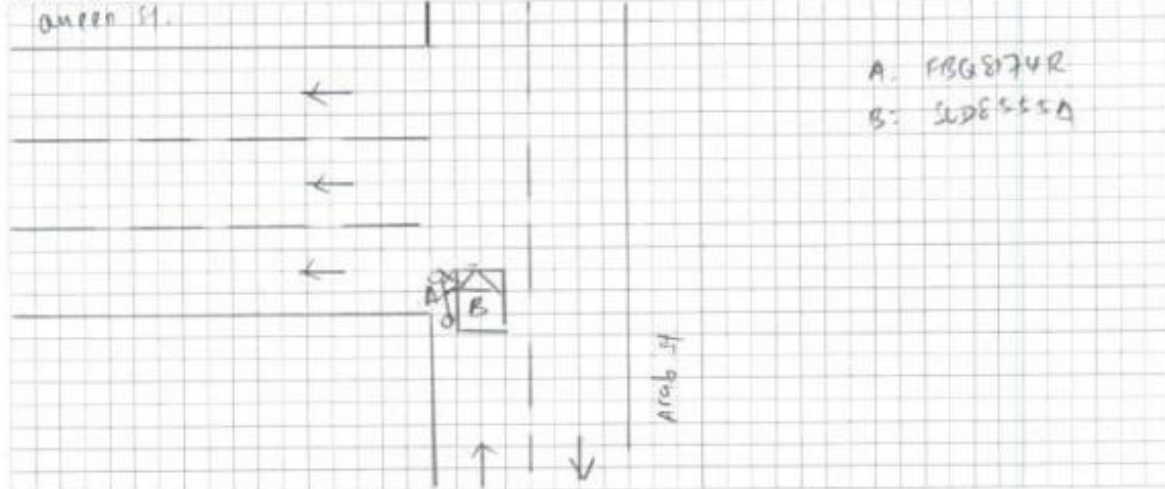
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20200301/2045.

DECLARATION

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


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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200301/2040

1 of 4

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20200301/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2020 13:36	Vide Report No.:	Station Diary No.: 80
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Informant's Particulars			
Name of Informant: MUHAMMAD ARABIC BIN JAAFAR		Address: APT BLK 204A PUNGGOL FIELD #02-284 SINGAPORE 821204	
ID Type / ID No.: NRIC NO / S7625069C		Contact No.: Home/Office: Mobile: 86961723	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 30/08/1976	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Auxiliary police officer		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/03/2020 12:10	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 ARAB STREET QUEEN STREET Arab Street towards Queen Street				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBQ8174R	Motorcycle	HONDA	PCX150 CBS AUTO	Silver	Slightly Damaged	0
SLD8555A	Car	MAZDA	Mazda 3	Red	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ8174R	NTUC Income Insurance Co-Operative Limited	5115586041	14/01/2020	13/01/2021

Police Report



**SINGAPORE
POLICE FORCE**



T/20200301/2040

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
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Tel No: 1800-2949999

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Report No. T/20200301/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ARABIC BIN JAAFAR	ID No.	S7625069C
Related Vehicle	FBQ8174R (Motorcycle)	Contact No.	86961723
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	Slight
Driver			
Name	LIM KEE WOOK	ID No.	G5187154K
Related Vehicle	SLD8555A (Car)	Contact No.	9618 8044
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 01/03/2020 at about 1210hrs, I was travelling along Arab St towards Queen St and my motorbike is a Silver Honda PCX150 bearing the plate number FBQ8174R. There was one red Mazda 3 saloon car bearing the plate number SLD8555A in front of me.

When I was reaching the junction, I signaled to the left as I was heading towards Queen St. I noticed the red Mazda slowed down at the junction and was leaning towards the right side of the lane. As I did not see any signal from the vehicle, I assumed that the driver was heading straight as such I moved towards the left side of the vehicle in attempt to make a left turn.

While I was moving to the left side, the driver of the red Mazda suddenly signaled left and make a turn to the left side. As such I bumped into the vehicle at the front left passenger door. There is a passenger seated at the front left passenger seat.

The impact have caused a dent on the front left passenger seat door of the red Mazda and my bike sustained some scratches on the body part.

I suffered a few abrasion on my right leg however I am unsure if the driver or the passenger had any injuries. I then exchanged particulars with the driver(Lim Kee Wook, G5187154K, HP: 9618 8044) however I do not have the passenger particulars. I am lodging a report for insurance claim.

Police Report



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POLICE FORCE**

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T/20200301/2040

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Report No. T/20200301/2040

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20200301/2040

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Report No. T/20200301/2040

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:

A /

Sgt 2 LIM YUIN HSIEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/03/2020 13:36

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

OFFICER IN CHARGE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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