

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	13/03/2020 16:15
Date Of Accident	10/03/2020 15:00
Exact Location Of Accident	JLN AHMD IBRAHIM JUNC OF BENOI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7996D
Insured/Policyholder	
Name Of Registered Owner	ZAINULDIN BIN ALI
NRIC No	SXXXX923E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93969606
Alternative Phone No	OTHERS-93969606

Vehicle Particulars

Manufacturer	HONDA
Model	WW150
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	5108821964
Cover Note Number	

Driver

Name of Driver	ZAINULDIN BIN ALI
NRIC No	SXXXX923E
Date Of Birth	24/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	31/01/1985
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93969606
Fax Number	
Contact Number	OTHERS-93969606
Email Address	NOEMAIL

Address	BLK 436 YISHUN AVE 11 #03-206
Postcode	760436
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?	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)	2
Passenger 1	NAME: : SALSIAH BTE AHMAD GENDER: : FEMALE

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
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?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200311/2133

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 Witness 1

Name	SBS BUS DRIVER
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD4976C
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
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	ZAINULDIN BIN ALI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBJ7996D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SALSIAH BTE AHMAD
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBJ7996D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

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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.

 13.3.2020

Policyholder's Signature
Date & Time:

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

 13/03/20

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

Accident Sketch Plan

SKETCH PLAN

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO THE POLICE REPORT: T/20200311/2133

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

13.3.2020

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

2/4/20 13/03/20

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

Accident Sketch Plan

3/13/2020

Benoi Rd - Google Maps

Google Maps Benoi Rd



VEH B make a u-turn

Image capture: Aug 2019 © 2020 Google

Singapore

Google

Street View



Accident Sketch Plan



Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200311/2133

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

2 of 3

Report No. T/20200311/2133

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZAINULDIN BIN ALI	ID No.	S1261923E
Related Vehicle	FBJ7996D (Motorcycle)	Contact No.	93969606
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	10/03/2020	Date Discharge	10/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Pillion			
Name	MS SALSIAH BTE AHMAD	ID No.	S1493688B
Related Vehicle	FBJ7996D (Motorcycle)	Contact No.	94460379
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/03/2020	Date Discharge	11/03/2020
No. of Days granted Medical Leave	01	Degree of Injury	Slight

Brief Details.

ON THE MENTIONED DATE TIME AND LOCATION,

I WAS ON MY USUAL ROUTE TOWARDS THE OFFICE AND MAKING A RIGHT TURN AT THE BEND TOWARDS JALAN AHMAD IBRAHIM WHEN A TRAILER SUUDENLY MADE A U TURN INTO MY PATH AND CAUSING ME TO HIT THE REAR RIGHT PORTION ON THE TRAILER WHEEL. I WAS THEN CONVEYED TO HOSPITAL. THATS ALL

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



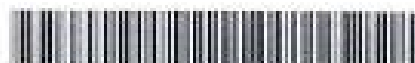
Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200311/2133

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 85470000

1 of 3
Report No. T/20200311/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2020 18:40		Video Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ZAINULDIN BIN ALI			Address: APT BLK 436 YISHUN AVENUE 11 #03-208 YISHUN SPRING SINGAPORE 760436		
ID Type / ID No.: NRIC NO / S1281923E			Contact No.: Home/Office: Mobile: 93969806		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 21/01/1957	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERYMAN			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/03/2020 15:00	Type of Location: X-Junction
Location: Along Road 1 JALAN AHMAD IBRAHIM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBJ7996D	Motorcycle	HONDA	VWV150	Grey		0
XD4976C	TRAILER	MITSUBISHI	FP51JDR4R DEA	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ7996D	NTUC Income Insurance Co-Operative Limited	5108821964	11/04/2019	12/04/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200311/2133

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408855
Tel No: 65470000

2 of 3

Report No. T/20200311/2133

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZAINULDIN BIN ALI	ID No.	S1261923E
Related Vehicle	FBJ7986D (Motorcycle)	Contact No.	93969606
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	10/03/2020	Date Discharge	10/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Pillion			
Name	MS SALSIAH BTE AHMAD	ID No.	S1493688B
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Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/03/2020	Date Discharge	11/03/2020
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POLICE FORCE**



T/20200311/2133

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Tel No: 65470000

3 of 3

Report No. T/20200311/2133

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 /
NURSADIY ZULFIKAR BIN SHAWAL

Signature Of Interpreter:
Not applicable.

Officer In Charge Of Case:
TP / GIT /
SI ONG CHEE HIEN
Contact No.: 65478437

Authentication Stamp
NP158

Signature Of Informant:

D. M. S.

Date/Time:
11/03/2020 18:40

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: *[Signature]*