

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	30/03/2020 11:30
Date Of Accident	09/03/2020 17:45
Exact Location Of Accident	BUKIT TIMAH AVENUE TOWARDS TEKKA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3389C
Insured/Policyholder	
Name Of Registered Owner	HAMZAH BIN SABAN
NRIC No	SXXXX635C
Email Address	HAMZAHFJR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96727084
Alternative Phone No	OTHERS-96727084

Vehicle Particulars

Manufacturer	HONDA
Model	GOLDWING-1.8 (M)
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	5103714526-01
Cover Note Number	

Driver

Name of Driver	HAMZAH BIN SABAN
NRIC No	SXXXX635C
Date Of Birth	13/08/1959
Occupation	INDOOR
Date Of Driving Pass	31/08/1994
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96727084
Fax Number	
Contact Number	OTHERS-96727084
Email Address	HAMZAHFJR@GMAIL.COM

Address	BLK 200A SENKKANG EAST ROAD #13-16
Postcode	541200
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?	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: : ROKIAH BTE TOKIJAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200310/2002

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA9478L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR NG
NRIC/Passport Number	

Contact Number	98369170
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

DETAILS OF INJURED PERSON 1

Name	ROKIAH BTE TOKIJAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK3389C
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.


Policyholder's Signature
Date & Time: 30/3/2020

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

on 9/3/2020 at about 5.45pm, I was riding my motorcycles together with my wife as a pillion along BUKET TUNNIT ROAD toward Tekka along the slip road and there is a PTV in front of us going through the slip road. when suddenly the PTV in front of us jammed it brakes and I collided onto the rear of the PTV. The driver told me that another car in front of him had come into the slip road from the main road suddenly cause him to jammed it break

my wife fell off the bike due to the impact and was sent to TTSHT by ambulance. To come closer refer E/00200309/0144

POLICE REPORT 7/20200310/2002

DECLARATION

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

[Signature]
30/3/20

Policyholder's Signature
Date & Time:

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

[Signature] 30/03/2020
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200310/2002

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No: T/20200310/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2020 00:42		Vide Report No.: E/20200309/0144		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: HAMZAH BIN SABAN			Address: APT BLK 200A SENGKANG EAST ROAD #13-16 SINGAPORE 541200		
ID Type / ID No.: NRIC NO / S1383635C			Contact No.: Home/Office: Mobile: 96727084		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 13/08/1959	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: SECURITY			Driving Licence Information: Class: Date of Expiry:		

General information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/03/2020 17:45	Type of Location:
Location: Along Road 1 BUKIT TIMAH AVENUE towards Tekka				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3389C	Motorcycle	HONDA	GL1800 M	Grey		1
SMA9478L	Car					2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK3389C	NTUC Income Insurance Co-Operative Limited	5103714526-01	08/09/2019	07/09/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200310/2002

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20200310/2002

CONTINUATION OF REPORT

Details of Person involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	ROKIAH BTE TOKIJAN	ID No.	S1498888A
Related Vehicle	FBK3389C (Motorcycle)	Contact No.	97557014
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/03/2020	Date Discharge	09/03/2020
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Rider			
Name	HAMZAH BIN SABAN	ID No.	S1383635C
Related Vehicle	FBK3389C (Motorcycle)	Contact No.	96727084
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
Driver			
Name	MR NG	ID No.	NIL
Related Vehicle	SMA9478L (Car)	Contact No.	98369170
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 09/03/2020 at about 5.45pm, I was riding my motorcycle together with my wife as the pillion along Bukit Timah towards Tekka along the slip road and there is a PHV in front of us going through the slip road when suddenly the PHV in front of us jammed its brakes and I collided onto the rear of the PHV. The driver told me that another car in front of him had came into the slip road from the main road suddenly causes him to jammed its brake.

My wife fell off the bike due to the impact and was sent to TTSH by the ambulance. TP came down ref E/20200309/0144.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200310/2002

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
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Report No. T/20200310/2002

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200310/2002

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20200310/2002

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:
F /
Sgt 3 TAN WEI XIANG ROY 


Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMED FERAZ BIN HUSSEIN
Contact No.: 65476206

Authentication Stamp
NP168

Signature Of Informant:


Date/Time:
10/03/2020 00:42

Classification Of Case:


Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

