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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	20/04/2020 15:09
Date Of Accident	17/04/2020 15:20
Exact Location Of Accident	ALONG LOWER DELTA ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBN7775D
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD MUSTAFA BIN MOOSA
NRIC No	SXXXX987C
Email Address	MUSTAFAMOOSA95@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81250607
Alternative Phone No	OTHERS-81250607
Vehicle Particulars	
Manufacturer	YAMAHA
Model	MT-03 ABS (MTN320-A)-321CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5106429757-01
Cover Note Number	
Driver	

Driver

Name of Driver MOHAMAD MUSTAFA BIN MOOSA

NRIC No SXXXX987C

Date Of Birth 25/09/1965

Occupation OUTDOOR

Date Of Driving Pass 30/05/1992

Driving Experience 27 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81250607

Fax Number

Contact Number OTHERS-81250607

EMail Address MUSTAFAMOOSA95@GMAIL.COM

Address BLK 40 JALAN RUMAH TINGGI

#11-270

Postcode 151040

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

ambulance?

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

NO YES

Was any other material or property damaged?

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 BUKIT MERAH WEST NPC

Police Station Address ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes,against whom?

n? NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200417/2032

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 FX7731E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number 87488728

Address

Postcode

Insurance Company Name

Page 2 of 26

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SH7387X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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
- 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)

Lunderstand, 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)
 - (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.
- 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.

10-10414

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pers Name

NRIC/FIN No.:

Accident Sketch Plan

tou	FIR DECTA	ROAD	4		
		-	+		
	-	O'STREWS.	_		
		HARBI			
A) FBN 7775D		(C)/			
B) FX7731E		Y			
c) SH 7387 X		1	1		
			1		
SCRIBE CIRCUMSTANCES OF		Thor	1 type		
RETTER TO POLICE	4 KHOET	7/20200	417/2032		
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LARATION declare the foregoing particulars	are true in every resp	ect.		1	
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unotte ao Apo 20	10.		111	20/04/20	No fo

POLICE REPORT





Report No. T/20200417/2032

1 of 3

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 020 16:16	/lade:	Vide Report No.: A/20200417/0080	Station Diary No.: 39	
Informa	nt's Partic	ulars			
	f Informant: IAD MUST/	AFA BIN MOOSA	Address: APT BLK 40 JALAN RUMAH 151040	TINGGI #11-270 SINGAPORE	
ID Type / ID No.: NRIC NO / \$1699987C			Contact No.: Home/Office: Mobile: 81250607		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 54	Date of Birth: 25/09/1965	Type of Informant: Rider		
Race: Javanese			Language:	Institution / School Name:	
Occupation: FOOD DELIVERYMAN			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

Seneral Infor	mation of the Accident					
Type of Accident:	Conveyed By Ambu	Drink Drive: No	Date/Time of Accident: 17/04/2020 15	-20	Type of Location T-Junction	
JALAN BUKIT	TMERAH ER DELTA ROAD TOWA	ARDS J	ALAN BUK Surface:	T MERAH, T-JUN		OF AYE AND
Traffic Flow:				Traffic Volume:		
Type of Collis Between Mov	ion: ing Vehicles - Head To Si	ide	HORATAMOPIOSION ()			one conveyed by

Details of V	ehicle Involve	d	Carried to the Control of the Control	The Resident	The second second	We have the same
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBN7775D	Motorcycle	YAMAHA	MT-03 ABS (MTN320-A)	Silver	Slightly Damaged	0
FX7731E	Motorcycle				Seriously Damaged	0
SH7387X	Car				Slightly Damaged	0

POLICE REPORT





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

2 of 3 Report No. T/20200417/2032

Tel No: 1800-3779999

CONTINUATION OF REPORT

Details of V	ehicle Insurance	STATE AND DESCRIPTION OF THE PERSON OF THE P		
	The diation Company	Insurance No	Effective	Expiry Date
FBN7775D	NTUC Income Insurance Co-Operative	5106429757-01	17/12/2019	16/12/2020

Any Pedestrian I		the state of the s				
No. of Pedestrian	ns Injured: NIL		Line of De	ed a solution		
Rider			Use of Pe	edestria	n Cross	sing: NA
Name	MOHAMAD MUSTA	AFA BIN M	OOSA	ID No).	S1699987C
Related Vehicle	FBN7775D (Motorcycle)			Conta	ect No.	81250607
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 17/04/2020 at about 1520hrs, I was riding my motorcycle bearing car plate number FBN7775D travelling along Lower Delta Road towards Jalan Bukit Merah on the left lane. When approaching the T-junction of AYE and Jalan Bukit Merah, the traffic light was green and I continued to travel along Lower Delta Road. A 'Comfort Delgro' taxi bearing car plate number SH7387X suddenly inch out of the filter lane. I managed stop my motorcycle in time however my front tires grazed against the front right bumper of the taxi. A motorcycle bearing car plate number FX7731E could not stopped in time and collided onto the rear of my motorcycle causing myself and my motorcycle to fall on the right. I wished to inform that I did not sustain any injury, however my motorcycle right mirror and rear mudguard were cracked, scratches on front car plate and the rear car plate and the top box rack were bend. The taxi sustained minor scratches on the front right bumper from my motorcycle tires. I also wished to inform that traffic police and ambulance were at scene and there was no government property damaged.

POLICE REPORT





3 of 3 Report No. T/20200417/2032

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682 CONTINUATION OF REPORT

Tel No: 1800-3779999

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: D / Sgt 3 TEO JIA SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/04/2020 16:16
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp	



































