

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	15/05/2020 16:50
Date Of Accident	14/05/2020 06:45
Exact Location Of Accident	BUKIT BATOK RD TWDS JURONG BESIDE SHELL PETROL KIO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8583P
Insured/Policyholder	
Name Of Registered Owner	FAZLI BIN SAFARJAN
NRIC No	SXXXX569E
Email Address	FAZLI0108@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98441593
Alternative Phone No	OTHERS-98441593

Vehicle Particulars

Manufacturer	YAMAHA
Model	-
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	5108854525-01
Cover Note Number	

Driver

Name of Driver	FAZLI BIN SAFARJAN
NRIC No	SXXXX569E
Date Of Birth	01/08/1980
Occupation	INDOOR
Date Of Driving Pass	06/05/2010
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98441593
Fax Number	
Contact Number	OTHERS-98441593
Email Address	FAZLI0108@GMAIL.COM

Address	BLK 322 BUKIT BATOK ST 33 #02-08
Postcode	650322
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG DIVISION HQ
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 18007910000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: J/20200514/7034

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	SHC5813C
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)

DETAILS OF INJURED PERSON 1	
Name	FAZLI BIN SAFARJAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBM8583P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:

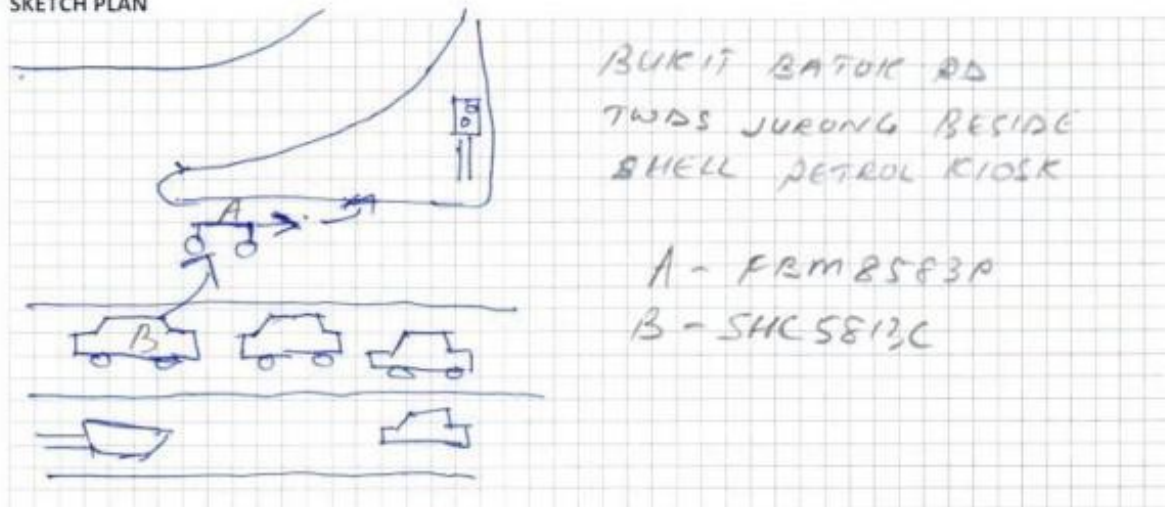
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 15/05/20

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


P/s refer to the police report: J/20200514/7034

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:

 15/05/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



J/20200514/7034

1 of 2

POLICE REPORT (NP299)

Report No. J/20200514/7034

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

Date/Time Report Made 14/05/2020 16:17	Vide Report No.	Station Diary No.
Name Of Informant FAZLI BIN SAFARJAN	Address APT BLK 322 BUKIT BATOK STREET 33 #02-08 SINGAPORE 650322	
ID Type / ID No. NRIC NO / S8022569E	Contact No. Home/Office: Mobile: 98441593	
Nationality SINGAPORE CITIZEN	Email Address fazli0108@gmail.com	
Occupation Crane operator (port)	Sex Male	Age 39
Institution/School Name	Date of Birth 01/08/1980	Race Malay
Date/Time Of Incident 14/05/2020 06:50 - 14/05/2020 07:00	Location Of Incident APT BLK 322 BUKIT BATOK STREET 33 #02-08 SINGAPORE 650322	

Brief details.

I was riding on my bike FBM8583P at 0645hr on 14/05/2020 along BukitBatokRoad towards Jurong. I was in the outer left lane.. approving the traffic light near BukitBatok Shell station. A TRANSCAB taxi SHC5813P went into my lane.. I try to avoid the collision. The taxi knock onto my bike I hit the curb and I fell. The bike fall onto my left foot. An pump attendant uncle from nearby Shell patrol saw and call 999. 10min later ambulance and TP came..I was sent to NG Teng Fong Hospital

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/05/2020 16:17
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Institution/School Name	Language English			
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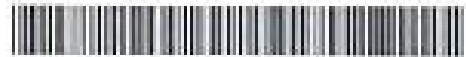
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
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Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



J/20200514/7034

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200514/7034

Subjects Involved			
Suspect			
Person Name	Dont know		
Gender	Male	Age	40-55
Race	Chinese	Mobile No	90054777
Victim			
Person Name	FAZLI BIN SAFARJAN		
ID Type	NRIC NO	ID No	S8022589E
Gender	Male	Age	39
Race	Malay	Language	English
Occupation	Crane operator (port)	Address Type	
Address	APT BLK 322 BUKIT BATOK STREET 33 #02-08 SINGAPORE 650322		Mobile No 98441593
Is Informant A Victim?	Yes		
Person Name FAZLI BIN SAFARJAN (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/05/2020 16:17
Officer In-Charge Of Case:	Classification Of Case:
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