

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	21/08/2019 14:52
Date Of Accident	08/08/2019 06:30
Exact Location Of Accident	ALONG SEMBAWANG ROAD TWDS SEMBAWANG PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF1986T
Insured/Policyholder	
Name Of Registered Owner	WAN JURAIMI BIN WAN ANDALLY
NRIC No	S9403697F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98582047
Alternative Phone No	OFFICE-98582047

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R1
Exact Purpose for which vehicle was being used at time of accident	
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	5086357801-02
Cover Note Number	

Driver

Name of Driver	WAN JURAIMI BIN WAN ANDALLY
NRIC No	S9403697F
Date Of Birth	23/01/1994
Occupation	INDOOR
Date Of Driving Pass	01/04/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98582047
Fax Number	
Contact Number	OFFICE-98582047
Email Address	NOEMAIL

Address	APT BLK 589D MONTREAL DRIVE #09-128
Postcode	754589
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2849999 - FAX NO: 63431742
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER SKETCH PLAN

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	PC6030T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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	WAN JURAIMI BIN WAN ANDALLY
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBF1986T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

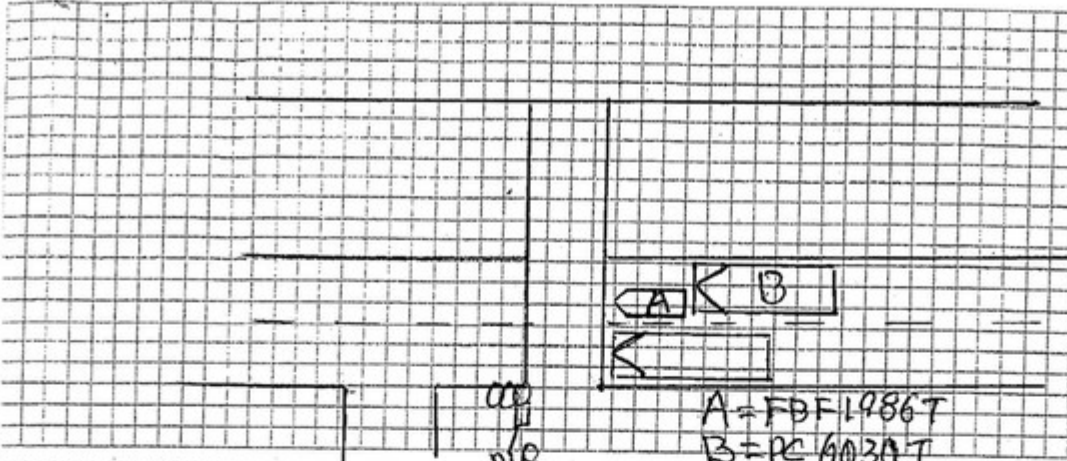
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


As per police report NO: T/20190809/2132

DECLARATION

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:

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

RM C Sketch Plan Form 1/2



**SINGAPORE
POLICE FORCE**



T/20190809/2132

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

1 of 3

Report No. T/20190809/2132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/08/2019 21:40	Vide Report No.: L/20190808/0035	Station/Diary No.: 12
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Informant's Particulars			
Name of Informant: WAN JURAIMI BIN WAN ANDALLY		Address: APT BLK 589D MONTREAL DRIVE #09-128 SINGAPORE 754589	
ID Type / ID No.: NRIC NO / S9403697F		Contact No.: Home/Office: Mobile: 98582047	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 23/01/1994	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: CISCO OFFICER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/08/2019 06:30	Type of Location:
Location: SEMBAWANG ROAD sembawang Road Towards Sembawang Park direction near to Sembawang CC Straight Junction				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
FBF1986T	Motorcycle	YAMAHA	YZF-R1	White		0
PC6030T	Bus/Coach/Minibus					0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date	
FBF1986T	NTUC Income Insurance Co-Operative Limited	5086357801-02	18/11/2018	17/11/2019	

POLICE REPORT



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T/20190809/2132

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108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20190809/2132

CONTINUATION OF REPORT

Brief Details.

On the 08/08/2019 at about 0630hrs, I was riding my bike FBF1986T along Sembawang Road Towards Sembawang Park direction near to Sembawang CC Straight Junction. It is a 2 lane road, I was stationary at the said junction at the stop line, on the right lane and there was a big Passenger Bus hide of me and there was a SBS bus on the yellow box right beside me. As the traffic light indicated green letter "B", the SBS bus moved and I was still stationary. But the Said bus behind me hit onto my rear, I itched forward and fell. I Felt pain on my right leg and there was some abrasion on my left wrist area. I was still able to stand up and I took pictures of the scene and the said bus that hit onto me was PC6030T and the driver provided me his particulars: Wang Mohai G5266996R. After taking pictures I continued to feel pain in my right leg and therefore I called for Ambulance. Shortly Ambulance and traffic police came and Tp gave me a case card (L/20190808/0035) and I was conveyed to KTPH. After the doctor made a check on me, I was informed that my right leg shin area was fractured and some abrasion on the left wrist and was given 2 weeks of hospital leave. After the medical examination, I was discharged. I then was informed to lodge an accident report about the said accident.



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POLICE FORCE**



T/20190809/2132

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108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20190809/2132

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: SN 151 F / Sgt 3 LIM HAO JIE Signature:	Signature Of Informant:
Signature Of Interpreter Police Force Not applicable	Date/Time: 09/08/2019 21:40
Officer In Charge Of Case: TP / GIT / Sgt 3 MOHAMED RIZWAN BIN IBRAHIM Contact No.: 93265045	Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo

