

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	15/06/2020 14:13
Date Of Accident	13/06/2020 16:00
Exact Location Of Accident	BLK 112 PASIR RIS ST 11 SERVICE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP3756A
Insured/Policyholder	
Name Of Registered Owner	ABDIL QAIYYIM BIN ABDUL MUTALIB
NRIC No	SXXXX453B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90706760
Alternative Phone No	OFFICE-90706760

Vehicle Particulars

Manufacturer	YAMAHA
Model	CZD300A / XMAX300
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	5108498652-01
Cover Note Number	

Driver

Name of Driver	ABDIL QAIYYIM BIN ABDUL MUTALIB
NRIC No	SXXXX453B
Date Of Birth	14/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2010
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90706760
Fax Number	
Contact Number	OFFICE-90706760
EEmail Address	NOEMAIL

Address	BLK 119 PASIR RIS STREET 11 #02-497
Postcode	510119
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200614/2000 & T/20200615/2035.

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	GBF2067P
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)

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.

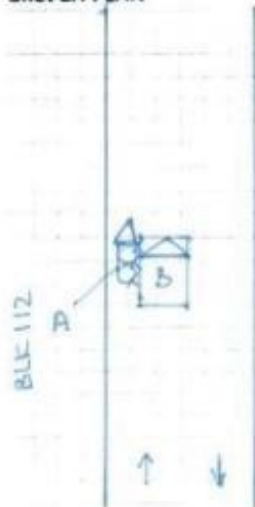

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



BLK 112 Pasir Ris Street 11 Service Road

Veh A: FBP 3756A

Veh. B: 6BF 2067P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/20200614/2000

T/2020065/2035

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:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No. _____

Police report



**SINGAPORE
POLICE FORCE**



T/20200614/2000

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4

Report No. T/20200614/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2020 00:15	Vide Report No.:	Station Diary No.: 1
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Informant's Particulars

Name of Informant: ABDIL QAIYYIM BIN ABDUL MUTALIB			Address: APT BLK 119 PASIR RIS STREET 11 #02-497 SINGAPORE 510119		
ID Type / ID No.: NRIC NO / S8916453B			Contact No.: Home/Office: Mobile: 90706760		
Nationality: SINGAPORE CITIZEN			Email: abdil.qaiyyim@gmail.com		
Sex: Male	Age: 31	Date of Birth: 14/05/1989	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: ATHLETE			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2020 16:00	Type of Location: Car Park
Location: Along Road 1 PASIR RIS STREET 11				
Service road of Pasir Risst 11 near Blk 112 Pasir Ris St 11				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP3756A	Motorcycle	YAMAHA	CZD300A / XMAX300	Black	Slightly Damaged	0
	Van			White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP3756A	NTUC Income Insurance Co-Operative Limited	5108498652-01	26/03/2020	25/03/2021

Police report



**SINGAPORE
POLICE FORCE**



T/20200614/2000

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20200614/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDIL QAIYYIM BIN ABDUL MUTALIB	ID No.	S8916453B
Related Vehicle	FBP3756A (Motorcycle)	Contact No.	90706760
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	HIRMAN	ID No.	NIL
Related Vehicle	(Van)	Contact No.	85680853
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 the 13/6/2020 at about 4:00pm, I had my motorcycle FBP3756A parked near Blk 112 Pasir Ris St 11 along the service road. I then went up to the block. About 0 minutes later, I heard a loud crash. I lookout from my mother's house window and saw that my motorcycle had fallen to the left and I saw a driver of a white van was looking at my motorcycle. I went down and met with the van driver.

He said admitted to hitting my motorcycle while he was driving past and the van left mirror had grazed against my motorcycle causing it to fall. My motorcycle had some scratches and my handlebar was slightly misaligned. When I asked for his particulars. He then passed me a name card with the name and contact number and he then told me to contact him because he was busy working. he then left and I forgot to take down the vehicle number.

I then contacted him and I sent him the damages of my motorcycle. He replied saying that he will contact me on Monday and did not reply any further on my other messages. His van left mirror was cracked when he hit against my motorcycle and there were no other damages pointed out.

Police report



**SINGAPORE
POLICE FORCE**



T/20200614/2000

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 4

Report No. T/20200614/2000

CONTINUATION OF REPORT

Police report



**SINGAPORE
POLICE FORCE**



T/20200614/2000

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

4 of 4

Report No. T/20200614/2000

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:

G /

Staff Sgt MUHAMMAD AMINULLAH BIN MOHD
YUSOF

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/06/2020 00:15

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Police report



**SINGAPORE
POLICE FORCE**



T/20200615/2035

Station Of Origin:

Archerperson NPP

54 Pipl Road #01-32/84 SINGAPORE

370054

No: 1800-7449999

1 of 3

Report No. T/20200615/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2020 12:50	Vide Report No.: T/20200614/2000	Station Diary No.: 15
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Informant's Particulars

Name of Informant: ABDIL QAIYYIM BIN ABDUL MUTALIB			Address: APT BLK 119 PASIR RIS STREET 11 #02-497 SINGAPORE 510119	
ID Type / ID No.: NRIC NO / S8916453B			Contact No.: Home/Office: Mobile: 90706760	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 31	Date of Birth: 14/05/1989	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: a. b. c. d. e. f. g. h. i. j. k. l. m. n. o. p. q. r. s. t. u. v. w. x. y. z.			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2020 16:00	Type of Location: Car Park
Location: Along Road 1 PASIR RIS STREET 11			
Service road of Pasir ris st 11 near Blk 112 Pasir ris St11			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP3756A	Motorcycle	YAMAHA	CZD300A / XMAX300	Black	Slightly Damaged	0
G8F2067P	Vari				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP3756A	NTUC Income Insurance Co-Operative Limited	5108498652-01	26/03/2020	25/03/2021

Police report



**SINGAPORE
POLICE FORCE**



T/20200515/0035

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20200515/0035 5

CONTINUATION OF REPORT

Brief Details.

I manage to get his vehicle's plate number by going to the van driver's place and found his van. I had checked and it was the same van that had hit into my motorcycle. I wish to state that I heard the loud cash after going up to the block for around 10 minutes. I have yet to received any reply from the van driver, thus I will proceed for insurance claim.

Police report



SINGAPORE
POLICE FORCE



T/20200615/2035

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

3 of 3

Report No. T/20200615/2035

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:

G /

Sgt 2 LING JUNXIAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/06/2020 12:50

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No: 65 98 16 11

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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