

## 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	06/07/2020 17:17
Date Of Accident	02/07/2020 21:00
Exact Location Of Accident	COMMONWEALTH AVENUE TOWARDS ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP6160Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMAD HELMY BIN SABAR
NRIC No	SXXXX663I
Email Address	HELMY.SPARK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93208369
Alternative Phone No	OTHERS-93208369

### Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155A-155CC CVT ABS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5117326141
Cover Note Number	

### Driver

Name of Driver	MOHAMAD HELMY BIN SABAR
NRIC No	SXXXX663I
Date Of Birth	19/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2010
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93208369
Fax Number	
Contact Number	OTHERS-93208369
EEmail Address	HELMY.SPARK@GMAIL.COM

Address	BLK 187 BOON LAY AVENUE #16-56
Postcode	640187
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO 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	SMP8701U
Vehicle Make/Model/Colour	CITROEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEW TONG SENG
NRIC/Passport Number	SXXXX420G
Contact Number	84912883
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MOHAMAD HELMY BIN SABAR
------	-------------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBP6160Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.
5. **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)**

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: 06.07.2020

Driver's Signature

(if driver is not the policyholder)

Date & Time:

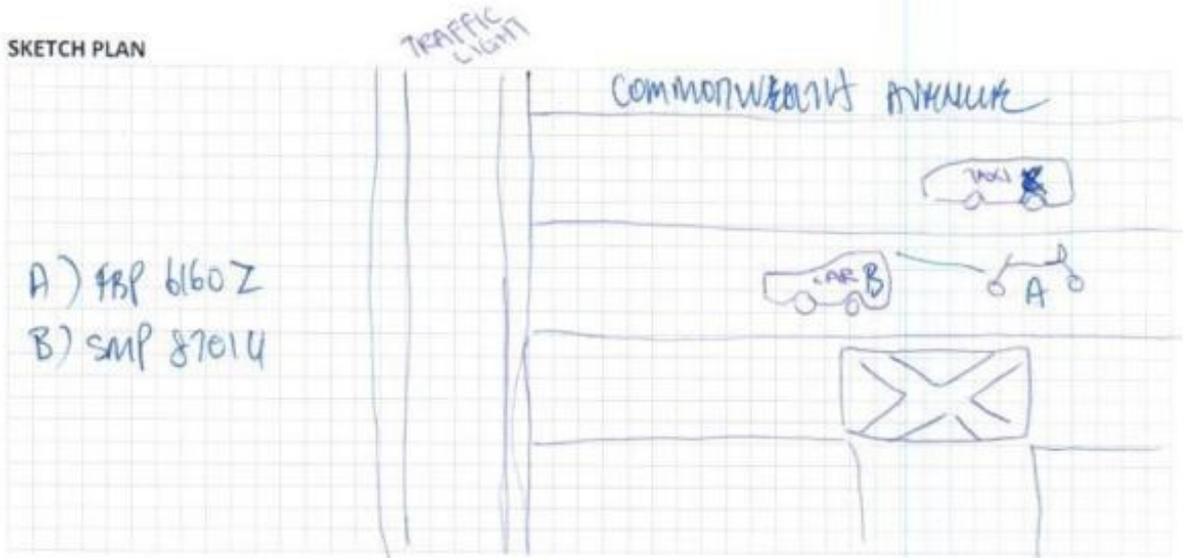
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

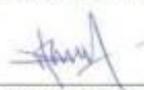


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

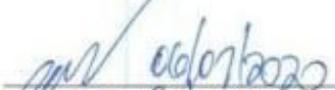
Refer to police REPORT. 1/20200704/2041

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 06.07.2020

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/20200704/2041

2 of 4

Report No. T/20200704/2041

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP6160Z	NTUC Income Insurance Co-Operative Limited	5117326141	09/05/2020	08/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL				
Rider			Use of Pedestrian Crossing: NA	
Name	MOHAMAD HELMY BIN SABAR	ID No.	S8117663I	
Related Vehicle	FBP6160Z (Motorcycle)	Contact No.	93208369	
Hospital/Clinic	PIONEER POLYCLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	03/07/2020	Date Discharge	NIL	
No. of Days granted Medical Leave	02	Degree of Injury	NIL	
Driver				
Name	LEW TONG SENG	ID No.	S8414420G	
Related Vehicle	SMP8701U (Car)	Contact No.	84912883	
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 02/07/2020 at around 2100hrs, I was delivering food from Foodpanda. I had collected the food from Star vista and was heading towards Commonwealth Drive. I was riding my motorcycle FBP6160Z along Commonwealth Ave. I was on the middle lane of the 3 lane road. After the junction of Holland Ave and Commonwealth Ave, I was still in the middle lane. The traffic light after the bus stop started to turn amber. The car (SMP8701U) in front of me slowed down and stopped but I was not able to slow down in time. I wanted to cut into the first lane however there was a taxi which was too close to the divider line. Subsequently, I crashed onto the back portion of the car. The driver of the car then came out and attended to me. Subsequently, the ambulance and police arrived. The ambulance did a check on me but I declined to be conveyed to the hospital. I then exchanged particulars with the driver and he left the location. My motorcycle was towed to the workshop at Jalan Bukit Merah.

I wish to state that I seeked treatment at Pioneer polyclinic and I was given 2 days mc. I have abrasions on my right knee and swelling on the fourth toe on my right leg.

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200704/2041

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

**CONTINUATION OF REPORT**

3 of 4  
Report No. T/20200704/2041

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200704/2041

4 of 4

Report No. T/20200704/2041

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

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:

D /  
Sgt 1 SURENDDHARAN S/O PURANA  
CHANDRAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/07/2020 13:36

Officer In Charge Of Case:  
TP / AEIT /  
Sr-Staff Sgt ONG YONG HOCK  
Contact No: 65476456

Classification Of Case:

POLICE FORCE
   
 AUTHENTICATION STAMP
   
 NP168
   
 SIGNATURE

Accident Photo



Accident Photo



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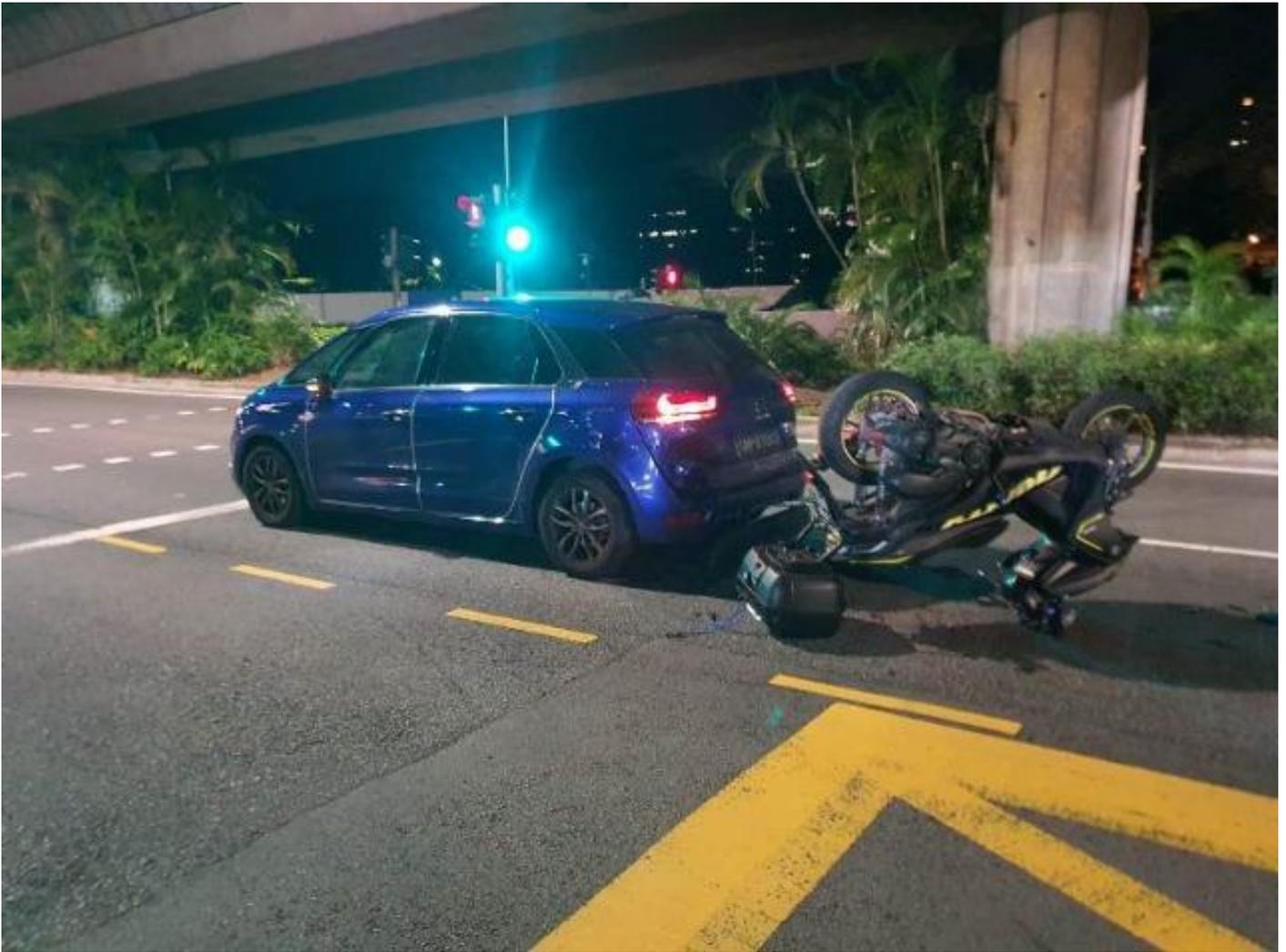
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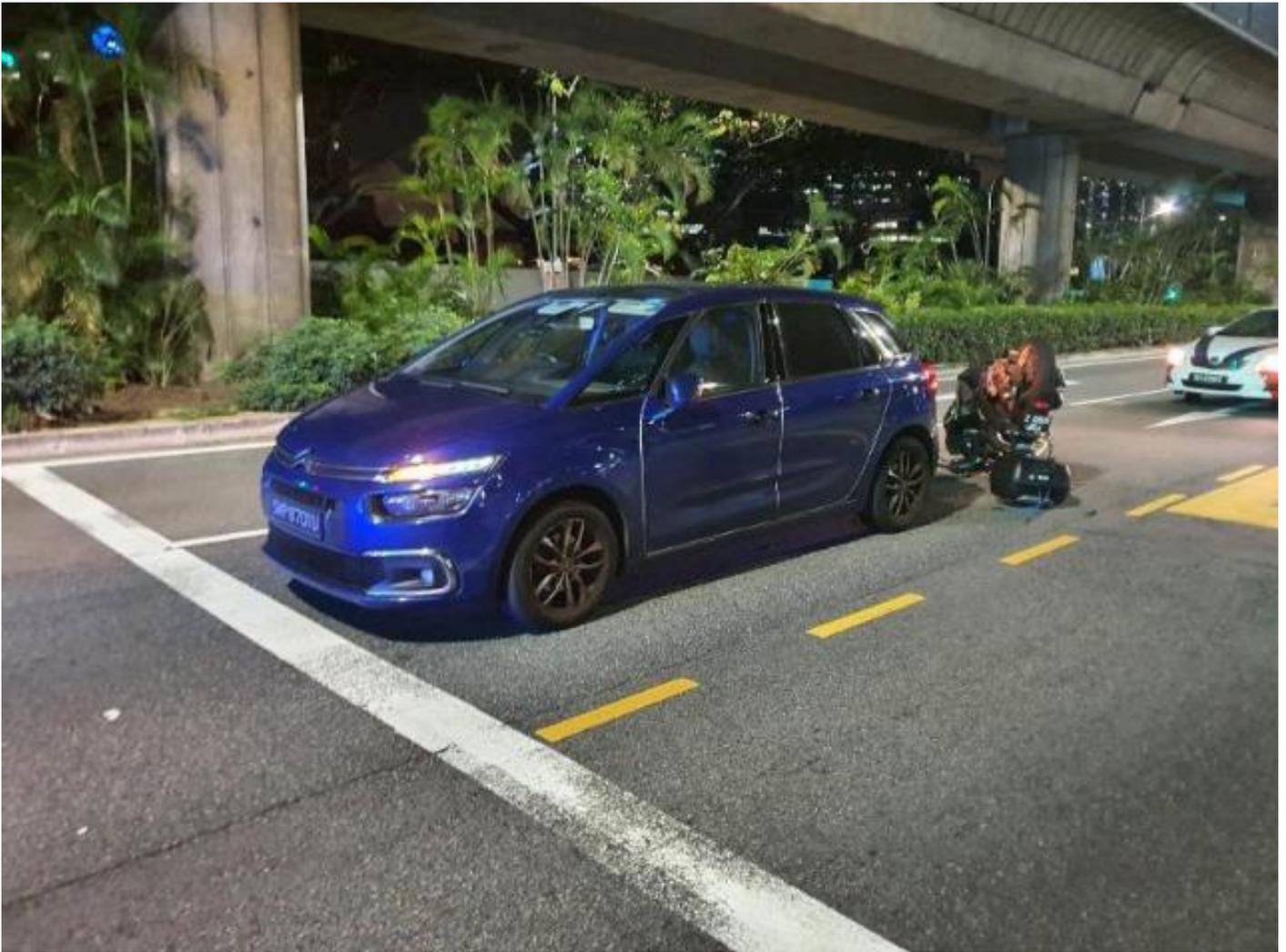
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