

## 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	22/07/2020 12:59
Date Of Accident	09/07/2020 14:50
Exact Location Of Accident	BUKIT BATOK WEST AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG6753K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD IRWAN BIN ASLI
NRIC No	TXXXX877F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97604412
Alternative Phone No	OFFICE-97604412

### Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX (HC)
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
Fleet Policy	NO
Policy Number	5115517653
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD IRWAN BIN ASLI
NRIC No	TXXXX877F
Date Of Birth	03/07/2000
Occupation	INDOOR
Date Of Driving Pass	02/07/2019
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97604412
Fax Number	
Contact Number	OFFICE-97604412
Email Address	NOEMAIL

Address	BLK 342 CHOA CHU KANG LOOP #05-35
Postcode	680342
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 - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

#### 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 POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	<b>ROAD:</b> NO. 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7910000 - <b>FAX NO:</b> 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - J/20200714/7030.

#### 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	SJS5388E
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALAN
NRIC/Passport Number	
Contact Number	92760686
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD IRWAN BIN ASLI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBG6753K
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:



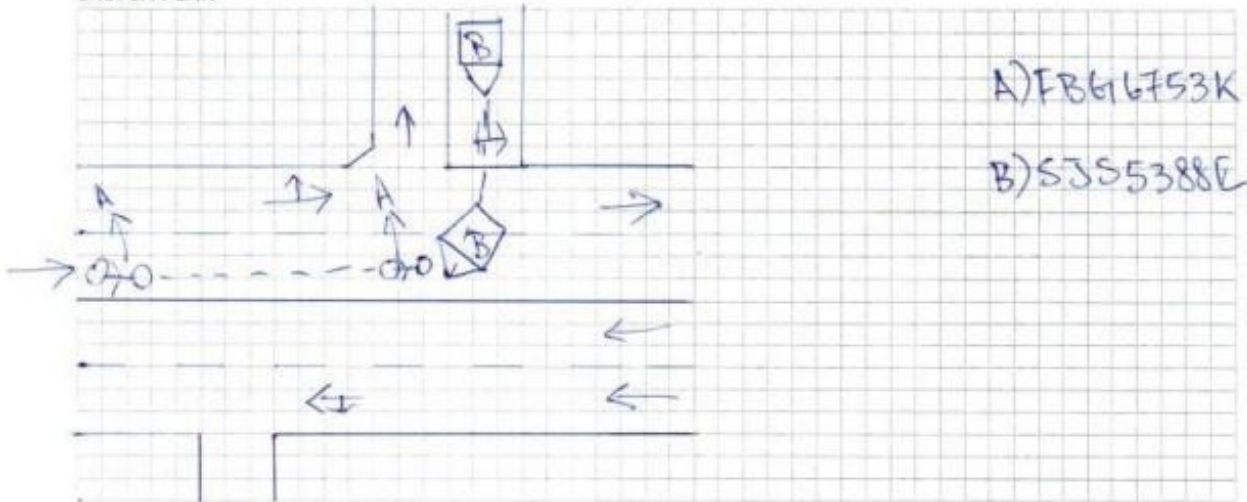
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:



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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report

## 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**



J/20200714/7030

1 of 2

## POLICE REPORT (NP299)

Report No. J/20200714/7030

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

Date/Time Report Made 14/07/2020 15:08	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD IRWAN BIN ASLI	Address APT BLK 342 CHOA CHU KANG LOOP #05-35 SINGAPORE 680342	
ID Type / ID No. NRIC NO / T0022877F	Contact No. Home/Office: Mobile: 97604412	
Nationality SINGAPORE CITIZEN	Email Address irw4n4sli@gmail.com	
Occupation Student	Sex Male	Age 20
Institution/School Name	Date of Birth 03/07/2000	Race Malay
Date/Time Of Incident 09/07/2020 14:50	Location Of Incident BUKIT BATOK WEST AVENUE 5	

### Brief details.

On the above mentioned date and time, I was riding FBG6753K along Bukit Batok West Ave 5 towards Ave 7.

I was on the second lane from the left travelling straight when suddenly, SJS 5388E dashed out from the minor road on my left.

I immediately jammed on my brakes in a bid to avoid the collision. However, as SJS 5388E was too fast,

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: 14/07/2020 15:08
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



## Police Report



**SINGAPORE  
POLICE FORCE**



J/20200714/7030

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. J/20200714/7030

as soon as I realised that collision was inevitable, I jumped off my bike.

I landed hard on the right side of my body. My helmet was still on when my head hit against the rim of SJS 5388E. Subsequently, the right side of my head hit against the floor. I landed on my right shoulder and both knees. I used my right hand to break my fall before I started rolling to my left.

I couldn't get up on my own and was helped to my feet by paramedics who had arrived at the accident scene. I was conveyed by ambulance to NG TENG FONG GENERAL HOSPITAL for multiple injuries resulting from the accident.

I was discharged on the same day with 3 Days MC. On 13/07/2020, I was still feeling hurt and as such, I went to my family doctor at Unihealth 24-Hr Clinic (Jurong East) for a follow up. I was given another 3 days MC from 13/07/2020 to 15/07/2020.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

14/07/2020 15:08

Classification Of Case:

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

