

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	12/08/2020 19:21
Date Of Accident	10/08/2020 22:30
Exact Location Of Accident	NORTH BUONA VISTA RD TOWARDS DOVER RD(LP:69)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1749U
Insured/Policyholder	
Name Of Registered Owner	HARDY JUNADY BIN ISHAK
NRIC No	SXXXX960H
Email Address	DARUL_HAKIM89@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-88174317
Alternative Phone No	OFFICE-88176137

Vehicle Particulars

Manufacturer	HONDA
Model	CB190X-184CC
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
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	5102738504-02
Cover Note Number	

Driver

Name of Driver	MOHAMED DARUL HAKIM BIN MOHAMED ALI
NRIC No	SXXXX817Z
Date Of Birth	21/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2008
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88176137
Fax Number	
Contact Number	OFFICE-88174317
Email Address	DARUL_HAKIM89@HOTMAIL.COM

Address	BLK 315 UBI AVENUE 1 #06-411
Postcode	400315
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	2
Passenger 1	NAME: : NURUL SYAKIRA BINTE AZMAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200811/2070

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 Witness 1

Name	MICHELE
Phone Number	82202234
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD9298Z
Vehicle Make/Model/Colour	HYUNDAI ELANTRA
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	CHEN LAI KENG
NRIC/Passport Number	SXXXX467E
Contact Number	91733226
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

DETAILS OF INJURED PERSON 1

Name	MOHAMED DARUL HAKIM BIN MOHAMED ALI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBN1749U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NURUL SYAKIRA BINTE AZMAN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBN1749U
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:

 12-8-2020
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

NORTH BUONA VISTA ROAD TOWARDS DOUGR BORN

A) FBN 17494
B) SMD 9298Z

NORTH BUONA VISTA ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200811/2070

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.:

GLAARAC SketchPlanForm_V3

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200811/2070

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

1 of 4

Report No. T/20200811/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2020 14:47		Vide Report No.: D/20200810/0120		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: MOHAMED DARUL HAKIM BIN MOHAMED ALI			Address: APT BLK 315 UBI AVENUE 1 #06-411 SINGAPORE 400315		
ID Type / ID No.: NRIC NO / S8923817Z			Contact No.: Home/Office: Mobile: 88174317		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 21/07/1989	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Mover			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/08/2020 22:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 NORTH BUONA VISTA ROAD Junction of North Buona Vista Road going towards Dover Rd Lamp Post Number: 69				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN1749U	Motorcycle				Seriously Damaged	1
SMD9298Z	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



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T/20200811/2070

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3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

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Report No. T/20200811/2070

CONTINUATION OF REPORT

Pillion			
Name	NURUL SYAKIRA BINTE AZMAN	ID No.	T0215640C
Related Vehicle	FBN1749U (Motorcycle)	Contact No.	88176137
Hospital/Clinic	NUHEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/08/2020	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Rider			
Name	MOHAMED DARUL HAKIM BIN MOHAMED ALI	ID No.	S8923817Z
Related Vehicle	FBN1749U (Motorcycle)	Contact No.	88174317
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	CHEN LAI KENG	ID No.	S1684467E
Related Vehicle	SMD9298Z (Car)	Contact No.	91733226
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 10/08/2020hrs at about 2230hrs, I was riding along North Buona Vista Road going towards Dover Road at the 3rd lane from the right of 4 lane. Upon reaching the junction of North Buona Vista road, the traffic light turns green. Assuming the vehicle SMD9298Z will move off. Subsequently I discovered that the vehicle SMD9298Z is not moving, I jam my brake and could not stop in time and collided onto the rear of vehicle SMD9298Z. My fiancée that was my pillion then fell off from my bike. Subsequently 2 passerby from the Bus stop beside came and assisted and also 2 Motorbike stopped and assisted. Subsequently, the driver of SMD9298Z came out and spoke in mandarin which I don't understand and I just told her to wait for Traffic police to come. I then spoke to one of the passerby as she had witness everything and she also gave me her number HP: 82202234 and name : Michele. Traffic police and ambulance came and made a check on us. My Fiance was conveyed to NUH. Traffic police then took over my Camera SD Card.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200811/2070

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CONTINUATION OF REPORT

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POLICE FORCE



T/20200811/2070

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Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

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Report No. T/20200811/2070

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 2 KELVIN LAUW JIA MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/08/2020 14:47

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NUR ADELINA BINTE MOHAMMAD

FUAT

Contact No.: 65476066

Authentication Stamp

NP168

SIGNATURE

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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