## 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	17/08/2020 09:33
Date Of Accident	15/08/2020 11:45
Exact Location Of Accident	ORCHARD RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH9458M
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NUR DANIAL BIN JAMALUDIN
NRIC No	SXXXX402E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87512001
Alternative Phone No	OFFICE-87512001
Vehicle Particulars	
Manufacturer	HONDA
Model	400X M
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	5109762384-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD NUR DANIAL BIN JAMALUDIN

NRIC No SXXXX402E
Date Of Birth 27/01/1995
Occupation OUTDOOR
Date Of Driving Pass 19/06/2018

Driving Experience 2 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-87512001

Fax Number

Contact Number OFFICE-87512001

EMail Address NOEMAIL

**BLK 762 YISHUN STREET 72** Address

#01-422

Postcode 760762

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** 

COLLISION - MAJOR/MINOR RD Type Of Accident

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) **Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)

2

NO

NO

1

YES

ROAD: 21 KAMPONG JAVA ROAD, POSTCODE: 228892, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-3910000 - FAX NO: 63964900

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - E/20200815/7015.

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 SMH4326M

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

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# **DETAILS OF INJURED PERSON 1**

Name MUHAMMAD NUR DANIAL BIN JAMALUDIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBH9458M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### **Accident Sketch Plan**

#### SKETCH PLAN

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- 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.
- 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)

l 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
  - 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) domplying 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 cellect, 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:
  - 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.

0020

Policyholder's Signature Date

& Time:

Driver's Signature

(If driver is not the policyholder) Date

& Time:

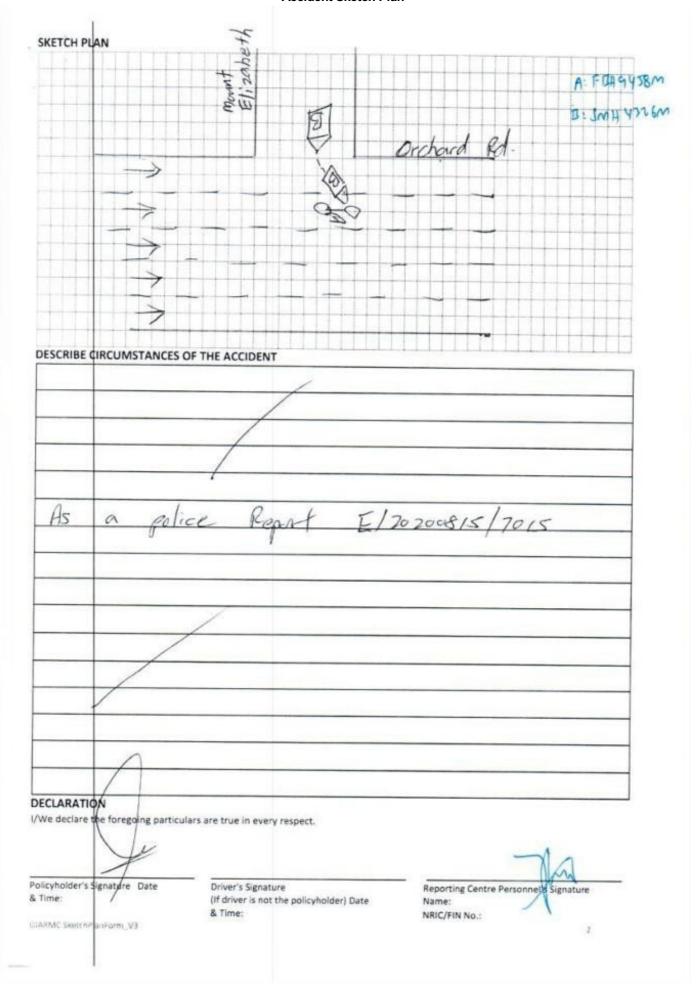
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

STARMS, Stretch Flan Form\_V3

## **Accident Sketch Plan**



## **Police Report**



# E/20200815/7015 1 of 2

Report No. E/20200815/7015

## POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampdng Java Road SINGAPORE 228892 Tel No:1800-3910000

Date/Time Report Made 15/08/2020 12:46	Vide Re	part No.		Station Diary No.
Name Of Informant	Address			
MUHAMMAD NUR DANIAL BIN JAMALUDIN	762 YIS	HUN STRE	ET 72 #01-422 SI	NGAPORE 760762
ID Type / D No. NRIC NO / S9502402E	Contact	Contact No. Home/Office: Mobile: 87512001		
Nationality SINGAPORE CITIZEN		Email Address CRACKXINTHEHEAD@GMAIL.COM		
Occupation	Sex	Age	Date of Birth	Race
Grabfood delivery rider	Male	25	27/01/1995	Malay
Institution School Name	Language English			
Date/Time Of Incident 15/08/2020 11:45 - 15/08/2020 12:30	Location Of Incident ORCHARD ROAD			
Brief details.				

I WAS RIDING A MOTORBIKE STRAIGHT ON ORCHARD MAIN ROAD WHEN SUDDENLY A VEHICLE (SMH 4326M) TURN OUT FROM MOUNT ELIZABETH SIDE ROAD AND HIT INTO MY LEFT SIDE CAUSING ME TO FALL ON MY RIGHT SIDE.

Subjects Involv	ed	Market Tolland		
Victim	<b>在2000年间的建筑的发现在</b>		<b>建筑成立,</b> 全面的企业	
Person Name MUHAMMAD NUR DANIAL BIN JAMALUDIN				
ID Type	NRIC NO	ID No	S9502402E	
Signature Of O Not applicable	fficer Recording The Report:	The	ature Of Informant: identity of the person making this it has been authenticated by Pass. No signature is required.	
Signature Of Interpreter: Not applicable			Date/Time: 15/08/2020 12:46	
Officer In-Charge Of Case:		Class	Classification Of Case:	
Authentication 5	Stamp			

# Police Report





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200815/7015

Male	Age	25
Malay	Language	English
Grabfood delivery rider	Address	762 YISHUN STREET 72 #01- 422 SINGAPORE 760762
87512001	Is Informant A Victim?	Yes
	Grabfood delivery rider	Grabfood delivery rider Address  87512001 Is Informant A

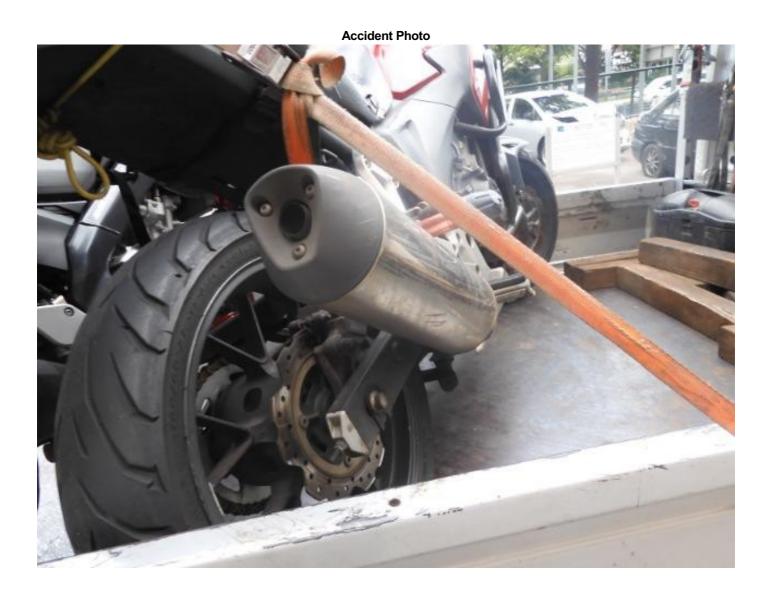
Signature Of Officer Recording The Report:	Signature Of Informant:		
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 15/08/2020 12:46		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp	_		

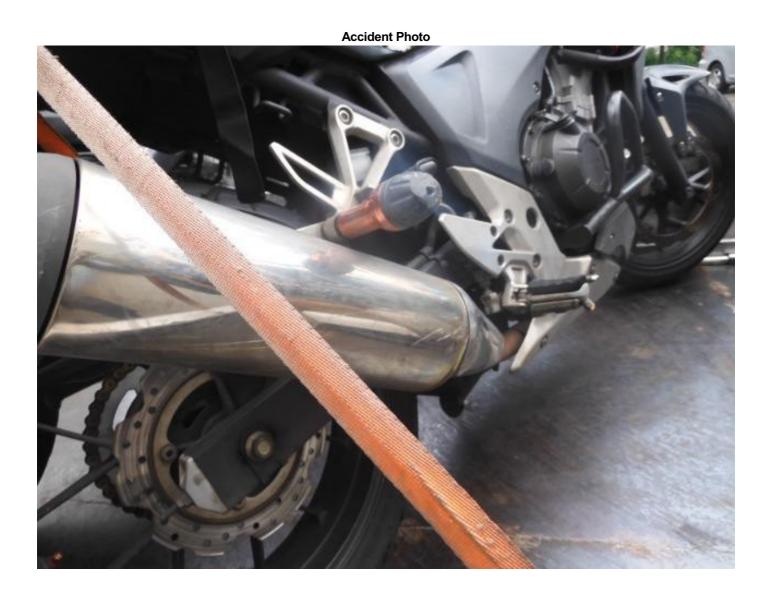


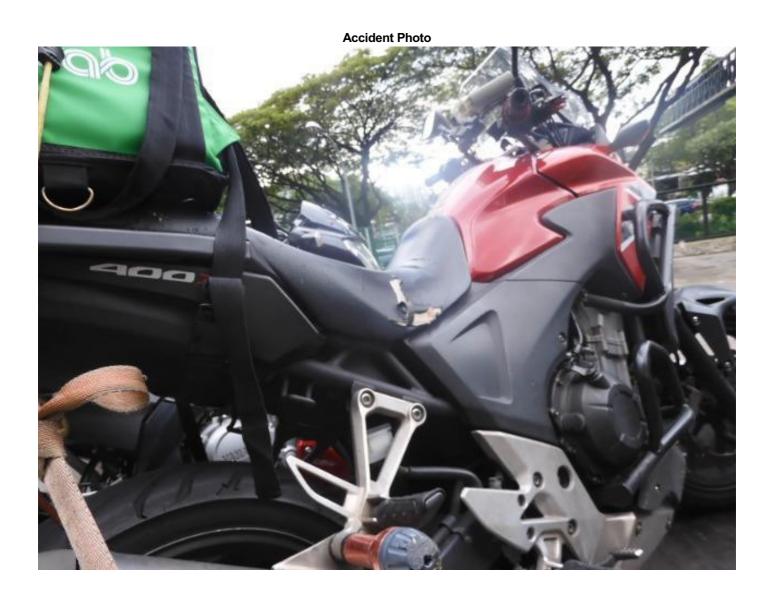


# **Accident Photo**

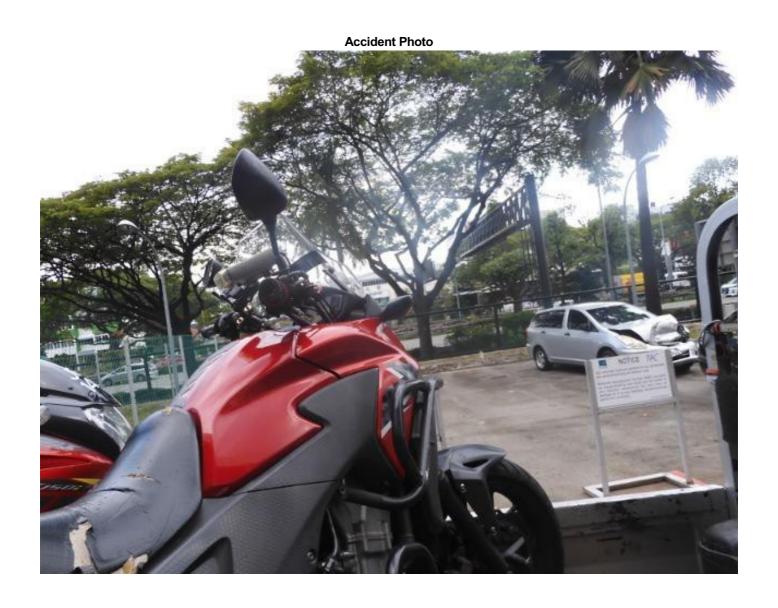


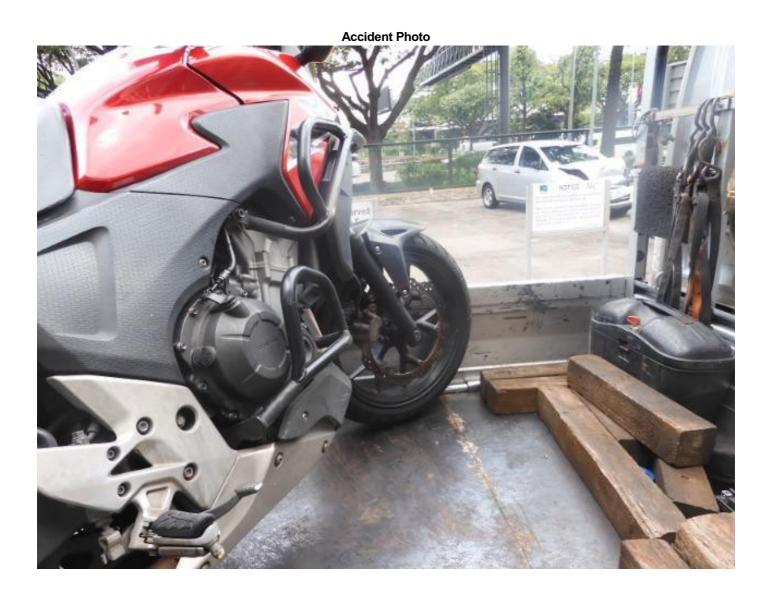




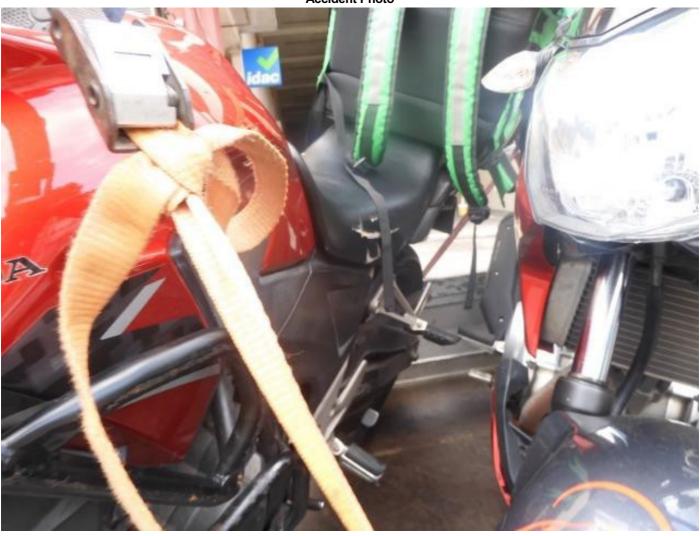








# **Accident Photo**



# **Accident Photo**



