

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	18/08/2020 15:16
Date Of Accident	15/08/2020 10:30
Exact Location Of Accident	ALONG JURONG WEST STREET 71
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC2197M
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD NOH BIN KOSNIN
NRIC No	SXXXX464G
Email Address	MANUFAL_NOH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96364243
Alternative Phone No	OTHERS-96364243

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC SUPER FOUR
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	5025556642-12
Cover Note Number	

Driver

Name of Driver	MOHAMMAD NOH BIN KOSNIN
NRIC No	SXXXX464G
Date Of Birth	27/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	02/12/1994
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96364243
Fax Number	
Contact Number	OTHERS-96364243
EEmail Address	MANUFAL_NOH@HOTMAIL.COM

Address	BLK 837 JURONG WEST STREET 81 #02-85
Postcode	640837
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	SIDE SWIPE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200815/2099 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SLP2482C
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AW SEE WEI
NRIC/Passport Number	SXXXX419Z
Contact Number	91128453
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD NOH BIN KOSNIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBC2197M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

18/8/2020
1430



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

18/8/2020
1430



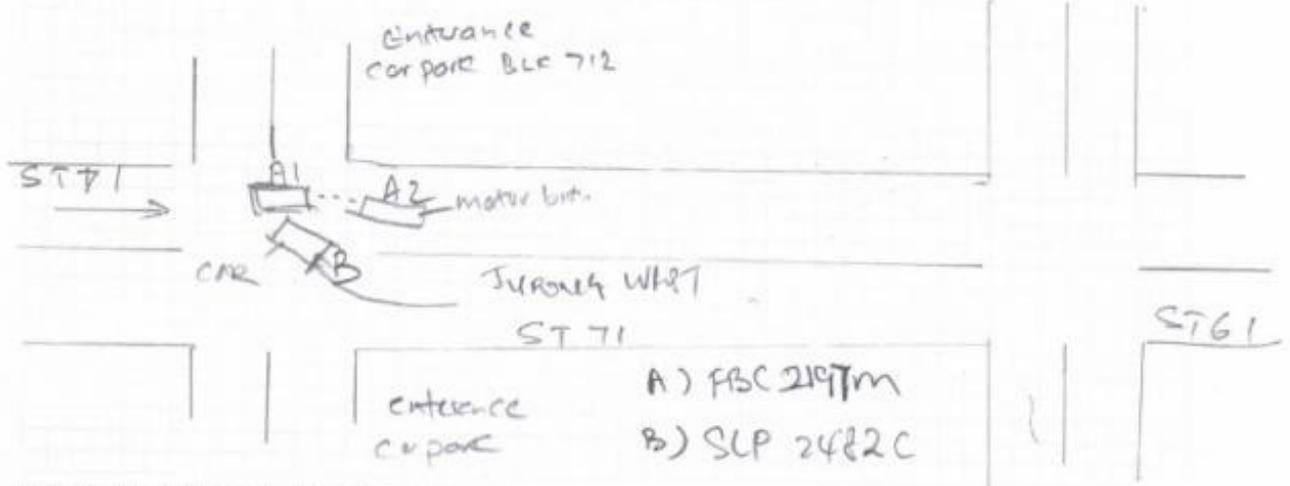
Reporting Centre Personnel's Signature

Time:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to POLICE REPORT. 1/20220815/2099

DECLARATION

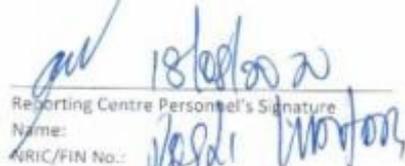
I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time:

18/8/2020
 1420


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

18/8/2020
 1420


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

18/8/2020
 Vee Sri Manjara

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200815/2099

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20200815/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2020 23:37	Vide Report No.:	Station Diary No.: 127
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Informant's Particulars			
Name of Informant: MOHAMMAD NOH BIN KOSNIN		Address: APT BLK 837 JURONG WEST STREET 81 #02-85 SINGAPORE 640837	
ID Type / ID No.: NRIC NO / S1838464G		Contact No.: Home/Office: Mobile: 96364234	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 27/09/1967	Type of Informant: Rider
Race: Javanese		Language: English	Institution / School Name:
Occupation: SERVICING TECHNICIAN		Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 15/08/2020 10:30	Type of Location: Straight Road
Location: JURONG WEST STREET 71				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC2197M	Motorcycle	HONDA	CB400	Grey	Slightly Damaged	0
SLP2482C	Car	MITSUBISHI		Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBC2197M	NTUC Income Insurance Co-Operative Limited	5025556642-12	24/12/2019	23/12/2020

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200815/2099

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20200815/2099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD NOH BIN KOSNIN	ID No.	S1838464G
Related Vehicle	FBC2197M (Motorcycle)	Contact No.	96364234
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	AW SEE WEI	ID No.	S8921419Z
Related Vehicle	SLP2482C (Car)	Contact No.	91128453
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 15/08/2020 at about 1030hrs, I was riding my grey Honda motorcycle bearing the number plate FBC2197M along Jurong West St 71 towards Jurong West St 61 beside Blk 712 near the carpark gantry area when suddenly, a silver Mitsubishi car bearing the number plate SLP2482C made a right turn and collided onto the right side of my motorcycle. I fell down after the collision. Afterwards, the car stopped and the driver came out and helped me up. Subsequently, I got his particulars and the driver brought me to Ng Teng Fong Hospital to get a medical assessment. I wish to state that I have gotten a 07 days MC from 15/08/2020 to 21/08/2020 after the medical check up. I wish to state that I am suffering soreness on my right shoulder and scratches on my left shin. I wish to state that my motorcycle has suffered a broken engine casing, right side mirror is twisted and there are a broken speedometer. The car suffered tearing on the front right bumper side. No police or ambulance was called.

I wish to state that I do not think that the car of the driver has any in-car camera. I wish to state that there was a big truck in front of the car, hence it might have been a blind spot for the driver. I wish to state to state that I did not notice any CCTV around the area.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

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Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
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Tel No: 1800-7929999



T/20200815/2099

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Report No. T/20200815/2099

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200815/2099

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20200815/2099

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: J/ SC2 TAN RUI BIN		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 15/08/2020 23:37	
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476430		Classification Of Case:	
Authentication Stamp NP168	 SINGAPORE POLICE FORCE NP168		

Accident Photo



Accident Photo



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