

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	25/03/2020 16:00
Date Of Accident	22/03/2020 19:15
Exact Location Of Accident	JUNCTION PUGGOL ROAD/BUANGKOK DRIVE/HOUGANG AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL8977S
Insured/Policyholder	
Name Of Registered Owner	MOHAMED FAIZAL BIN SAIMON
NRIC No	SXXXX512G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91787445
Alternative Phone No	OFFICE-91787445

Vehicle Particulars

Manufacturer	HONDA
Model	CBF 190X
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	5090833501-02
Cover Note Number	

Driver

Name of Driver	MOHAMED FAIZAL BIN SAIMON
NRIC No	SXXXX512G
Date Of Birth	03/01/1987
Occupation	OUTDOOR
Date Of Driving Pass	18/11/2005
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91787445
Fax Number	
Contact Number	OFFICE-91787445
EMail Address	NOEMAIL

Address BLK 665A PUNGGOL DRIVE
#03-500 SINGAPORE

Postcode 821665

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 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) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PUNGGOL N.P.C

Police Station Address ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED AND POLICE REPORT

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 SLE1570X

Vehicle Make/Model/Colour

Details Of Properties REFER POLICE REPORT AND ATTACHED

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMED FAIZAL BIN SAIMON
Approximate Age	
Injuries Sustain	REFER POLICE REPORT AND ATTACHED
Injured person in which vehicle?	FBL8977S
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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/mall 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.:



**SINGAPORE
POLICE FORCE**



T/20200325/2033

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20200325/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2020 12:12	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars

Name of Informant: MOHAMED FAIZAL BIN SAIMON		Address: APT BLK 665A PUNGGOL DRIVE #03-500 SINGAPORE 821665	
ID Type / ID No.: NRIC NO / S8700512G		Contact No.: Home/Office: Mobile: 91787445	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 03/01/1987	Type of Informant: Rider
Race: Javanese		Language: English	Institution / School Name:
Occupation: SCDF OFFICER		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/03/2020 19:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUANGKOK DRIVE PUNGGOL ROAD. At the junction of Buangkok Drive, Punggol Road/ Hougang Ave 10				
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 Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBL8977S	Motorcycle	HONDA	CBF190X MANUAL	Black		0
SLE1570X	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBL8977S	NTUC Income Insurance Co-Operative Limited	5090833501-02	28/04/2019	27/04/2020



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T/20200325/2033

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Tel No: 1800-6049999

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Report No. T/20200325/2033

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED FAIZAL BIN SAIMON	ID No.	S8700512G
Related Vehicle	FBL8977S (Motorcycle)	Contact No.	91787445
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	22/03/2020	Date Discharge	22/03/2020
No. of Days granted Medical Leave	15	Degree of Injury	NIL

Brief Details.

On 22/03/2020 at about 1915hrs, I was riding my vehicle bearing registration number FBL8977S along Buangkok Drive. The traffic light was green and at my favor as such I continued to ride pass the junction. However, the vehicle bearing registration number SLE1570X from the opposite lane suddenly turned right and I was unable to stop in time. As such I collided into the rear left side of the vehicle and fell.

I was granted 15 days mc from Sengkang General Hospital and I sustain abrasions on my left shoulder, left forearm, right big toe, a closed left clavicle fracture and right middle finger distal phalanx fracture with nail avulsion.

I am not sure if there is any CCTV.



**SINGAPORE
POLICE FORCE**



T/20200325/2033

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Tel No: 1800-6049999

Report No. T/20200325/2033

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: F / Sgt 1 YEO HUI YU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/03/2020 12:12
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED MUHAMMAD BIN SYED FARID ALBAR Contact No.: 65476090 Authentication Stamp NP168	Classification Of Case: S: 985 Signature:

