

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	01/09/2020 17:59
Date Of Accident	28/08/2020 07:40
Exact Location Of Accident	HOUGANG ST 91
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1274Y
Insured/Policyholder	
Name Of Registered Owner	MUHD ARSYAD BIN AHMAD
NRIC No	SXXXX121B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97717062
Alternative Phone No	OFFICE-97717062

Vehicle Particulars

Manufacturer	HONDA
Model	CB150R MANUAL
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	5111138101-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ARSYAD BIN AHMAD
NRIC No	SXXXX121B
Date Of Birth	31/03/1989
Occupation	INDOOR
Date Of Driving Pass	11/07/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97717062
Fax Number	
Contact Number	OFFICE-97717062
Email Address	NOEMAIL

Address	BLK 996B BUANGKOK CRESCENT #04-887
Postcode	532996
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?	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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200828/2090.

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	SLV2801J
Vehicle Make/Model/Colour	NISSAN QASHQAI
Details Of Properties	
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	MUHAMMAD ARSYAD BIN AHMAD
Approximate Age	
Injuries Sustain	NECK & LEG
Injured person in which vehicle?	FBN1274Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN

A - FBN1274Y
B - SLV280IJ


Carport of St. A1 BK 910
HONGKONG

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

DECLARATION

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


Policy holder's signature
Date & time:

Driver's signature
(If driver is not policy holder)
Date & time:


reporting centre personnel's Signature
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200828/2090

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20200828/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2020 17:59		Vide Report No.:		Station Diary No.: 67
Informant's Particulars				
Name of Informant: MUHAMMAD ARSYAD BIN AHMAD		Address: APT BLK 996B BUANGKOK CRESCENT #04-887 SINGAPORE 532996		
ID Type / ID No.: NRIC NO / S8910121B		Contact No.: Home/Office: Mobile: 97717062		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 31	Date of Birth: 31/03/1989	Type of Informant: Rider	
Race: Malay		Language:		Institution / School Name:
Occupation: Automation engineer		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/08/2020 07:40	Type of Location: Straight Road
Location: HOUGANG STREET 91				
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
FBN1274Y	Motorcycle	HONDA	CB150R MANUAL	Red	Totally Damaged	0
SLV2801J	Car	NISSAN	QASHQAI 1.2 DIG-T CVT	Red	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20200828/2090

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20200828/2090

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN1274Y	NTUC Income Insurance Co-Operative Limited	5111138101-01	25/07/2020	24/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ARSYAD BIN AHMAD	ID No.	S8910121B
Related Vehicle	NIL	Contact No.	97717062
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28 August 2020 at about 7.40am, I was riding my motorbike FBN1274Y from my home at 996B Buangkok Crescent to work. At this point I was at the junction between Hougang street 93 and Hougang street 91. I proceeded to turn left onto street 91 and proceeded straight down the said road. I saw 2 cars ahead of me. The car at the front of both cars was a black car and was signaling to turn into Blk 925 on Hougang street 91. Behind the said black car was a red Nissan car (SLV2801J) and this car was stationary at this point. At this time, I was still behind both cars.

As I rode my motorbike forward to pass the said cars, the said red car suddenly swerved in my direction. The said car's front hit the rear of my motorbike and this impact caused my bike to fall over in the middle of Hougang street 91. My leg was stuck under my motorbike and the driver of the said red Nissan helped me get free from my motorbike. This accident happened at about 7.45am on the said day.

SCDF paramedics arrived at about 8am on the said day and traffic police also attended this incident. I was conveyed to Sengkang hospital and I was given various X-ray tests and dressings were made for my wounds. I was given 5 days MC from the said hospital's emergency department.

I am making this report for insurance purposes.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200828/2090

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20200828/2090

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 /

ASP RAVIN NICHOLAS S/O KUNALAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOOR HIDAYAH BINTE

ABDULLAH

Contact No.: 65476251

Authentication Stamp

NP168



Signature Of Informant:

Date/Time:

28/08/2020 17:59

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE CO. LTD.
 100, ROBINSON ROAD, SINGAPORE 068877
 Tel: (65) 523-1234
 Operating Hours: 9:00 AM to 6:00 PM, Mon to Fri
 9:00 AM to 5:00 PM, Sat & Sun

IMPORTANT NOTE: Please submit the completed Addendum form to the nearest Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

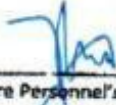
Original Report No: MNA120075399 Vehicle Registration No: FBN1274Y
 Name of Insured: Muhammad Arsyad Bin Ahmad NRIC/FIN/Passport No: S8910121B
 (If Vehicle Driver / Vehicle Owner, please delete as appropriate)
 Address: Bik 996B Buangkok Crescent #04-887 Singapore 532996
 Contact (Tel): 9771 7062 Mobile No.: _____
 Email Address: _____
 Date of Accident: 28/08/2020 Time of Accident: 1940
 Place of Accident: Hougang Street 91
 Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Accident time change to 0740 hrs


 Policyholder / Driver's Signature
 Date: _____


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