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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	02/09/2020 15:27
Date Of Accident	23/08/2020 22:45
Exact Location Of Accident	WOODLANDS ST 13
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBP2940R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD YUSUF BIN MOHAMED NASTRON
NRIC No	SXXXX148C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81831274
Alternative Phone No	OFFICE-81831274
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SNIPER T150
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	5117677376
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD YUSUF BIN MOHAMED NASTRON
NRIC No	SXXXX148C

NRIC No SXXXX1480
Date Of Birth 24/09/1998
Occupation OUTDOOR
Date Of Driving Pass 25/09/2018

Driving Experience 1 YEAR AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81831274

Fax Number

Contact Number OFFICE-81831274

EMail Address NOEMAIL

BLK 168 WOODLANDS STREET 11 Address

#02-143

Postcode 730168

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 - CHANGE/CROSS LANE 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

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 WOODLANDS DIVISION HQ

ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - L/20200825/7042.

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

Vehicle Make/Model/Colour

SLV4806H

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Postcode

Name MUHAMMAD YUSUF BIN MOHAMED NASTRON Approximate Age Injuries Sustain BODY Injured person in which vehicle? FBP2940R Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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 facts may allow insurance companies to repudiate policy liability.
- 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.
- 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)

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
 - 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:
 - 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 Dat

& Time:

Driver's Signature

(If driver is not the policyholder) Date

& Time:

Reporting Centre Personnel's Sgr

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN		
	Westland St 1:	A: FBP29401 13: SEV4806
	シ (字) (声) (
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
As a poli	ice Report 1/20	200825/7042
ECLARATION We declare the foregoing particle Was L	ulars are true in every respect.	7/2
licyholder's Signature Date Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





1 of 3

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel Np:1800-4660000 Report No. L/20200825/7042

Date/Time Report Made 25/08/2020 19:07	Vide Repo	ort No.		Station Diary No.
Name Of Informant MUHAMMAD YUSUF BIN MOHAMED NASTRON ID Type / ID No. NRIC NO / S9831148C	Address 168 WOODLANDS STREET 11 #02-143 SINGAPOR 730168 Contact No. Home/Office: Mobile:			143 SINGAPORE
Nationality SINGAPORE CITIZEN	Mobile: 81831274 Email Address muhdyusufnaz98@gmail.com			
Occupation Motorcycle delivery man Institution/School Name	Sex Male Language English	Age 21	Date of Birth 24/09/1998	Race Malay
Date/Time Of Incident 23/08/2020 22:45 - 23/08/2020 23:10 Brief details.	Location Of Incident WOODLANDS STREET 13 #nil-nil SINGAPORE		NGAPORE 730183	

On 23 August 2020, around 2245 hours, I was riding my motorcycle home from work along a single lane road at Woodlands Street 13. In front of me was a Toyota car, plate number SLV 4806H. The driver of the above-mentioned car made a sudden, illegal U-Turn. To avoid collision, I swerved to the right side but still hit the front right side of the car. Due to the impact, I landed on the other side of the road. I could not get up due to the shock and injuries sustained. I was brought to Khoo Teck Phuat Hospital A& E department by an ambulance. I was sent for an X-Ray examination and was informed that the laceration sustained on my leg was too deep and wide. Thus, I was sent to the ward and that morning, I was

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/08/2020 19:07
Officer In-Charge Of Case;	Classification Of Case:
Authentication Stamp	





POLICE REPORT (NP299)

CONTINUATION OF REPORT

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Report No. L/20200825/7042

brought to the major operating theatre for operation. I was discharged on 25 August 2020. I was given 15 days of Medical Certificate by the doctor. That's all.

Subjects Involve	ed	The second second		
Suspect	THE RESERVE OF THE PARTY OF THE			
Person Name	NG CHING HENG (HUANO	ZHENXING)		
ID Type	NRIC NO	ID No	S7438067J	
Gender	Male	Age	46-46	
Race	Chinese	Language	A STATE OF THE PARTY OF THE PAR	
Occupation	NIL	Address	English 109 WHAMPOA ROAD #02-03	
Mobile No	87529525	01	SINGAPORE 321109	
Height About	165cm	Complexion	Fair	
- Jan Picodi	TOSCIII	Relation To Informant	NIL	
Victim		prinormant		
Person Name	Ten u reasona de la companya della companya della companya de la companya della c			
D Type	MUHAMMAD YUSUF BIN M		N	
	NRIC NO	ID No	S9831148C	
Gender	Male	Age	21	
Race	Malay	Language	English	
Occupation	Motorcycle delivery man	Address	168 WOODLANDS STREET 11	
Mobile No	81831274		#02-143 SINGAPORE 730168	
	01031274	Is Informant A Victim?	Yes	
Person Name	MUHAMMAD YUSUF BIN M		N # 4	
		OHAMED NASTRO	N (Informant)	
Not applicable	cer Recording The Report:	The ide report h	re Of Informant: ntity of the person making this las been authenticated by ss. No signature is required.	
Signature Of Interpreter: Not applicable		Date/Tir	Date/Time: 25/08/2020 19:07	
Officer In-Charge Of Case:		Classific	Classification Of Case:	
uthentication St	amp			

Police Report





3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200825/7042

nature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass No eignature is required.
nature Of Interpreter: t applicable	SingPass. No signature is required. Date/Time: 25/08/2020 19:07
icer In-Charge Of Case:	Classification Of Case:
hentication Stamp	
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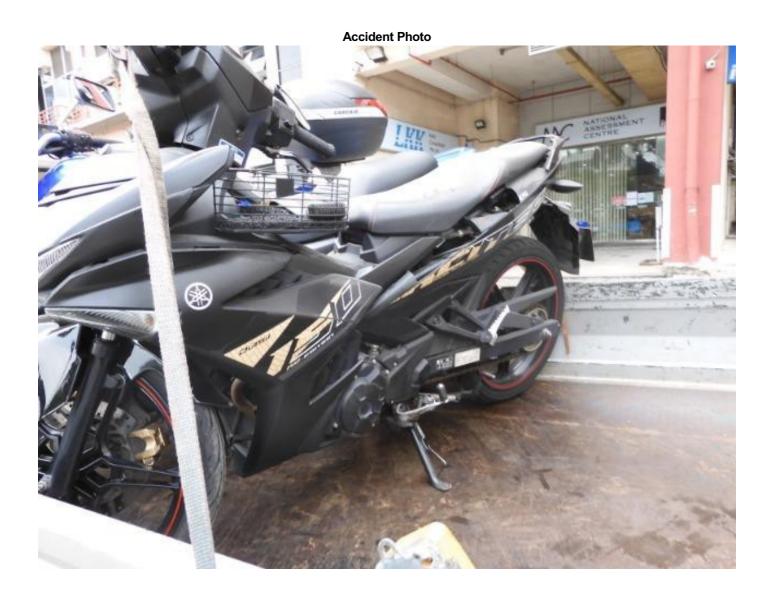




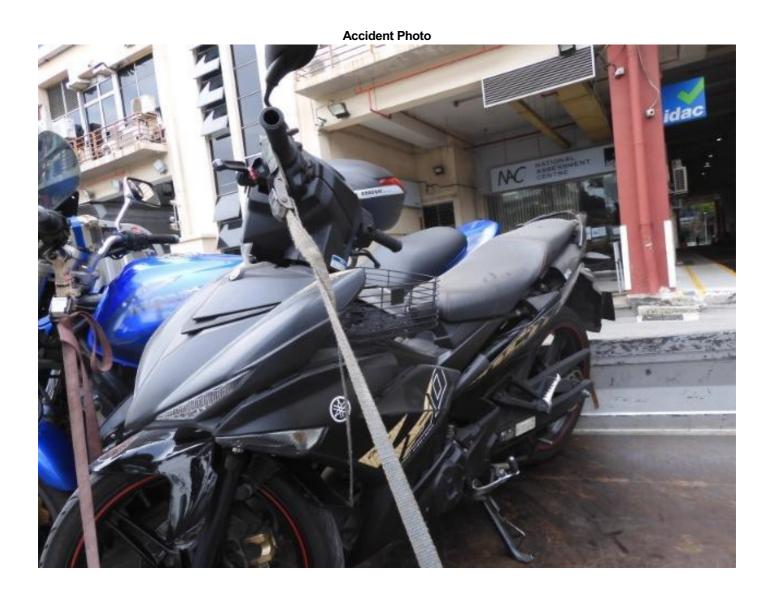


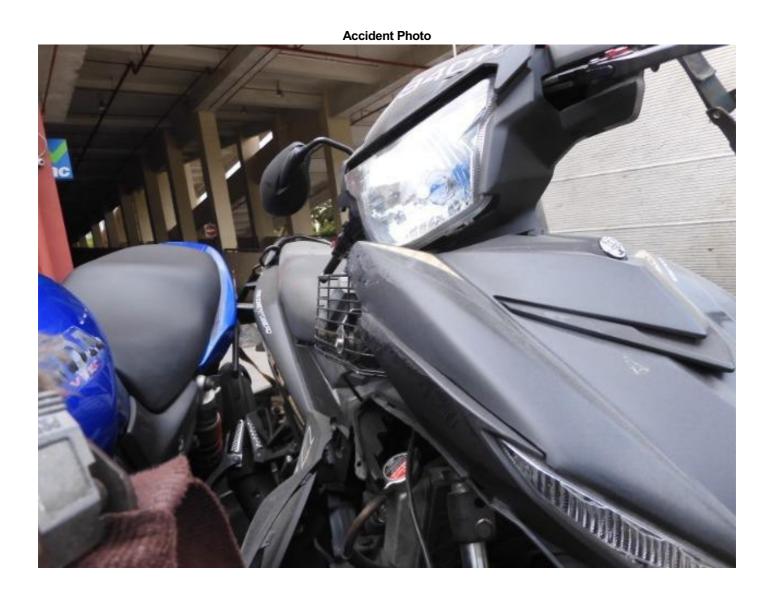








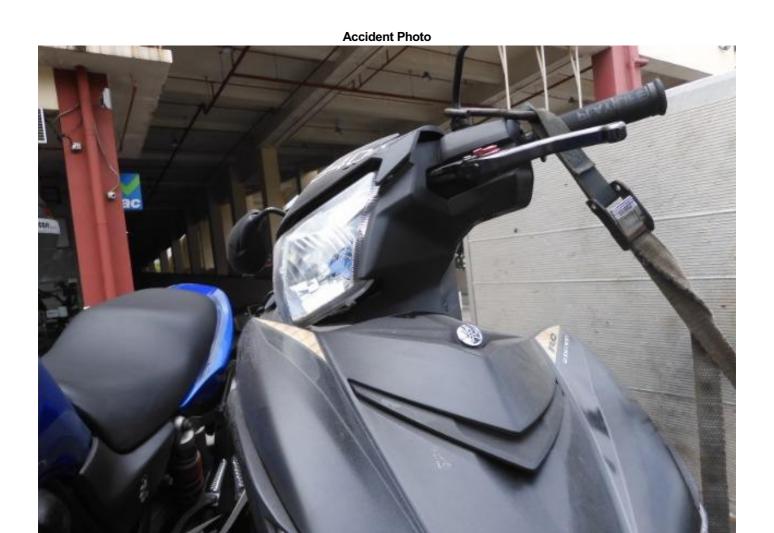












Accident Photo

