

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	07/09/2020 15:13
Date Of Accident	06/09/2020 14:20
Exact Location Of Accident	JLN BAHAGIA JUNC OF JLN TENTERAM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9630E
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ASYRAF BIN JASNI
NRIC No	SXXXX257D
Email Address	ART_CHAP@LIVE.COM
Mobile Phone No	(LOCAL) +65-88282812
Alternative Phone No	OTHERS-88282812

Vehicle Particulars

Manufacturer	YAMAHA
Model	CZD300A/XMAX300
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	5115329224
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ASYRAF BIN JASNI
NRIC No	SXXXX257D
Date Of Birth	31/01/1992
Occupation	INDOOR
Date Of Driving Pass	25/01/2013
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88282812
Fax Number	
Contact Number	OTHERS-88282812
EEmail Address	ART_CHAP@LIVE.COM

Address	BLK 259 KIM KEAT AVENUE #09-12
Postcode	310259
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200907/2018

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	SJT9066C
Vehicle Make/Model/Colour	
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 ASYRAF BIN JASNI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBM9630E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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 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.

X

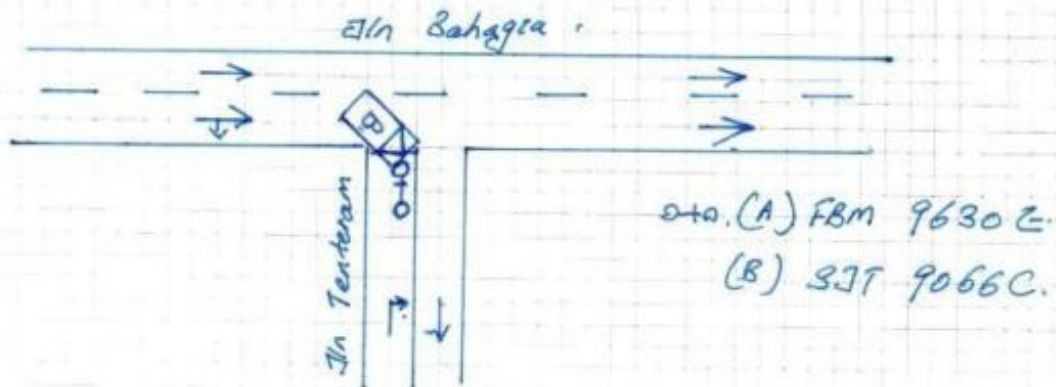
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report
No: T/20200907/2018.

DECLARATION

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

2

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200907/2018

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

2 of 4

Report No: T/20200907/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ASYRAF BIN JASNI	ID No.	S9203257D
Related Vehicle	FBM9630E (Motorcycle)	Contact No.	88282812
Hospital/Clinic	HEARTLANDHEALTH	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	06/09/2020	Date Discharge	06/09/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	MOHAMAD AKHBAL BIN ABDUL WAHID	ID No.	S7208802F
Related Vehicle	NIL	Contact No.	91600056
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.

I was riding my motorcycle(FBM9630E) along Jalan Tenteram and had approached a T-junction towards Jalan Bahagia. I stopped my motorcycle on the stop line while checking for traffic. I noticed a car (SJT9066C) along Jalan Bahagia which then proceeded to turn to Jalan Tenteram. However the said car turned in too close to my lane and suddenly the said car hit the front part of my motorcycle. I did not manage to react on time and fell to the ground. I was later assisted by members of public who then assisted to move my motorcycle away.

I spoke with the driver and told him that I was on the stop line when he hit me. He admitted that he was at fault and apologized. We exchanged particulars and contact numbers. We also agreed to let our insurance company settle this matter.

I proceeded to HeartlandHealth clinic to get myself checked as I felt pain on my chest and shoulder area. I was given 4 days of MC. My motorcycle sustained damages are as follows:

- Front mud guard damaged
- Misalignment of the motorcycle
- Bent front rim

Hence, I was advised by the insurance company to lodge a Police report to assist in the insurance claim.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200907/2018

1 of 4

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319184
Tel No: 1800-2519999

Report No: T/20200907/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2020 10:36	Video Report No.:	Station Diary No: 40
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Informant's Particulars

Name of Informant: MUHAMMAD ASYRAF BIN JASNI			Address: APT BLK 259 KIM KEAT AVENUE #09-12 SINGAPORE 310259		
ID Type / ID No.: NRIC NO / S9203257D			Contact No.: Home/Office: Mobile: 88262812		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 31/01/1992	Type of Informant: Rider		
Race: Malay			Language:	Institution / School Name:	
Occupation: Ship's fireman			Driving Licence Information: Class: 2B 2A 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Driver: No	Date/Time of Accident: 08/09/2020 14:20	Type of Location: T-Junction
Location: JALAN TENTERAM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
FEM9630E	Motorcycle	YAMAHA	CZD300A / XMAX300	Grey	Slightly Damaged	0
SJT9086C	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FEM9630E	NTUC Income Insurance Co-Operative Limited	5115329224	03/01/2020	04/06/2021

Police Report



**SINGAPORE
POLICE FORCE**



T/20200607/2018

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319184
Tel No: 1800-2519999

2 of 4

Report No: T/20200607/2018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ASYRAF BIN JASNI	ID No.	S9203257D
Related Vehicle	FBM9630E (Motorcycle)	Contact No.	88282812
Hospital/Clinic	HEARTLANDHEALTH	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	05/09/2020	Date Discharge	05/09/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	MOHAMAD AKHBAL BIN ABDUL WAHID	ID No.	S7208602F
Related Vehicle	NIL	Contact No.	91600056
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:

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Police Report



SINGAPORE
POLICE FORCE



T/20200907/00118

Police Station Of Origin

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No: T/20200907/2018

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20200907/2019

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No: T/20200907/2019

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

E /

Sgt 3 MUHAMMAD FAKHRUDDIN BIN SHAHRI

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time:

07/09/2020 10:35

Officer In Charge Of Case

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65478219



SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp

4F165

SIGNATURE