

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	09/09/2020 12:38
Date Of Accident	31/08/2020 17:30
Exact Location Of Accident	PUNGGOL WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF9749J
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Insured/Policyholder

Name Of Registered Owner	NORISKANDAR BIN ITHNIN
NRIC No	SXXXX624E
Email Address	NORISKANDAR1980@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87482870
Alternative Phone No	OTHERS-87482870

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ 16
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00761227
Cover Note Number	

Driver

Name of Driver	NORISKANDAR BIN ITHNIN
NRIC No	SXXXX624E
Date Of Birth	29/03/1980
Occupation	INDOOR
Date Of Driving Pass	20/12/1999
Driving Experience	20 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87482870
Fax Number	
Contact Number	OTHERS-87482870
Email Address	NORISKANDAR1980@GMAIL.COM

Address	APT BLK 103A CANBERRA STREET #06-135
Postcode	751103
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 - HEAD TO REAR
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	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SJY4034B
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	NORISKANDAR BIN ITHNIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBF9749J
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

Vehicle

A-FBF 9749J

B-SJY 4037B

Legend

Vehicle

Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

 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.:

Sketch Plan #2


SKETCH PLAN

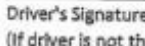
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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.


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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200902/2067

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20200902/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2020 15:59	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars

Name of Informant: NORISKANDAR BIN ITHNIN			Address: APT BLK 103A CANBERRA STREET #06-135 SINGAPORE 751103	
ID Type / ID No.: NRIC NO / S8008624E			Contact No.: Home/Office: Mobile: 87482870	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 40	Date of Birth: 29/03/1980	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: OPERATION EXECUTIVE			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: 31/08/2020 17:30	Type of Location: Straight Road
Location: PUNGGOL WAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h		
Traffic Flow: One Way	Traffic Control: Pedestrian Crossing	Traffic Volume: Heavy		
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
FBF9749J	Motorcycle	YAMAHA	FZ 16	Black	Slightly Damaged	0
SJY4034B	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF9749J	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00761227	06/02/2020	06/02/2021

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200902/2067

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20200902/2067

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NORISKANDAR BIN ITHNIN	ID No.	S8008624E
Related Vehicle	FBF9749J (Motorcycle)	Contact No.	87482870
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	31/08/2020	Date Discharge	01/09/2020
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

On the 31/08/2020 at around 1730hrs, I was travelling on my motorcycle bearing FBF9749J along TPE and had taken the slip road to exit via Punggol Way, I entered the filter lane and stopped at the stop line after the pedestrian crossing waiting for my turn to turn into Punggol way. However while waiting there I was hit from behind by a vehicle bearing SJY4034B. My motorcycle had been pushed forward and I flew off my bike. I then landed upon my bike back first and was on the road.

I managed to get up and felt pain in my back and wrist area as such I moved myself to the roadside to sit down. The female driver then got out of her vehicle to help me and she called for ambulance and police. My friend who was riding behind me then came shortly and helped to divert traffic. I then sat at the kerbside until the ambulance came and I was conveyed to Sengkang general Hospital. I was discharged the next day on the 1st of Sept and the Traffic IO ask me to lodge a report.

I wish to informed that I suffered a sprained back, sprained wrist, bruised back and both kneecap bruised and given 14days Hospitalization leave. My Motorcycle was then towed to TP compound and I had yet to know the damages to my motorcycle. I cannot remember my last accident.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200902/2067

3 of 3

Report No. T/20200902/2067

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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:
L /
Sgt 3 NG BOON WEE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/09/2020 15:59

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt LIM ENG KUAN, CLARENCE
Contact No.: 65476200 SN 085

Classification Of Case:

Authentication Stamp
NPICB

Signature:

Singapore Police Force

Driving License & NRIC



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

