

## 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	10/09/2020 10:05
Date Of Accident	03/09/2020 19:25
Exact Location Of Accident	BISHAN PLACE AFTER BISHAN PUBLIC LIBRARY T-JUNCTIO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ3577G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD FARIS BIN HASROL
Work Permit No	SXXXX488Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81216544
Alternative Phone No	OFFICE-81216544
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	CBR 400R M 2014
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5104421691-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	MUHAMMAD FARIS BIN HASROL
Work Permit No	SXXXX488Z
Date Of Birth	15/03/1999
Occupation	OUTDOOR
Date Of Driving Pass	11/09/2018
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81216544
Fax Number	
Contact Number	OFFICE-81216544
EEmail Address	NOEMAIL

Address BLOCK 117A CANBERRA CRESCENT  
#08-386 SINGAPORE  
Postcode 751117

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 - CHANGE/CROSS LANE  
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 TRAFFIC POLICE DIVISION HQ  
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 65470000 - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT AND ATTACHED; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO POLICE REPORT AND ATTACHED

#### 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 SHD4204L  
Vehicle Make/Model/Colour  
Details Of Properties REFER TO POLICE REPORT AND ATTACHED  
Vehicle Category TAXI  
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 FARIS BIN HASROL
Approximate Age	21
Injuries Sustain	REFER TO POLICE REPORT AND ATTACHED
Injured person in which vehicle?	FBJ3577G
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLOCK 117A CANBERRA CRESCENT #08-386 SINGAPORE
Postcode	751117

## Sketch Plan Pg. 1

### SKETCH PLAN

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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: 04/04/2020 1517

Driver's Signature

(If driver is not the policyholder)

Date & Time: 04/04/2020 1517

Reporting Centre Personnel's Signature

Name:

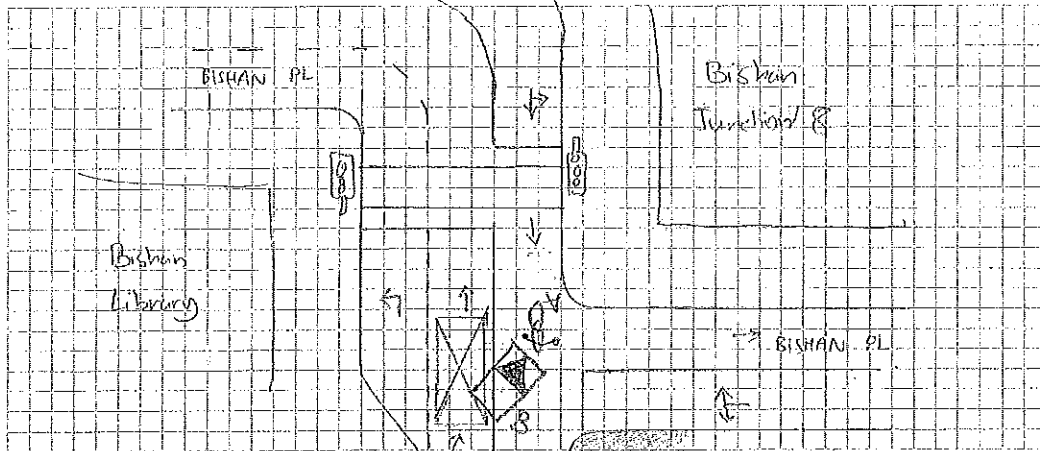
NRIC/FIN No.:

## Sketch Plan #2 Pg. 1

A- FBI 3577 Gf

B - SHD 4204L

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

\* Refer to Police Report \*

## DECLARATION

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

Ans

Policyholder's Signature  
Date & Time: 04/09/2020 1517

first

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 04/04/2022 15:17



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

