

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	15/09/2020 09:12
Date Of Accident	14/09/2020 18:15
Exact Location Of Accident	WEST COAST DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH4328M
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Insured/Policyholder

Name Of Registered Owner	MOHAMED NASEER BIN ABDUL SALAM
NRIC No	S6947195A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90112597
Alternative Phone No	OTHERS-90112597

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ 16
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

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	5114193042 (TPFT)
Cover Note Number	

Driver

Name of Driver	MOHAMED NASEER BIN ABDUL SALAM
NRIC No	S6947195A
Date Of Birth	17/07/1969
Occupation	OUTDOOR
Date Of Driving Pass	21/02/1991
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90112597
Fax Number	
Contact Number	OTHERS-90112597
Email Address	NOEMAIL

Address	APT BLK 448A BUKIT BATOK WEST AVENUE 9 #07-04
Postcode	651448
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 - MAJOR/MINOR RD
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACH

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	SKL9349S
Vehicle Make/Model/Colour	MERCEDES BENZ / GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LUM CHENG LEONG
NRIC/Passport Number	S7714649J
Contact Number	96835428
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMED NASEER BIN ABDUL SALAM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBH4328M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

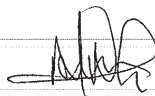
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

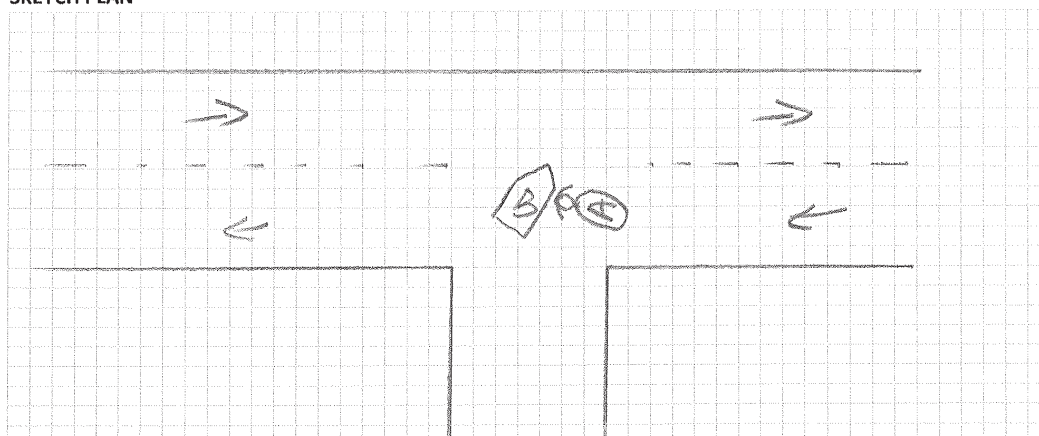
IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg



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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refin to power report.

DECLARATION

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

[Handwritten signature]

Policyholder's Signature
Date & Time:

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

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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



**SINGAPORE
POLICE FORCE**



T/20200915/2000

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20200915/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2020 00:00	Vide Report No.:	Station Diary No.: 1
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Informant's Particulars

Name of Informant: MOHAMED NASEER BIN ABDUL SALAM	Address: APT BLK 448A BUKIT BATOK WEST AVENUE 9 #07-04 SINGAPORE 651448		
ID Type / ID No.: NRIC NO / S6947195A	Contact No.: Home/Office: Mobile: 90112597		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 51	Date of Birth: 17/07/1969	Type of Informant: Rider
Race: Malayalee	Language:		Institution / School Name:
Occupation: Foodpanda Delivery Rider	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/09/2020 18:15	Type of Location: Straight Road
Location: WEST COAST DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH4328M	Motorcycle	YAMAHA	FZ 16	Blue	Slightly Damaged	0
SKL9349S	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH4328M	NTUC Income Insurance Co-Operative Limited	5114193042	18/11/2019	31/12/2020



**SINGAPORE
POLICE FORCE**



T/20200915/2000

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20200915/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED NASEER BIN ABDUL SALAM	ID No.	S6947195A
Related Vehicle	FBH4328M (Motorcycle)	Contact No.	90112597
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	14/09/2020	Date Discharge	14/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	IIM cHENG IEONG	ID No.	S7714649J
Related Vehicle	SKL9349S (Car)	Contact No.	96835428
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.

On the 14th September 2020 at about 1816hrs, I was riding my Motorbike FBH4328M along West Coast Drive proceeding to deliver food. As I was driving along West Coast drive towards West Coast Lane, suddenly vehicle SKL9349S turned right from the carpark and collided onto my motorbike. Due to the impact of the collision, I landed on the front bonnet of the said car. The driver quickly came out of his vehicle and made a check on me. Shortly after traffic police and ambulance were at scene. The paramedics made a check on me and no sign of any fractures/ visible injuries at the moment. I did not want to be conveyed to hospital. Subsequently, I felt some pain on my right knee and left wrist. Therefore I proceeded to NTFGH to make a check. X-ray was conducted by the doctor and he will soon get back to me on the results. I was given 3 days MC till the 16th September 2020. The damage to my motorbike was a broken front frame, fork, visor, headlight and etc. I am not sure on the repair cost for the damage. Vide D/20200914/0086



**SINGAPORE
POLICE FORCE**



T/20200915/2000

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20200915/2000

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:

J /

Staff Sgt TAMILLMAARAN S/O LETCHMANAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/09/2020 00:00

Officer In Charge Of Case:

TP / GIT /

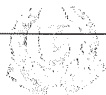
Sgt 3 ABDUL MUHAJIB BIN HUSSAIN

Contact No.: 65476090

Classification Of Case:

Authentication Stamp

NP168



Signature

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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