

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 11:09
Date Of Accident	01/09/2020 20:20
Exact Location Of Accident	TRAFFIC JUNCTION OF LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH7895Y
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	2XXXXX994W
Email Address	D6N2LL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86969882
Alternative Phone No	OFFICE-86969882

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5113531735
Cover Note Number	

Driver

Name of Driver	MUHAMMAD DANIAL BIN ZAINOL ABIDIN
NRIC No	SXXXX053B
Date Of Birth	17/03/1995
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2019
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86969882
Fax Number	
Contact Number	OTHERS-86969882
Email Address	D6N2LL@GMAIL.COM

Address	BLK 56 LENGKOK BAHRU #03-457
Postcode	150056
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 ON COLLISION
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 - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT T/20200906/7014

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 Witness 1

Name	MANCE
Phone Number	97517335
Email Address	

Details of Witness 2

Name	RAZA
Phone Number	87529441
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ67G
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	COMMERCIAL VEHICLE
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 DANIAL BIN ZAINOL ABIDIN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBH7895Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

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:

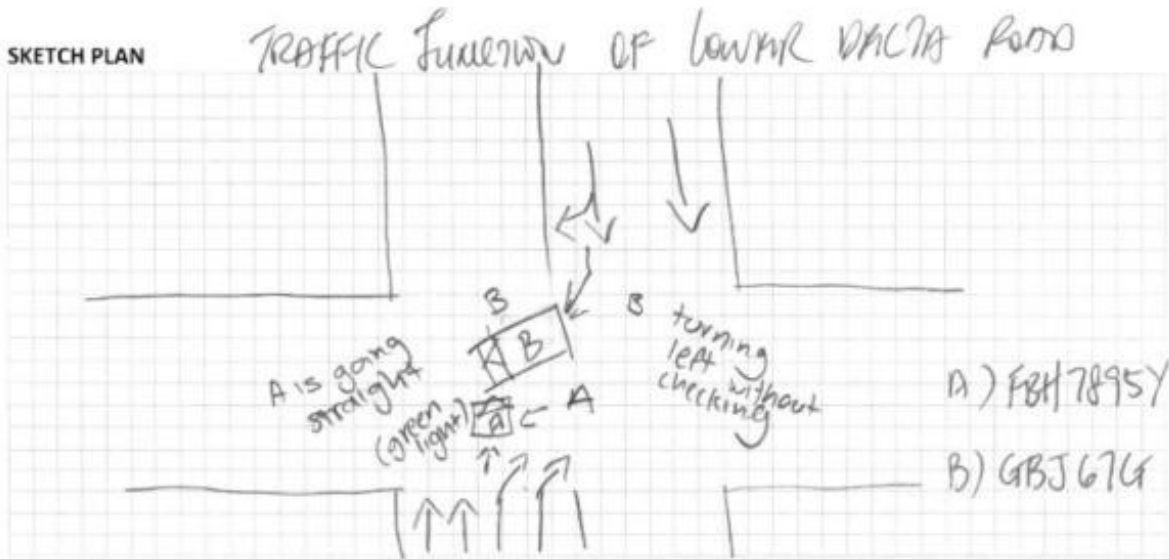
Driver's Signature
(If driver is not the policyholder)
Date & Time: 7 SEP 2020

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LOWER DALTA ROAD

REFER TO POLICE REPORT T/20700906/7014

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 09 SEP 2020

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

CSAB&C Simultaneous 5/3

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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200906/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200906/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2020 17:13		Vide Report No.: E/20200901/0150	Station Diary No.:
Informant's Particulars			
Name of Informant: MUHAMMAD DANIAL BIN ZAINOL ABIDIN		Address: 56 LENGKOK BAHRU #03-457 SINGAPORE 150056	
ID Type / ID No.: NRIC NO / S9509053B		Contact No.: Home/Office:	Mobile: 86969882
Nationality: SINGAPORE CITIZEN		Email: D6NZLL@GMAIL.COM	
Sex: Male	Age: 25	Date of Birth: 17/03/1995	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: GRAB RIDER		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/09/2020 20:20	Type of Location: X-Junction
Location: LOWER DELTA ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBH7895Y	Motorcycle	YAMAHA	SPARK	Blue	Seriously Damaged	0
GBJ67G	Lorry	TOYOTA			Seriously Damaged	1

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200906/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200906/7014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD DANIAL BIN ZAINOL ABIDIN	ID No.	S9509053B
Related Vehicle	FBH7895Y (Motorcycle)	Contact No.	86969882
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	01/09/2020	Date	03/09/2020
No. of Days granted Medical Leave	17	Degree of	Serious

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING MOTOR PLATE FBH7895Y WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 2 APPROACHING THE TRAFFIC LIGHT JUNCTION IN GREEN.

SUDDENLY, VEHICLE B, BEARING LORRY PLATE GBJ67G DASH OUT INTO MY RIGHT OF WAY ABRUPTLY WITHOUT STOPPING IN HIS STOP LINE.

I TRIED TO BRAKE WHEN I SAW HIM, BUT I STILL BANG ONTO THE LEFT PORTION OF HIS VEHICLE.

AFTER THE ACCIDENT, I WAS CONVEYED TO SINGAPORE GENERAL HOSPITAL ON 01/SEPT/2020 AND DISCHARGED ON 03/SEPT/2020.

I WAS GRANTED 17 DAYS OF MC FROM 01/SEPT/2020 TO 17/SEPT/2020.

WITNESS:
MANCE: 9751 7335
RAZA: 8752 9441

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200908/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200908/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476201

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
06/09/2020 17:13

Classification Of Case:

Accident Photo



Accident Photo



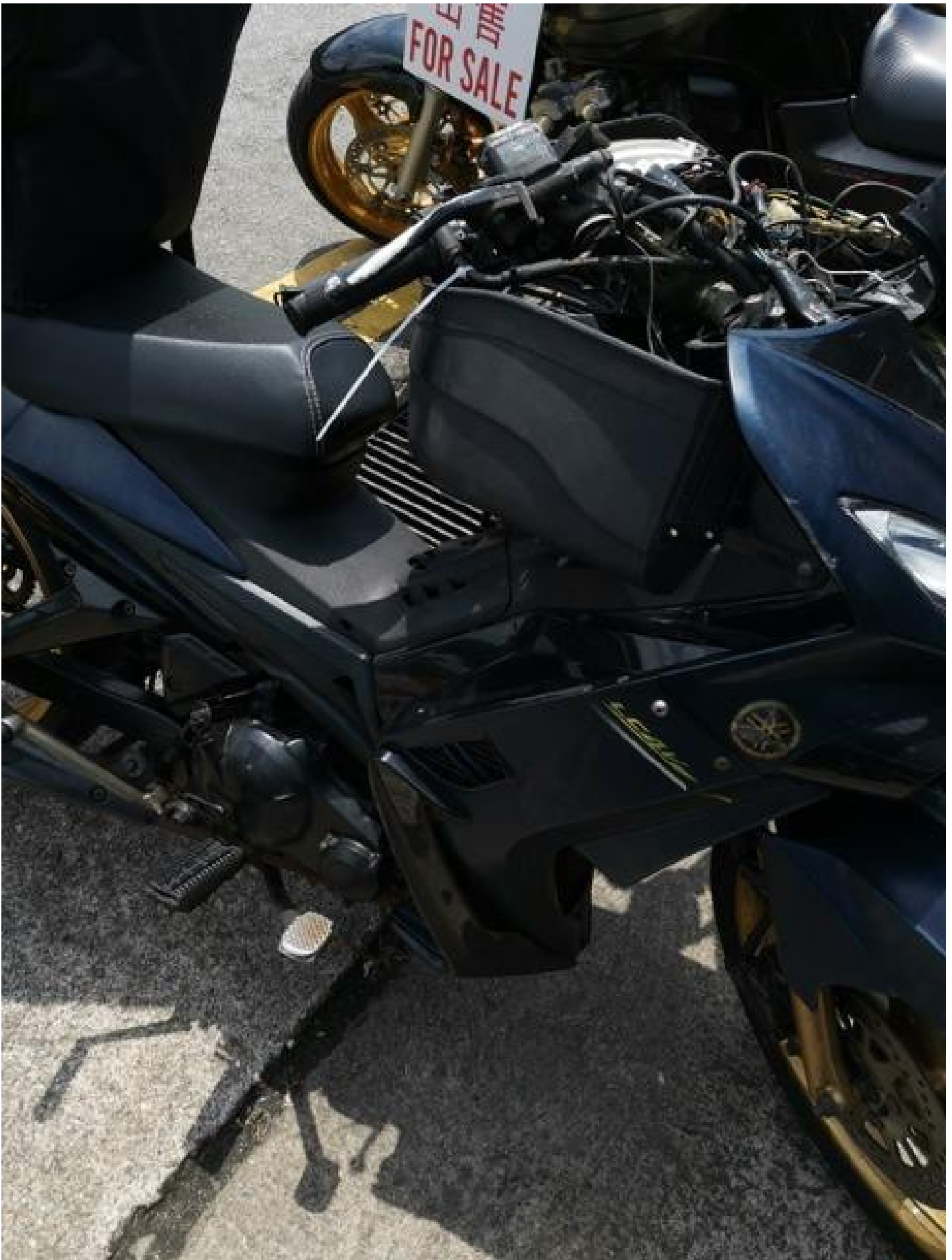
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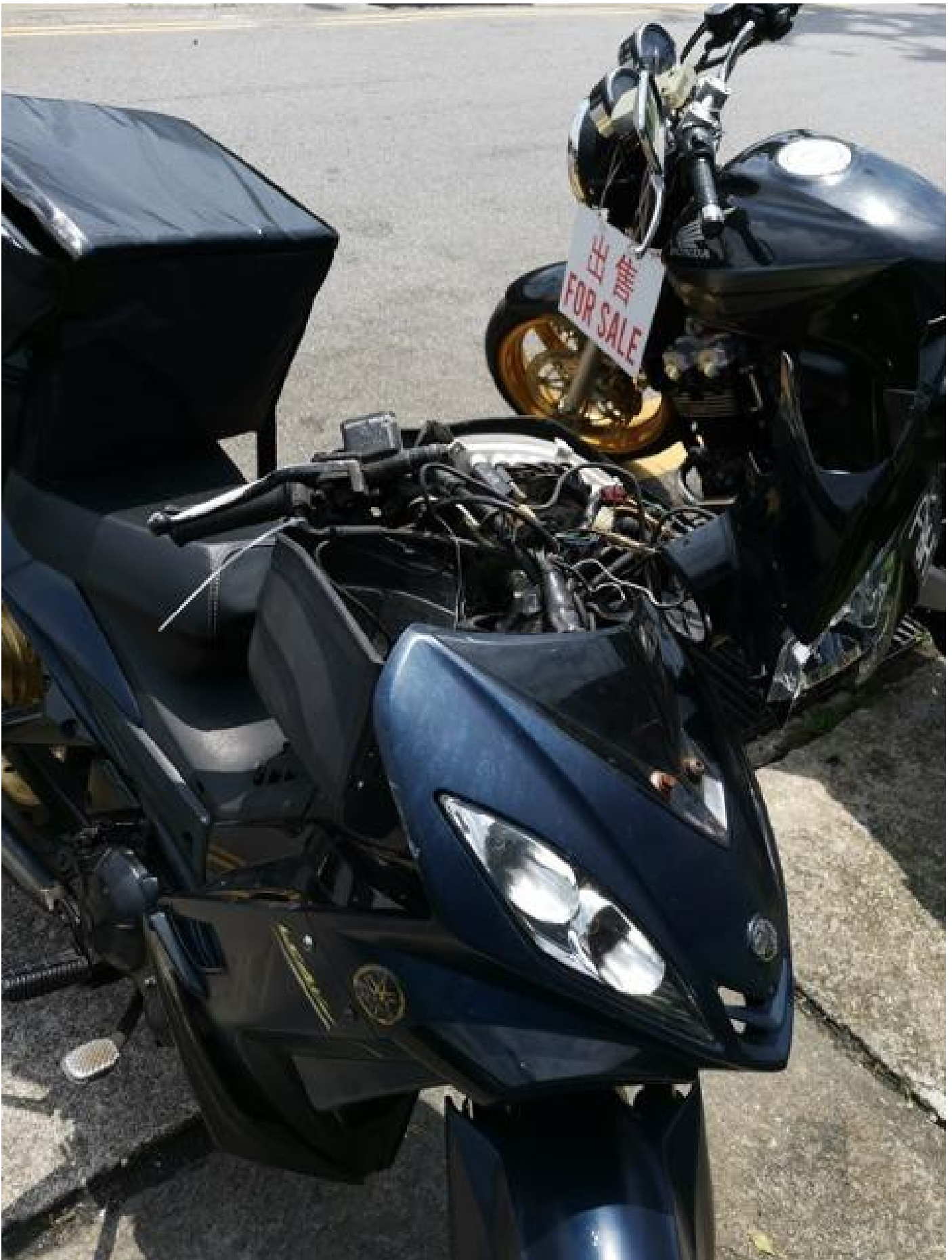
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Accident Photo



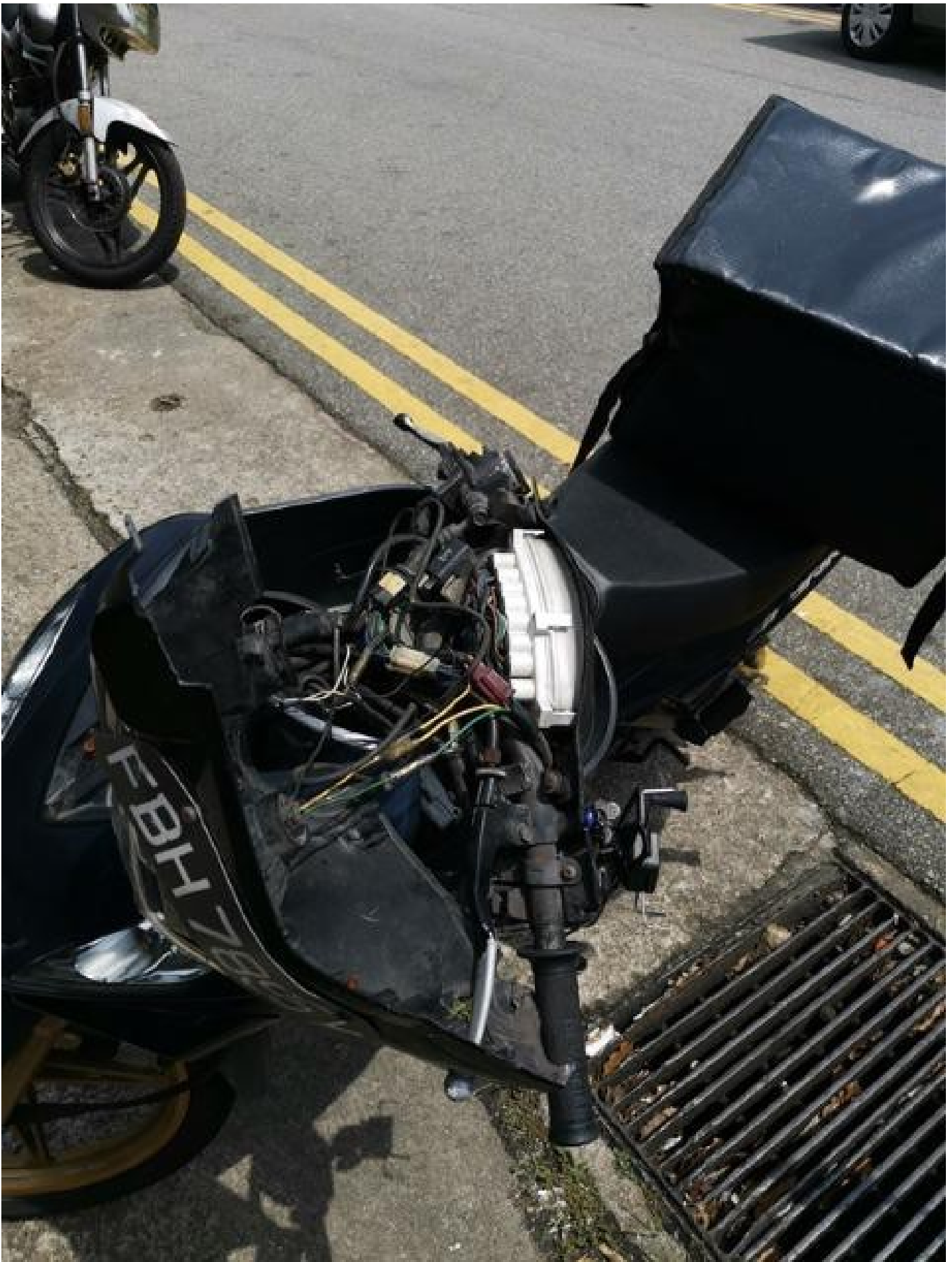
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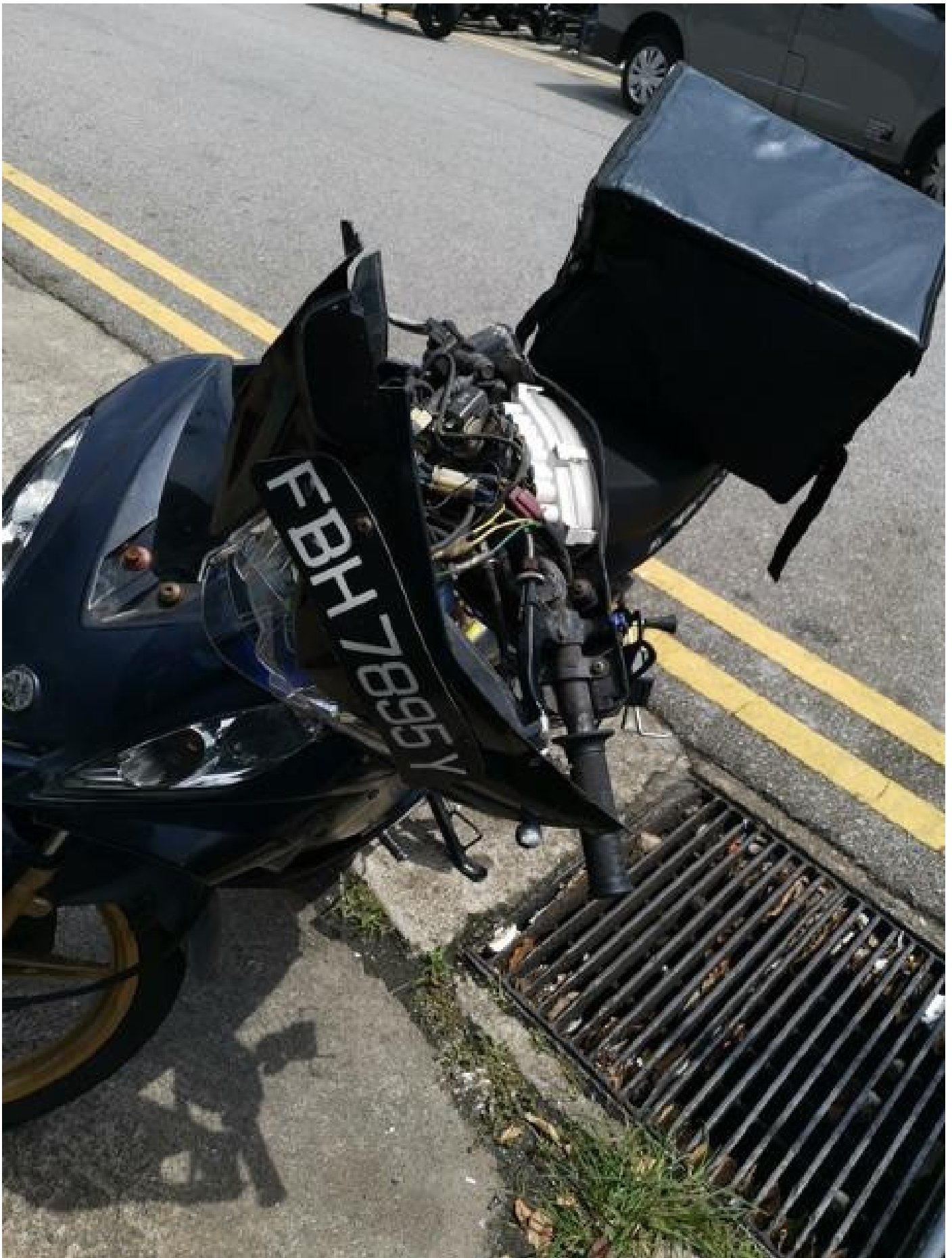
Accident Photo



Accident Photo



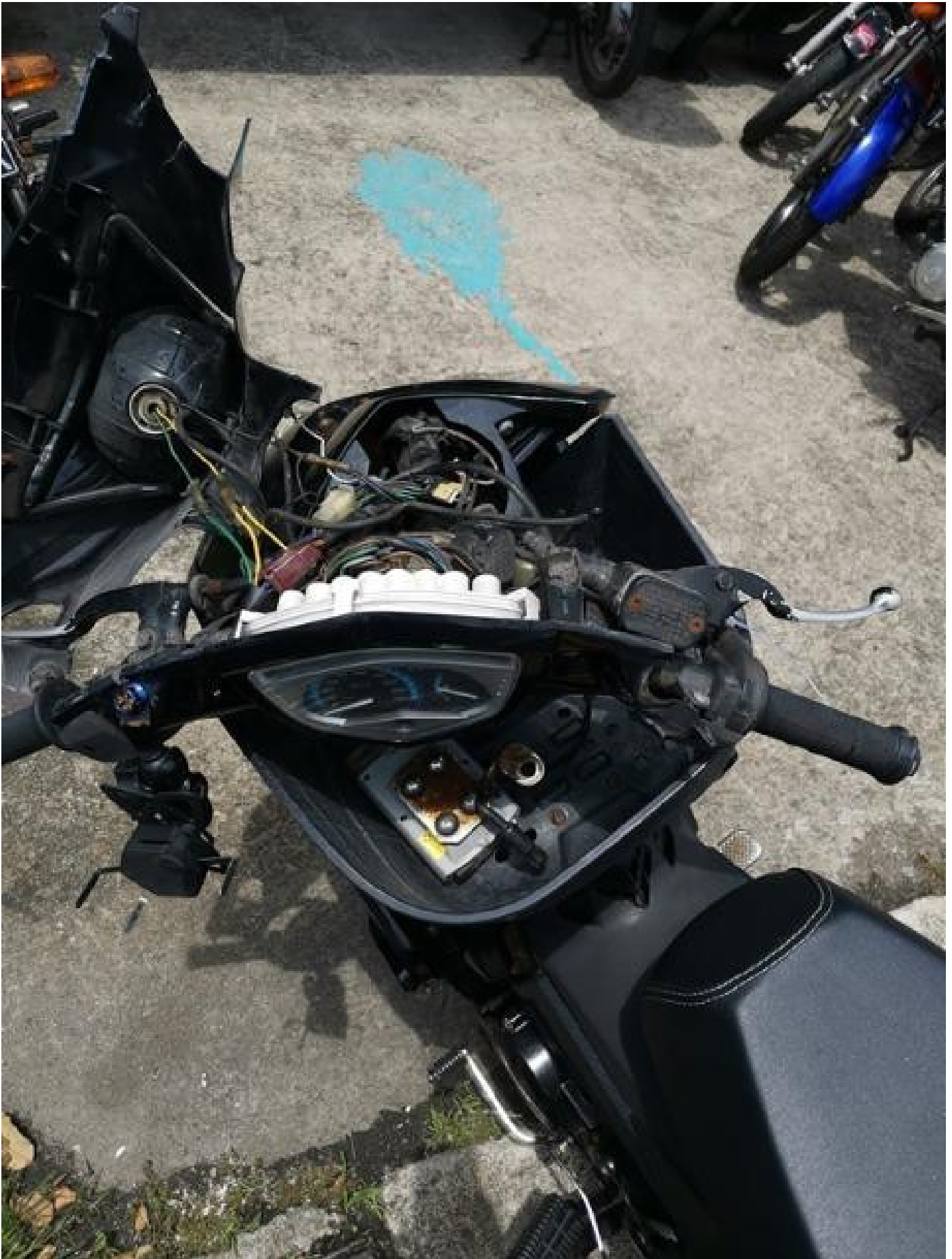
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