

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	22/09/2020 16:43
Date Of Accident	21/09/2020 08:40
Exact Location Of Accident	PASIR RIS DR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD4994K
Insured/Policyholder	
Name Of Registered Owner	ISKANDAR BIN ARIFFIN
NRIC No	SXXXX699A
Email Address	ISKANDARARIFFIN@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-83664979
Alternative Phone No	OTHERS-83664979

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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	5108667406-01
Cover Note Number	

Driver

Name of Driver	ISKANDAR BIN ARIFFIN
NRIC No	SXXXX699A
Date Of Birth	07/12/1994
Occupation	INDOOR
Date Of Driving Pass	22/02/2018
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83664979
Fax Number	
Contact Number	OTHERS-83664979
Email Address	ISKANDARARIFFIN@OUTLOOK.COM

Address	BLK 446 PASIR RIS DRIVE 6 #02-112
Postcode	510446
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	NO 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
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

PLS REFER TO THE POLICE REPORT: T/20200922/2047

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	SH8948X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ABDUL RAHIM BIN ABDULLAH
NRIC/Passport Number	SXXXX101E
Contact Number	93865129
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ISKANDAR BIN ARIFFIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBD4994K
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

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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.

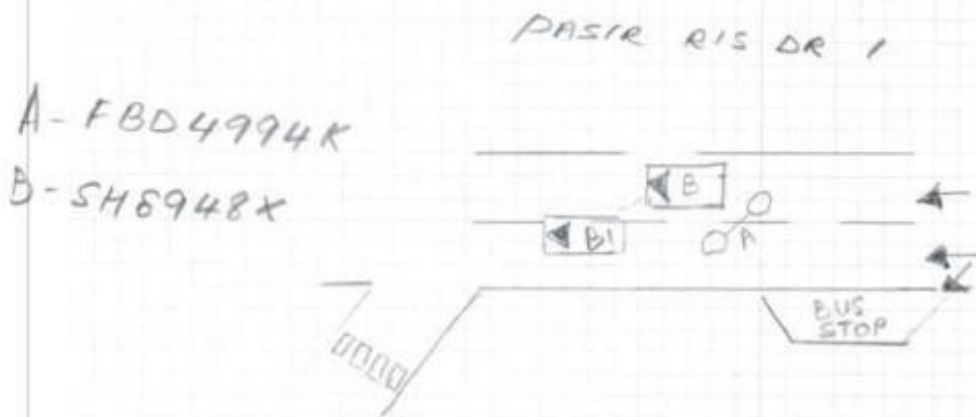

Policyholder's Signature
Date & Time: 22/9/20

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

 22/09/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20200922/2047

DECLARATION

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

Policyholder's Signature
Date & Time: 22/9/20

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/20200922/2047

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

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Report No. T/20200922/2047

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ISKANDAR BIN ARIFFIN	ID No.	S9445699A
Related Vehicle	FBD4994K (Motorcycle)	Contact No.	83664979
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B 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 above mentioned date time and location,

I was travelling along the mentioned location on the right lane at about 30km/h. I wanted to make a lane change to the left lane. After signal and as soon as the road is clear, I made the lane change. Out of a sudden, the taxi in-front of me also change lane into the left lane, and after successfully change lane, he brake immediately. Due to that I had to brake and lost control of the bike and the bike fell onto my leg. I am not sure if there is any collision. I was conveyed to the nearest hospital. That's all.

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/20200922/2047

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

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Report No. T/20200622/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2020 13:08		Vide Report No.: G/20200921/0074		Station Diary No.:	
Informant's Particulars					
Name of Informant: ISKANDAR BIN ARIFFIN			Address: 446 PASIR RIS DRIVE 6 #02-112 SINGAPORE 510446		
ID Type / ID No.: NRIC NO / S9445699A			Contact No.: Home/Office: Mobile: 83664979		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 07/12/1984	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: IT ENGINEER			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/09/2020 08:40	Type of Location:
Location: PASIR RIS DRIVE 1				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD4994K	Motorcycle	YAMAHA	T135	Blue		0
SH8948X	Car					0

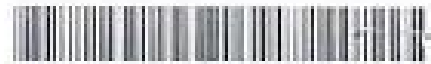
Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD4994K	NTUC Income Insurance Co-Operative Limited	5108867406-01	09/04/2020	08/04/2021

Police Report



SINGAPORE
POLICE FORCE



T/20200922/2047

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20200922/2047

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ISKANDAR BIN ARIFFIN		ID No. S9445699A
Related Vehicle	FBD4994K (Motorcycle)		Contact No. 83664979
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B 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 above mentioned date time and location,

I was travelling along the mentioned location on the right lane at about 30km/h. I wanted to make a lane change to the left lane. After signal and as soon as the road is clear, I made the lane change. Out of a sudden, the taxi in front of me also change lane into the left lane, and after successfully change lane, he brake immediately. Due to that I had to brake and lost control of the bike and the bike fell onto my leg. I am not sure if there is any collision. I was conveyed to the nearest hospital. That's all.

Police Report



SINGAPORE
POLICE FORCE



T/20200922/2047

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408885
Tel No: 65470000

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Report No. T/20200922/2047

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:
TP /
MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/09/2020 13:08

Officer In Charge Of Case:
TP / GIT /
Sgt 2 DAVID YAP
Contact No.: 96192349

Classification Of Case:

Authentication Stamp
NP165



SINGAPORE
POLICE FORCE