

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	14/09/2020 13:26
Date Of Accident	09/09/2020 11:20
Exact Location Of Accident	X JUNC OF STAMFORD ROAD / ST ANDREW'S ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ8701U
Insured/Policyholder	
Name Of Registered Owner	PYRO LEASING PTE. LTD.
Co Reg No	201927120G
Email Address	HADIY@AUTOEXCHANGE.COM.SG
Mobile Phone No	(LOCAL) +65-85000420
Alternative Phone No	OFFICE-85000420

Vehicle Particulars

Manufacturer	YAMAHA
Model	GDR155A
Exact Purpose for which vehicle was being used at time of accident	FOOD DELIVERY
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5116807932
Cover Note Number	17/03/2020 - 20/10/2020

Driver

Name of Driver	KHAIRUL HAFIZ BIN HAMSAH
NRIC No	S9229631H
Date Of Birth	29/08/1992
Occupation	OUTDOOR
Date Of Driving Pass	21/04/2011
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88081738
Fax Number	
Contact Number	
Email Address	KHAIRULHAFIZ2908@GMAIL.COM

Address	BLK 896B WOODLANDS DRIVE 50 #05-104
Postcode	731896
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 - CROSS JUNCTION
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	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to Police Report No. L/20200914/7022

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	SKE3545T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG KOY CHEE
NRIC/Passport Number	S0019416F
Contact Number	81283981
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

KHAIRUL HAFIZ BIN HAMSAH

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBQ8701U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 14/09/2020 / 13:31

Report No: MT _____

D.O.A: 09/09/2020
Time: 11:20 hrs

Vehicle No: FBO8701U

Reporting Type: TP

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.



14/09/20 / 13:31

Policyholder's Signature / Date & Time

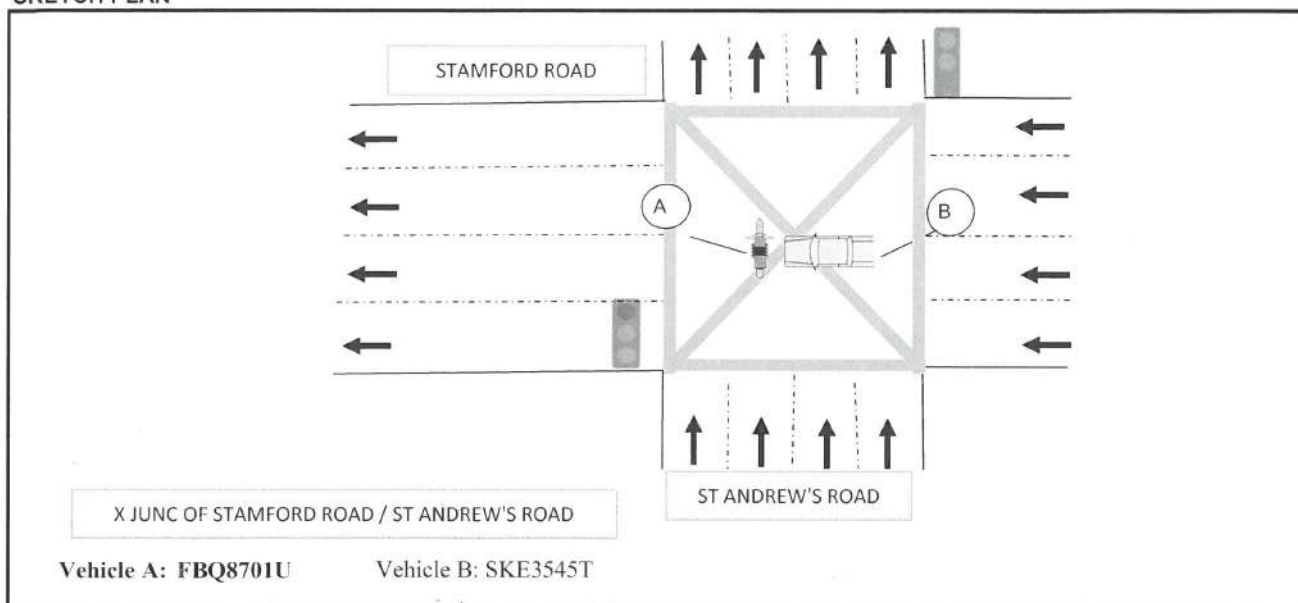
14/09/20 / 13:31

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

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. L/20200914/7022

Declaration

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



14/09/20 / 13:31

Policyholder's Signature / Date & Time

14/09/20 / 13:31

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

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



L/20200914/7022

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POLICE REPORT (NP299)

Report No. L/20200914/7022

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 14/09/2020 13:28	Vide Report No.	Station Diary No.
Name Of Informant KHAIRUL HAFIZ BIN HAMSAH	Address 896B WOODLANDS DRIVE 50 #05-104 SINGAPORE 731896	
ID Type / ID No. NRIC NO / S9229631H	Contact No. Home/Office:	Mobile: 88081738
Nationality SINGAPORE CITIZEN	Email Address khairulhafiz2908@gmail.com	
Occupation Despatch worker	Sex Male	Age 28
Institution/School Name	Date of Birth 29/08/1992	Race Malay
Date/Time Of Incident 09/09/2020 11:20 - 10/09/2020 11:45	Language English	
	Location Of Incident 896B WOODLANDS DRIVE 50 #05-104 SINGAPORE 731896	

Brief details.

I was travelling along X junction of Stamford Rd and St. Andrews Rd. My traffic light is in my favour as it was green, hence after i move off (move off speed), suddenly a grey car came from my right and hit the front of my bike. To which i went to hospital for my check, and i receive 8 days of MC.

Subjects Involved
Suspect

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2020 13:28
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



L/20200914/7022

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200914/7022

Person Name	Chong Koy Chee		
ID Type	NRIC NO	ID No	S0019416F
Gender	Male	Age	70
Race	Chinese	Language	English
Address	23 Fernwood Terrace #10-02 SINGAPORE 458553	Mobile No	81283982
Complexion	Fair	Build	Medium
Height About	170cm	Hair Colour	Black
Relation To Informant	The person who i met accident with		
Victim			
Person Name	KHAIRUL HAFIZ BIN HAMSAH		
ID Type	NRIC NO	ID No	S9229631H
Gender	Male	Age	28
Race	Malay	Language	English
Occupation	Despatch worker	Address	896B WOODLANDS DRIVE 50 #05-104 SINGAPORE 731896
Mobile No	88081738	Is Informant A Victim?	Yes
Person Name	KHAIRUL HAFIZ BIN HAMSAH (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2020 13:28
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

