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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	28/09/2020 17:33
Date Of Accident	23/09/2020 07:20
Exact Location Of Accident	ALONG ALEXANDRA ROAD TOWARDS TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FW15R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NASIR BIN A'SMI
NRIC No	SXXXX829J
Email Address	NSR182@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97633717
Alternative Phone No	OFFICE-97633717
Vehicle Particulars	
Manufacturer	YAMAHA
Model	AEROX GDR155A-155CC CVT ABS
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	5116226366
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD NASIR BIN A'SMI
NIDIO Na	CVVVV000 I

NRIC No SXXXX829J
Date Of Birth 18/02/1981
Occupation INDOOR
Date Of Driving Pass 08/12/1999

Driving Experience 20 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97633717

Fax Number

Contact Number OFFICE-97633717
EMail Address NSR182@GMAIL.COM

Address BLK 427 BUKIT PANJANG RING ROAD

#03-703

Postcode 670427

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 - HEAD TO REAR

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 YES

Was any other material or property damaged?

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

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address 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/20200923/7010

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 FBQ3593Y

Vehicle Make/Model/Colour HONDA CB150R

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver MUHAMMAD ZAKI ABDUL HALIM

NRIC/Passport Number

Contact Number 98635373

Address

Postcode

Insurance Company Name

Page 2 of 29

DETAILS OF INJURED PERSON 1

Name MUHAMMAD NASIR BIN A'SMI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FW15R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 interested parties.
- 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)
 - 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:
 - 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: 28/9/2020

@ (730lms -

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pe

Name:

NRIC/FIN No.:

Accident Sketch Plan

ETCH PLAN		
	Reductions ARC	A) FW 15 R B) FBQ 3593 Y
	ALL CAMORA POND	
CRIBE CIRCUMSTANCES	and the second s	7
METRIC 10 pt	DUCK RAPORT. 7/20200923	5/7010
	/	
LARATION		
	ulars are true in every respect.	Mag low
Molder's Signature & Time: 78 9 2020 C 1730 W	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20200923/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2020 14:53			Vide Report No.: D/20200923/0032	Station Diary No.		
Informa	nt's Partic	ulars				
Name of Informant: MUHAMMAD NASIR BIN A'SMI			Address: 427 BUKIT PANJANG RING ROAD #03-703 SINGAPORE 670427			
	/ ID No.: O / S81048	29J	Contact No.: Home/Office: Mobile: 97633717			
National SINGAP	ity: ORE CITIZ	EN	Email: nsr182@gmail.com			
Sex: Male	Age: 39	Date of Birth: 18/02/1981	Type of Informant: Rider			
Race: Malay			Language: English	Institution / School Name:		
Occupation:			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/09/2020 07:2	Type of Loca Straight Roa	
ALEXANDRA	ROAD				
Monthon		D			
		Road Surface: Dry		Road Speed Limit:	
Weather: Clear Traffic Flow: Type of Collis			ing	Road Speed Limit: Traffic Volume: Moderate	

Details of V	ehicle Involve	d	012 2000 22 80			
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBQ3593Y	Motorcycle	HONDA	CB150R	Black		0
FW15R	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Red		0

ce No	Effective	Expiry Date
	ce No	ce No Effective





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

Details of Vehicle Insurance

Date

NIL

No. of Days granted Medical Leave

2 of 4 Report No. T/20200923/7010

CONTINUATION OF REPORT

Vehicle No.	Ins	surance Company		Insuran	ce No	Effective	Eunice Det	
FW15R	NT	TUC Income Insurance Co-Operative 5116226366 mited			15/02/2020	14/02/2021		
Details of Pe	erso	n Involved						
Any Pedestri	an Ir	nvolved: Yes					WALLES TO STATE	
No. of Pedes	trian	ns Injured: 1	- 1	Use of Per	destrian Cros	sing Head		
Rider			100		Jeotriali Oros	only. Oscu		
Name		MUHAMMAD ZAKI ABDUL I	HALIM		ID No.	NIL		
Related Vehi	icle	FBQ3593Y (Motorcycle)			Contact No.	98635373	98635373	
Hospital/Clini	ic			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL			
Date		NIL Date			NIL			
No. of Days	grant	nted Medical Leave NIL Degree						
Rider				HE SHEET		AUG BERNE		
Name		MUHAMMAD NASIR BIN A'SMI			ID No. S8104829J			
Related Vehi	cle	FW15R (Motorcycle)			Contact No.	97633717		
Hospital/Clini	ic	NATIONAL UNIVERSITY HOSPITAL		AL	Class of Driving Licence & Expiry	Class: NIL Date of Exp	iry: NIL	
Date		23/09/2020 Date		Date		9/2020		
No. of Days g	grant	Date		Degree of				
Pedestrian			11000	9 30 31	- Oligi	NISS CONTRACTOR		
Name		UNKNOWN			ID No.	NIL		
Related Vehic	cle	NIL			Contact No.	NIL		
Hospital/Clini	С	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Exp	iry: NIL	

Date

Degree of

NIL

NIL

Slight



7/20200923/7010

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

3 of 4 Report No. T/20200923/7010

CONTINUATION OF REPORT

Brief Details.

On the 23rd Sept 2020 around 0720hrs, I was travelling on my vehicle, FW15R, along Alexandra Rd towards Telok Blangah Road. When approaching a pedestrian crossing traffic light beside Alexandra Retail Centre, I stopped my vehicle as the traffic light is red. While stationary waiting for the traffic light, vehicle FBQ3593Y collided to my rear side of my vehicle. Due to the collisions, I fell off my bike.





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

4 of 4 Report No. T/20200923/7010

CONTINUATION OF REPORT

Sketch Plan	
Informant is not able	to provide sketch

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 23/09/2020 14:53
Classification Of Case:













































