

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	28/09/2020 12:13
Date Of Accident	23/09/2020 14:10
Exact Location Of Accident	ALONG KIM KEAT ROAD BEFORE BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB1343U
Insured/Policyholder	
Name Of Registered Owner	SHADAB ANJUM @ SHADAB
NRIC No	SXXXX334H
Email Address	ANJUMJH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83020124
Alternative Phone No	OTHERS-83020124

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR-180CC DTS-I (M)
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	5058977142-06
Cover Note Number	

Driver

Name of Driver	SHADAB ANJUM @ SHADAB
NRIC No	SXXXX334H
Date Of Birth	27/12/1980
Occupation	INDOOR
Date Of Driving Pass	20/12/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83020124
Fax Number	
Contact Number	OTHERS-83020124
Email Address	ANJUMJH@GMAIL.COM

Address	BLK 76 LORONG LIMA #16-17
Postcode	320076
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	MOULMEIN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 101 JALAN RAJAH , POSTCODE: 320101 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2508999 - FAX NO: 63554312
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200923/2112

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	SMP736Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EUGENE LEE ANN TENG
NRIC/Passport Number	SXXXX278B
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SHADAB ANJUM @ SHADAB
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBB1343U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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:

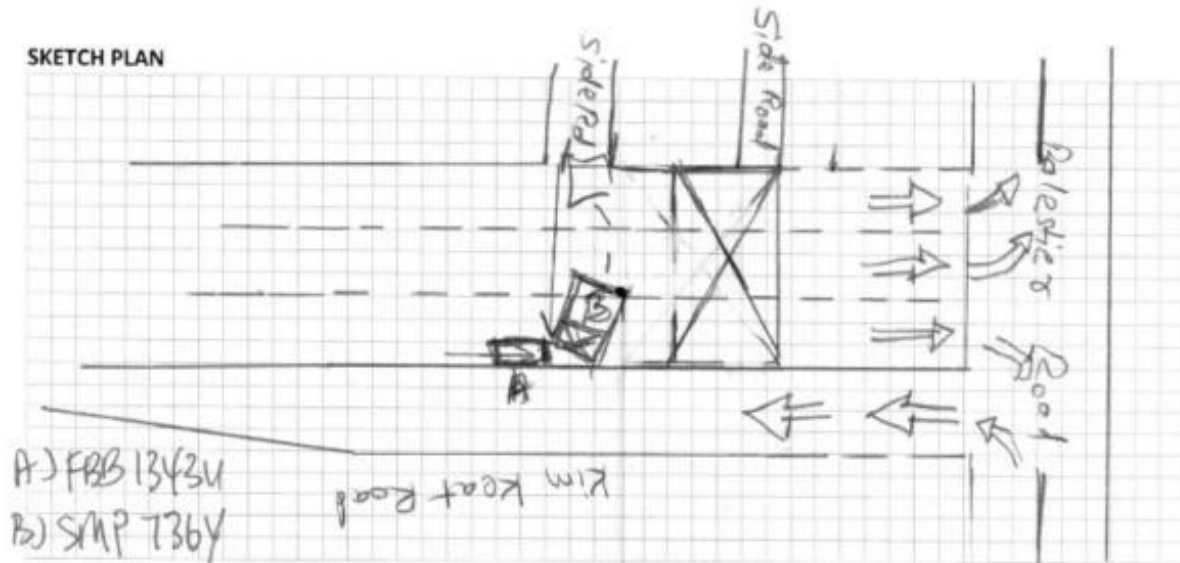
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200923/2112

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:

Reporting Centre Personnel's Signature
Name: 29/09/2020
NRIC/FIN No.: 1001003

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200923/2112

1 of 4

Report No. T/20200923/2112

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2020 18:56	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Informant's Particulars			
Name of Informant: SHADAB ANJUM			Address: APT BLK 76 LORONG LIMAU #16-17 SINGAPORE 320076
ID Type / ID No.: NRIC NO / S8084334H			Contact No.: Home/Office: Mobile: 83020124
Nationality: SINGAPORE CITIZEN			Email:
Sex: Male	Age: 39	Date of Birth: 27/12/1980	Type of Informant: Rider
Race: Indian			Language: Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/09/2020 14:10	Type of Location: Straight Road
Location: KIM KEAT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB1343U	Motorcycle	BAJAJ CHETAK	PULSAR180 M	Red	Seriously Damaged	0
SMP736Y	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB1343U	NTUC Income Insurance Co-Operative Limited	5058977142-06	26/12/2019	25/12/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

Report No. T/20200923/2112

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHADAB ANJUM	ID No.	S8084334H
Related Vehicle	FBB1343U (Motorcycle)	Contact No.	83020124
Hospital/Clinic	MEI LING CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/09/2020	Date Discharge	23/09/2020
No. of Days granted Medical Leave	02	Degree of Injury	Serious
Name			
Name	Unknown	ID No.	NIL
Related Vehicle	SMP736Y (Car)	Contact No.	NIL
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 23/09/2020 at about 2.10pm, I was riding my motorcycle (FBB1343U) along Kim Keat Road, towards Balestier Road.

As it was heavily congested before the traffic lights at Balestier Road, rows of cars have lined up before the traffic light.

When the traffic lights are red and the vehicles have stopped, I rode passed the cars and towards the stop line of the traffic lights of Balestier Road by traveling on the continuous white line in the middle of the road.

Suddenly, a car (SMP736Y) drove out from a small road on my left and towards me. As I was unable to avoid the car, the front right of the car collided with the left side of my vehicle. The impact from the incident flung me off my motorcycle and onto the bonnet of the car. I wished to state that area where the car had drove out into, does not have a yellow box. As such, I was not expecting to car to cut through lanes in this manner.

After the accident, the driver alighted from his car. We took photos of the involved vehicles and exchanged contact details. We then left the scene in our own vehicles.

After the accident, I felt pain at my left arm and hand area, bleeding at my right shin area and pain at my

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200923/2112

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Report No. T/20200923/2112

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321101
Tel No: 1800-25089999

CONTINUATION OF REPORT

right foot area.

I am lodging this report for record and for insurance purposes.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200923/2112

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Police Station Of Origin:
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Tel No: 1800-25089999

Report No. T/20200923/2112

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:

E /

Sgt 2 CHUA CHEE PING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/09/2020 18:56

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:

SP1 B0

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

