

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	03/10/2020 16:06
Date Of Accident	03/10/2020 13:30
Exact Location Of Accident	BLOCK 299 COMPASSVALE STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FJ300K
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD FARIZ BIN MOHAMMAD
NRIC No	SXXXX446J
Email Address	LITABOANDRA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98513858
Alternative Phone No	OFFICE-98513858

Vehicle Particulars

Manufacturer	YAMAHA
Model	CZD300A / XMAX300-292CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5112312736-01
Cover Note Number	30/08/2020 TO 29/08/2021

Driver

Name of Driver	MOHAMMAD FARIZ BIN MOHAMMAD
NRIC No	SXXXX446J
Date Of Birth	30/11/1988
Occupation	OUTDOOR
Date Of Driving Pass	07/05/2013
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98513858
Fax Number	
Contact Number	OFFICE-98513858
Email Address	LITABOANDRA@GMAIL.COM

Address	BLOCK 406C NORTSHORE DRIVE #20-170
Postcode	823406
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 - 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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , 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 T/20201003/2081

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP1039G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KUAN LENG
NRIC/Passport Number	SXXXX608B
Contact Number	98366103

Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD FARIZ BIN MOHAMMAD
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FJ300K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLOCK 406C NORTHSORE DRIVE #20-170
Postcode	823406


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:

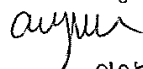

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

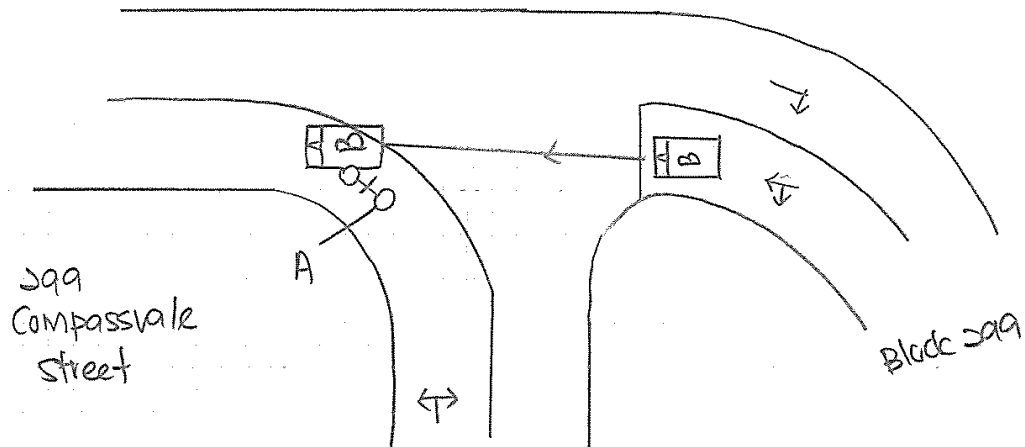
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GIA Report.

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:

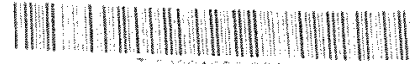
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T-20201003/2081

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3
Report No: T-20201003/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2020 17:00	Vide Report No.:	Station Diary No.: 65
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Informant's Particulars

Name of Informant: MOHAMMAD FARIZ BIN MOHAMMAD	Address: APT BLK 406C NORTHSORE DRIVE #20-170 SINGAPORE 823406		
ID Type / ID No.: NRIC NO / S8848446J	Contact No.: Home/Office: Mobile: 98513858		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 31	Date of Birth: 30/11/1988	Type of Informant: Rider
Race: Malay	Language: English		Institution / School Name:
Occupation: FOODPANDA RIDER	Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/10/2020 11:10	Type of Location: Bend
Location: COMPASSVALE STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FJ300K	Motorcycle	YAMAHA	CZD300A / XMAX300	Black	Slightly Damaged	1
SLP1039G	Car	HONDA	JAZZ	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FJ300K	NTUC Income Insurance Co-Operative Limited	5112312736-01	30/08/2020	29/08/2021



**SINGAPORE
POLICE FORCE**



T/20201003/2081

2 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20201003/2081

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD FARIZ BIN MOHAMMAD	ID No.	S8848446J
Related Vehicle	FJ300K (Motorcycle)	Contact No.	98513858
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	03/10/2020	Date Discharge	03/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIM KUAN LENG (LIN GUANGLONG)	ID No.	S7642608B
Related Vehicle	SLP1039G (Car)	Contact No.	98366103
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.

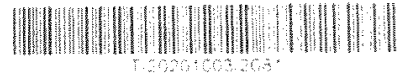
On 03/10/2020 at about 11.10pm, I was traveling along Compassvale Street and has entered service road near Blk 297A Compassvale Street. I rode along the service road passingby Blk 297C towards Blk 299A, Blk 299A to Blk 299B Compassvale Road. While I was riding at the service road between Blk 299B and Blk 299 (MSCP) Compassvale Street approaching the bend. There is one vehicle dash out from Blk Blk 299 (MSCP) Compassvale Street and hit onto my front right of my motorcycle. I have a video of the accident and I kept it in my handphone. The traffic Police also came to my scene and was advised to seek medical help since I do not require immediate medical attention. I feel pain at my right elbow and shoulder. I went to Healthway Medical Clinic located at Blk 108 Hougang Avenue 1 #01-1299 Singapore 530108 tel: 62849692. I was given 3 days medical leave.

I am lodging this report as per advised by my insurance as I was given 3 days medical leave.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T:20201003.2081

3 of 3

Report No. T:20201003/2081

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:
F /
Sr Staff Sgt DAENG MUHAMMAD FAIRUS BIN RAMLI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/10/2020 17:00

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168

SN 085

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

