

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 16:48
Date Of Accident	20/09/2020 11:45
Exact Location Of Accident	CTE BEFORE UPPER SERANGOON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC8087H
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD SUHAFIZUL BIN SULAIMAN
NRIC No	G2264980P
Email Address	SUHAFIZULSULAIMAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88929615
Alternative Phone No	OTHERS-88929615

Vehicle Particulars

Manufacturer	HONDA
Model	ANF125MRM-125CC
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	5111043901-01
Cover Note Number	10/07/2020 - 09/07/2021

Driver

Name of Driver	MUHAMAD SUHAFIZUL BIN SULAIMAN
NRIC No	G2264980P
Date Of Birth	16/09/1994
Occupation	INDOOR
Date Of Driving Pass	04/01/2017
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88929615
Fax Number	
Contact Number	OTHERS-88929615
Email Address	SUHAFIZULSULAIMAN@GMAIL.COM

Address	C/O BLK 139 TAMPINES ST 11 #01-66
Postcode	
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	SIDE SWIPE
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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , 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 ATTACHED POLICE REPORT (T/20200920/2101)

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	SMJ1720S
Vehicle Make/Model/Colour	KIA CERATO
Details Of Properties	REAR LEFT BUMPER
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	9423773
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

3

DETAILS OF INJURED PERSON 1

Name	MUHAMAD SUHAFIZUL BIN SULAIMAN
Approximate Age	
Injuries Sustain	LEFT ARM, BACK
Injured person in which vehicle?	FBC8087H
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	C/O BLK 139 TAMPINES ST 11 #01-66
Postcode	

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MT/

D.O.A:

Vehicle No:

Make / Model:

Report Date: 22/9/2020 Start Time: 5:06 PM

Reporting Type: 7P End Time: / /

SKETCH PLAN

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. The 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.

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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.

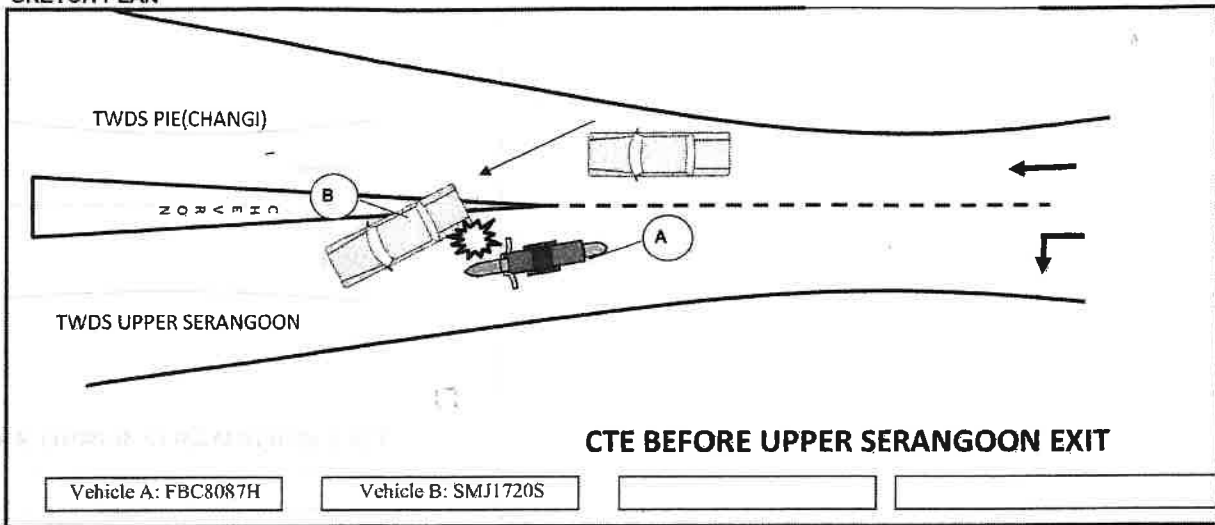
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

Sketch Plan Pg. 2


SKETCH PLAN



REFER TO ATTACHED POLICE REPORT (T/20200920/2101)

DECLARATION

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


22/9/2020 16:54
Policyholder's Signature
Date & Time:

22/9/2020 16:54
Driver's Signature (If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765



**SINGAPORE
POLICE FORCE**



T/20200920/2101

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20200920/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/09/2020 23:14		Vide Report No.: E/20200920/0094		Station Diary No.: 81	
Informant's Particulars					
Name of Informant: MUHAMAD SUHAFIZUL BIN SULAIMAN			Address: MALAYSIA JH JALAN SC KAMPUNG SUNGAI TIRAM 81800 ULU TIRAM J		
ID Type / ID No.: FIN NO / G2264980P			Contact No.: Home/Office: Mobile: 88929615		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 26	Date of Birth: 16/09/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: delivery			Driving Licence Information: Class: 2B,3C Date of Expiry:		

General Information of the Accident					
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/09/2020 11:45	Type of Location:	
Location: CENTRAL EXPRESSWAY					
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBC8087H	Motorcycle	HONDA	ANF125MSS A	Red	Seriously Damaged	0
SMJ1720S	Car				Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBC8087H	NTUC Income Insurance Co-Operative	5111043901-01	10/07/2020	09/07/2021



**SINGAPORE
POLICE FORCE**



T/20200920/2101

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20200920/2101

CONTINUATION OF REPORT

Brief Details.

On 20/09/2020 at around 11.45am, I was riding my bike (FBC 8087H) on CTE and was taking the exit to Upp Serangoon, when a White Kia Cerato (SMJ 1720S) had cut into my lane abruptly from the exit towards PIE.

As it had happened all of a sudden, I was unable to avoid the car. The car had hit me on my front right side causing me to get thrown forward and over my bike. The car immediately stopped and assisted me.

We were attended to by a Traffic Police at around 12.10pm. I was issued with a case card but no name and number was given.

However, the driver of the car's H/P number is 9423 7773.

An ambulance was also at the scene but I was not conveyed to the hospital.

I then went to a clinic but was told to go to a hospital instead. I then went to Changi General Hospital.

I was issued 3 days of MC. (MC N/O: EMD2020150032)

I wish to state that I have photo evidence of the damages.

I am lodging this report for insurance claim and also as advised by the Traffic Police Officer.



**SINGAPORE
POLICE FORCE**



T/20200920/2101

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20200920/2101

CONTINUATION OF REPORT

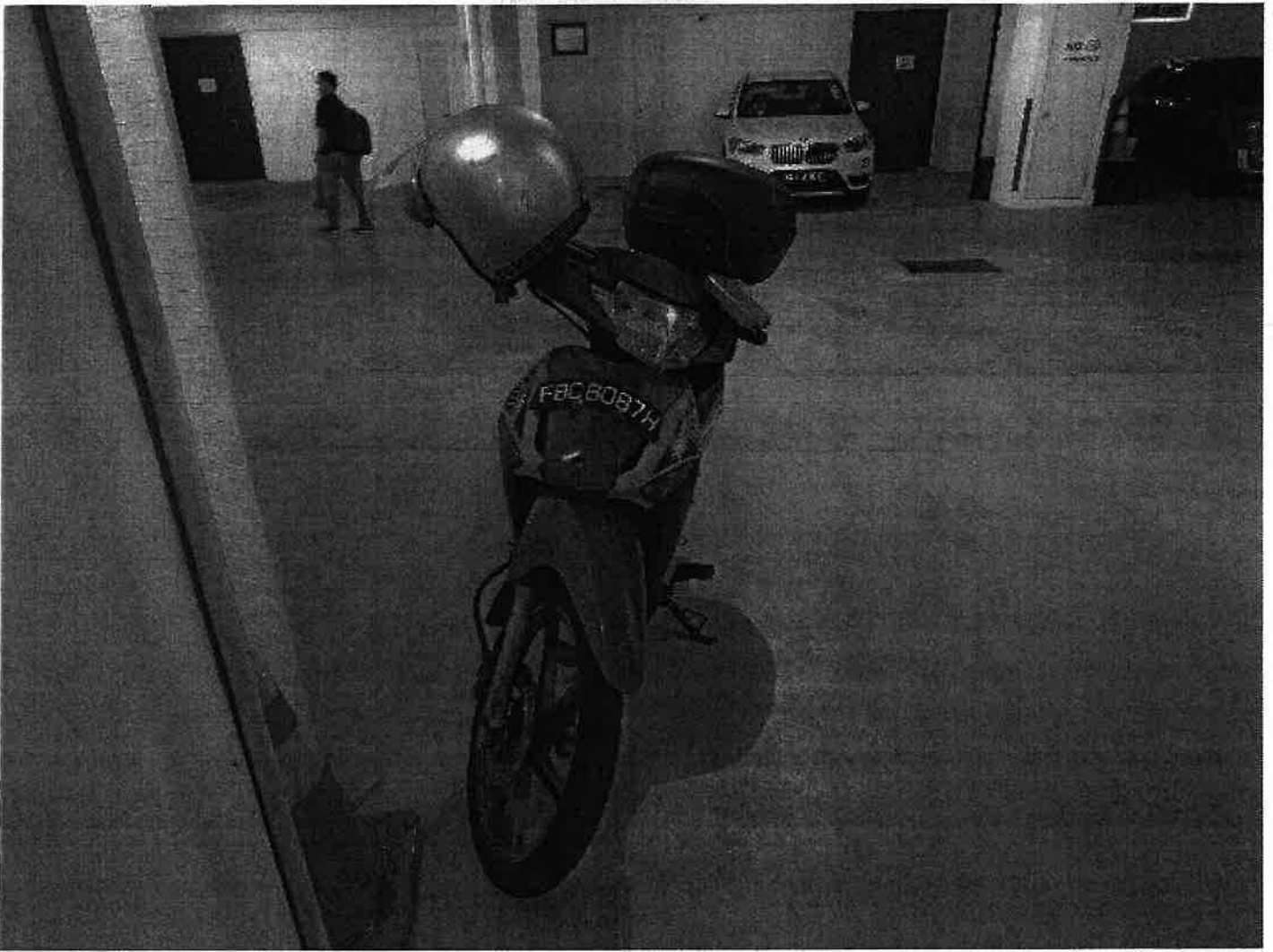
Sketch Plan

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: G / Sgt 2 MUHAMMAD IRFAN BIN MOHD HUTTA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2020 23:14
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170 	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



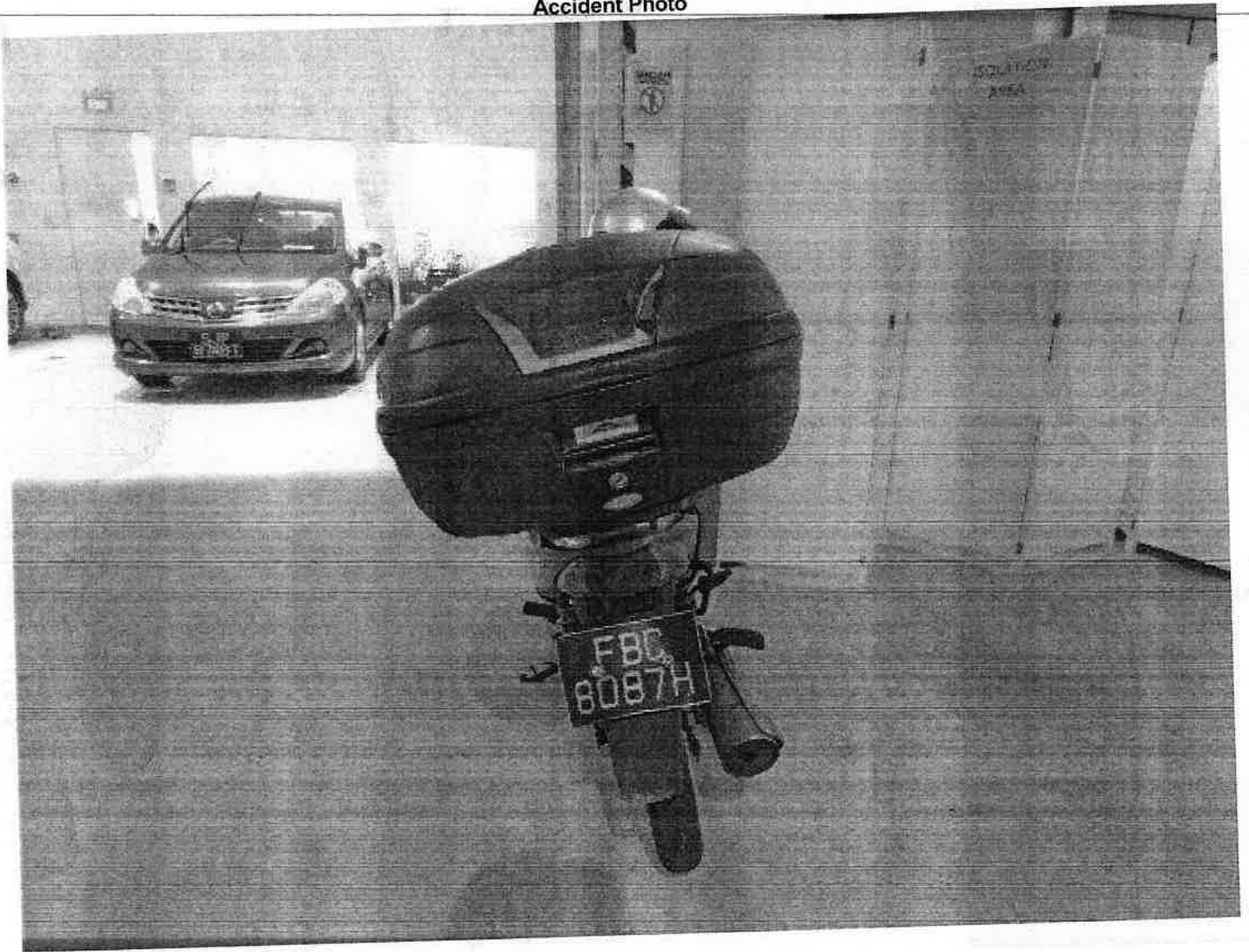
Accident Photo



Accident Photo



Accident Photo



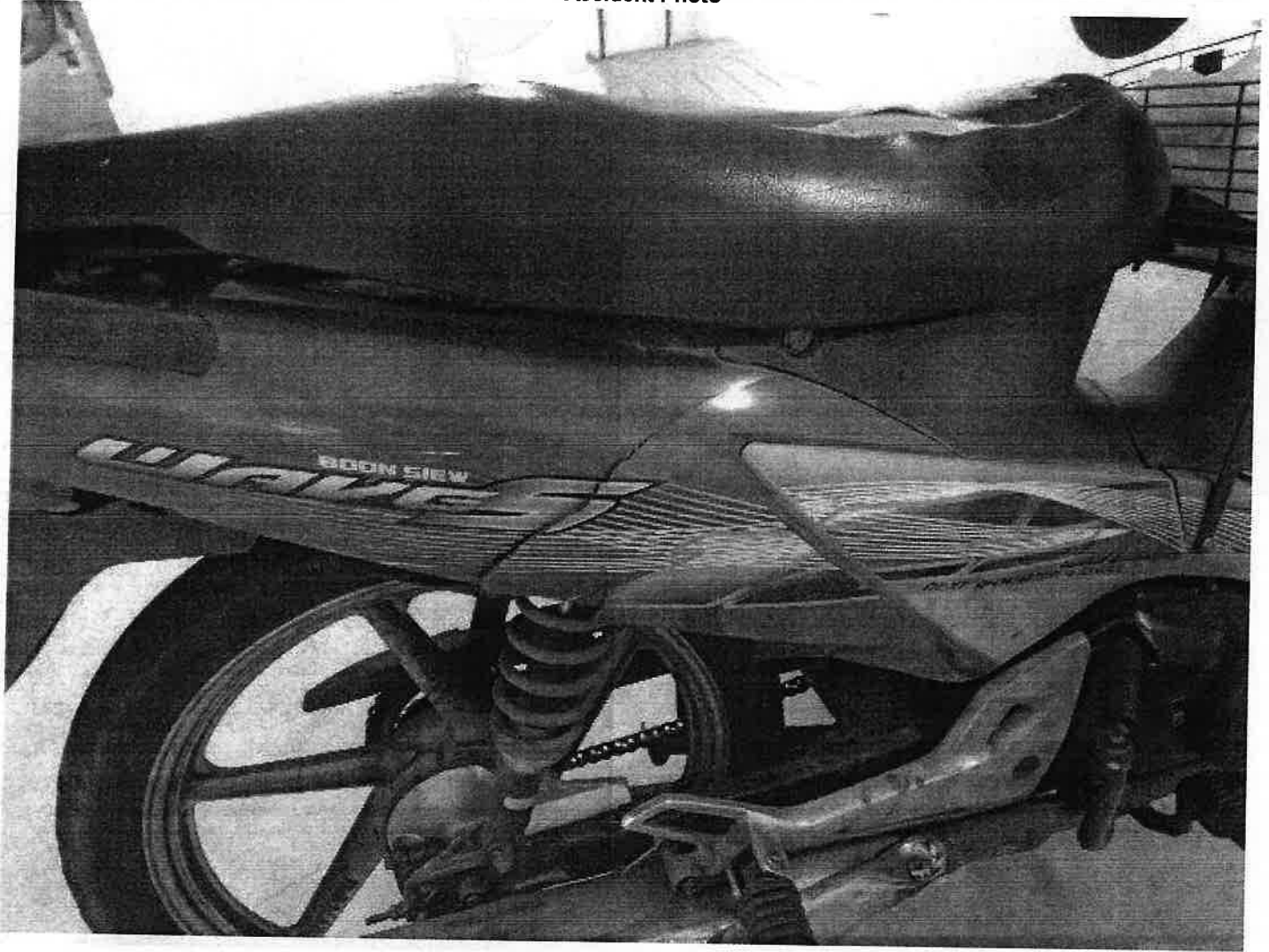
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

