

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	21/10/2020 16:33
Date Of Accident	20/10/2020 19:30
Exact Location Of Accident	TOA PAYOH LORONG 7 AT JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1909K
Insured/Policyholder	
Name Of Registered Owner	ALAM MOHAMMED BAHARUL
Passport No/FIN	GXXXX875X
Email Address	ALAM.BAHARUL89@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97959552
Alternative Phone No	OFFICE-97959552

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (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	5109323618-01
Cover Note Number	

Driver

Name of Driver	ALAM MOHAMMED BAHARUL
Passport No/FIN	GXXXX875X
Date Of Birth	09/01/1989
Occupation	INDOOR
Date Of Driving Pass	04/07/2014
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97959552
Fax Number	
Contact Number	OFFICE-97959552
Email Address	ALAM.BAHARUL89@GMAIL.COM

Address	BLK 720 JURONG WEST AVE 5 #07-88
Postcode	640720
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20201021/2075

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	SMP673U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG CHAIN GUAN
NRIC/Passport Number	SXXXX566C
Contact Number	87989649
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ALAM MOHAMMED BAHARUL
Approximate Age	
Injuries Sustain	ABRASION AT RIGHT HAND,LEFT AND RIGHT LEG AND LOWER BACK
Injured person in which vehicle?	FBL1909K
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

21/10/2020
3:49 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Refer to attachment.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: T/2020/021/2075

DECLARATION

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

Policyholder's Signature

Date & Time:

21/10/2020
3:49

Driver's Signature

(If driver is not the policyholder)

Date & Time:

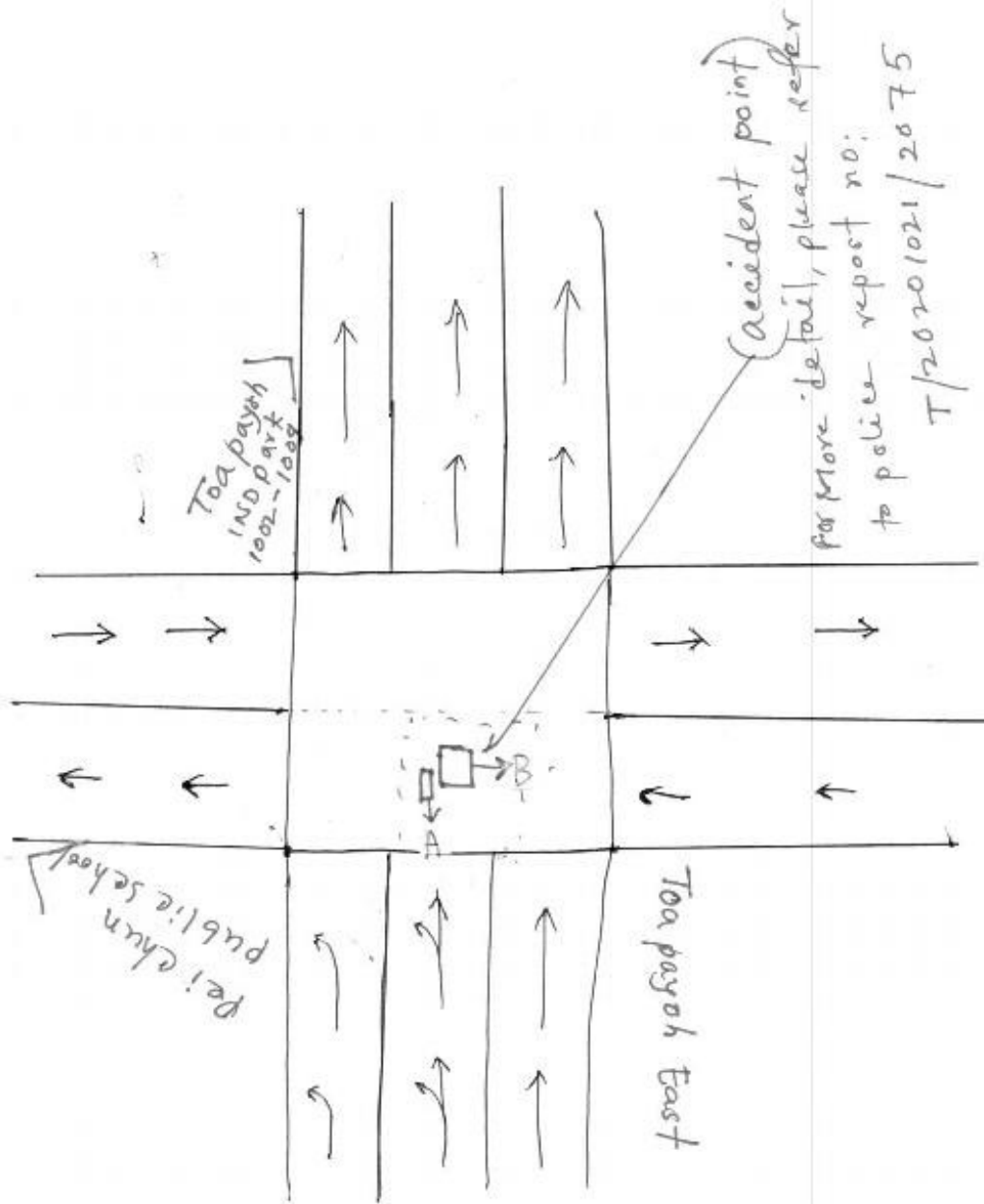
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #3

My car — A (Motor cycle) — FBL1909K
 Another car — B (7-seater car) — SMP673U



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201021/2075

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20201021/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2020 15:04	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars

Name of Informant: ALAM MOHAMMED BAHARUL			Address: APT BLK 720 JURONG WEST AVENUE 5 #07-88 HDB SINGAPORE 640720	
ID Type / ID No.: FIN NO / G8137875X			Contact No.: Home/Office: Mobile: 97959552	
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 31	Date of Birth: 09/01/1989	Type of Informant: Rider	
Race: Indian			Language: English	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: 20/10/2020 19:30	Type of Location: X-Junction
Location: TOA PAYOH EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
FBL1909K	Motorcycle	YAMAHA	FZN150	Red	Slightly Damaged	0
SMP673U	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL1909K	NTUC Income Insurance Co-Operative Limited	5109323618-01	01/07/2020	30/06/2021

POLICE REPORT



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T/20201021/2075

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20201021/2075

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ALAM MOHAMMED BAHARUL	ID No.	G8137875X
Related Vehicle	FBL1909K (Motorcycle)	Contact No.	97959552
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/10/2020	Date Discharge	21/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Ng Chain Guan	ID No.	S1765566C
Related Vehicle	SMP673U (Car)	Contact No.	87989649
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 20/10/2020 at about 1930hrs, I was riding on my motorcycle, FBL1909K along toa payoh east towards toa payoh industrial park in the middle lane of three. At the junction of toa payoh lorong 7, I stopped behind a car, SMP673U, as the traffic light was red. When the traffic light turn green, I move off together with the vehicle, as the vehicle did not indicate any signal, I thought it was going straight. When we were at the junction, the vehicle suddenly made a left turn without indicating signal and knocked on to me. We exchange particulars and I brought my motorbike to a nearby workshop at the area. I consulted a doctor on 21/10/2020 and was given 3 days medical leave.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201021/2075

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20201021/2075

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:

D /

Sgt 3 LEE HAO ZHENG ALVIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/10/2020 15:04

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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