

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	16/10/2020 15:32
Date Of Accident	15/10/2020 16:15
Exact Location Of Accident	BLK 224 ANG MO KIO AVE 1 CARPARL LOT 113
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF7258Y
Insured/Policyholder	
Name Of Registered Owner	MOHD NOOR BIN MOHD SAID
NRIC No	SXXXX671H
Email Address	MISAFIR1965@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93680341
Alternative Phone No	OFFICE-93680341

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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	5058375031-07
Cover Note Number	

Driver

Name of Driver	MOHD NOOR BIN MOHD SAID
NRIC No	SXXXX671H
Date Of Birth	13/12/1965
Occupation	INDOOR
Date Of Driving Pass	30/05/1985
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93680341
Fax Number	
Contact Number	OFFICE-93680341
Email Address	MISAFIR1965@HOTMAIL.COM

Address	APT BLK 341 TAMPINES ST 33 #05-264
Postcode	520341
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , 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

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 Witness 1

Name	RAJA GOPAL
Phone Number	96463146
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY233E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	FIVE FOOD PATH PTE LTD
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

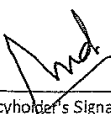
SKETCH PLAN


IMPORTANT NOTICE

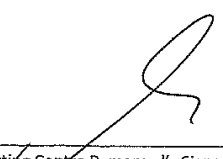
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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

Not Applicable

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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

Policyholder's Signature
Date & Time:

2019/11/15 14:00

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

2019/11/15 14:00

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

2019/11/15 14:00

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201016/2005

2 of 3

Police Station Of Origin;
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20201016/2005

CONTINUATION OF REPORT

Brief Details.

On the 15/10/2020 at 1615hrs, I had parked my bike plate no. FBF7258Y at Blk 224 Ang mo kio Ave 1 carpark AMA 11, Lot 113 as I was doing delivery work around the area. A few minutes later, I saw my bike lying on its right side. I believe that it had been hit and run by a lorry that had parked near my bike.

I would like to state that there was one eye-witness (Raja Gopal, HP:96463146) who came forward and told me that he had witness a lorry from Five Food Path Pte Ltd however he could not see the plate clearly. There was some footage related to the incident as I had a gopro camera mounted on my bike.



SINGAPORE
POLICE FORCE

A handwritten signature in blue ink, consisting of a stylized 'S' and 'G'.

SIGNATURE

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201016/2005

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20201016/2005

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 1 LIM YE ZHAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/10/2020 01:19

Officer In Charge Of Case:

TP / HRT /

SI NOR AFFENDY BIN JAFFAR

Contact No.: 65476368



Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201016/2005

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20201016/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2020 01:19		Vide Report No.:		Station Diary No.: 6	
Informant's Particulars					
Name of Informant: MOHD NOOR BIN MOHD SAID			Address: APT BLK 341 TAMPINES STREET 33 #05-264 SINGAPORE 520341		
ID Type / ID No.: NRIC NO / S1688671H			Contact No.: Home/Office: Mobile: 93680341		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 13/12/1965	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: FREE LANCER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/10/2020 16:15	Type of Location: Car Park
Location: ANG MO KIO AVENUE 1				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF7258Y	Motorcycle	HONDA	CB400	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF7258Y	NTUC Income Insurance Co-Operative Limited	5058375031-07	01/05/2020	30/04/2021

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UTN: S685560206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MYT220090710 Vehicle Registration No: FBF7258Y
Name (as shown in NRIC) : MOHD NOOR BIN MOHD SAID NRIC/FIN/Passport No : S1688671H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : APT BLK 341 TAMPINES ST 33 #05-264 Singapore (520341)
Contact (Tel) : _____ Mobile No. : 93680341
Email Address : _____
Date of Accident : 15/10/2020 Time of Accident : 16:15
Place of Accident : BLK 224 ANG MO KIO AVE 1 CARPARK LOT 113
Insurance Company : NTUC INCOME INSURANCE CO-OPERATIVE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

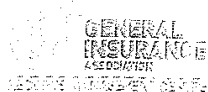
I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add in Third Party Vehicle Number : QY233E

Policyholder / Driver's Signature
Date:

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

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 56650020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MYT220090710-01 Vehicle Registration No: FBF7258Y
Name (as shown in NRIC) : MOHD NOOR BIN MOHD SAID NRIC/FIN/Passport No : S1688671H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : APT BLK 341 TAMPINES ST 33 #05-264 Singapore (520341)
Contact (Tel) : _____ Mobile No. : 93680341
Email Address : _____
Date of Accident : 15/10/2020 Time of Accident : 16:15
Place of Accident : BLK 224 ANG MO KIO AVE 1 CARPARL LOT 113
Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD IN WITNESS PARTICULARS AND CONTACT NUMBER.

Policyholder / Driver's Signature
Date: _____

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