

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	03/11/2020 15:58
Date Of Accident	22/10/2020 21:30
Exact Location Of Accident	ALONG TAMPINES AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE3891A
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	2XXXXX994W
Email Address	HAMZY1005@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83284295
Alternative Phone No	OFFICE-83284295

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (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	5113531735-01
Cover Note Number	

Driver

Name of Driver	HAMZY BIN DERMADI
NRIC No	TXXXX638B
Date Of Birth	10/05/2001
Occupation	OUTDOOR
Date Of Driving Pass	05/10/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83284295
Fax Number	
Contact Number	OTHERS-83284295
Email Address	HAMZY1005@GMAIL.COM

Address	BLK 409 WOODLANDS STREET 41 #08-97
Postcode	730409
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

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	SLL9276G
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM BENG YEANG
NRIC/Passport Number	SXXXX680H
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	HAMZY BIN DERMADI
Approximate Age	
Injuries Sustain	SERIOUS INJURIES
Injured person in which vehicle?	FBE3891A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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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)**

(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:

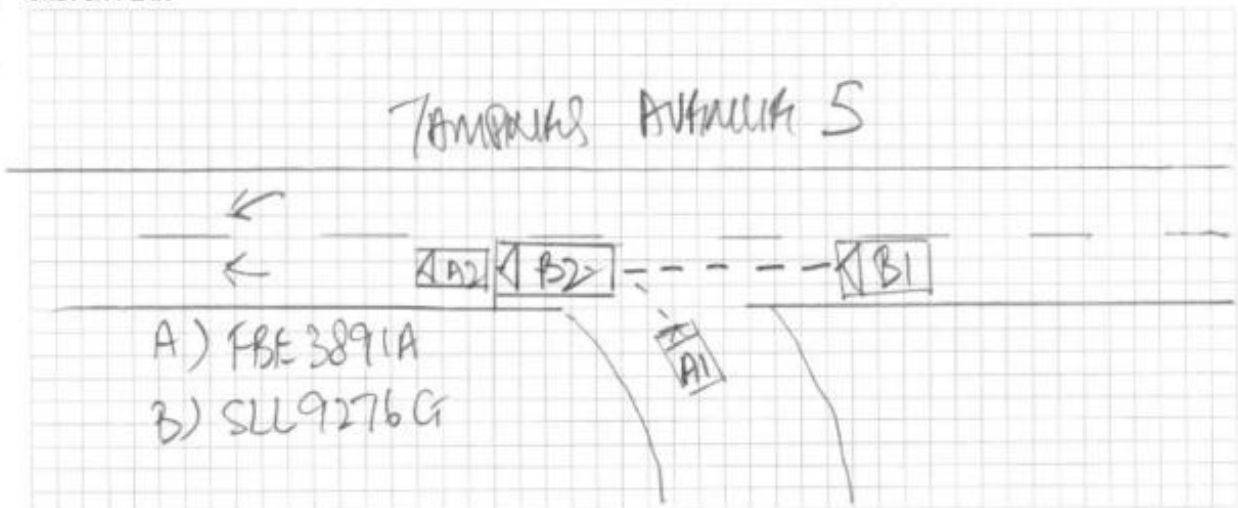
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 1/2020/030/7034
AMMENDED 1/2020/104/7032

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201030/7034

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201030/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2020 20:54	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: HAMZY BIN DERMADI	Address: 409 WOODLANDS STREET 41 #08-97 SINGAPORE 730409		
ID Type / ID No.: NRIC NO / T0114638B	Contact No.:	Mobile: 83284295	
Nationality: SINGAPORE CITIZEN	Email:	HAMZY1005@GMAIL.COM	
Sex: Male	Age: 19	Date of Birth: 10/05/2001	Type of Informant: Rider
Race: Javanese	Language: English	Institution / School Name:	
Occupation: delivery rider	Driving Licence Information: Class: 2B	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/10/2020 21:30	Type of Location: Bend
Location: TAMPINES AVENUE 5				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBE3891A	Motorcycle					0
SLL9276G	Car	TOYOTA	Vios	Silver	Slightly Damaged	2

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201030/7034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201030/7034

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM BENG YEANG	ID No.	S1484680H
Related Vehicle	FBE3891A (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Rider			
Name	HAMZY BIN DERMADI	ID No.	T0114638B
Related Vehicle	FBE3891A (Motorcycle)	Contact No.	83284295
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	22/10/2020	Date	25/10/2020
No. of Days granted Medical Leave	20	Degree of	Serious

Brief Details.

On the above date and time, I was riding a 01xR15v1 bearing plate number FBE3891A along Tampines avenue 5 going into PIE(Tuas) it was a clear road and i have good visibility of the traffic. After checking my blind spot after the bend it was clear, I moved off cautiously into the merging lane. After straightening my bike and begin to accelerate suddenly i felt a huge impact from the rear right of my bike which made me flung off my bike and i rolled 3-4 times and that's where i realized i was hit by 01x car bearing the plate number SLL9276G. I suffered multiple abrasions on my right hand and leg and a deep laceration on my right feet. AB was activated I was conveyed to Changi General Hospital. During my time warded at CGH I was contacted by TP IO Alex Chong and was informed to lodge a report once i was discharged from the hospital. The incident above recalled to the best of my memory.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201030/7034

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201030/7034

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NORHIDAYAH BINTE MOHAMED LATIF
Contact No.: 65476393

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
30/10/2020 20:54

Classification Of Case:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201104/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20201104/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2020 19:58	Vide Report No.: T/20201030/7034	Station Diary No.:
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Informant's Particulars

Name of Informant: HAMZY BIN DERMADI			Address: APT BLK 409 WOODLANDS STREET 41 #08-97 SINGAPORE 730409	
ID Type / ID No.: NRIC NO / T0114638B			Contact No.: Home/Office: Mobile: 83284295	
Nationality: SINGAPORE CITIZEN			Email: hamzy1005@gmail.com	
Sex: Male	Age: 19	Date of Birth: 10/05/2001	Type of Informant: Rider	
Race: Javanese			Language: English	Institution / School Name:
Occupation: delivery rider			Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/10/2020 21:30	Type of Location: Bend
Location: SIMEI AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBE3891A	Motorcycle					0
SLL9276G	Car	TOYOTA	vios	Silver	Slightly Damaged	0

POLICE REPORT



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Report No. T/20201104/7032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HAMZY BIN DERMADI	ID No.	T0114638B
Related Vehicle	FBE3891A (Motorcycle)	Contact No.	83284295
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	22/10/2020	Date	25/10/2020
No. of Days granted Medical Leave	20	Degree of	Serious
Driver			
Name	LIM BENG YEANG	ID No.	S1484680H
Related Vehicle	SLL9276G (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the above date and time, I was riding a 01xR15v1 bearing plate number FBE3891A along Simei Avenue going into PIE (Tuas) it was a clear road and I have a good visibility of the traffic. After checking my blind spot after the bend it was clear, I moved off cautiously into the merging lane. After straightening my bike and begin to accelerate suddenly I felt a huge impact from the rear right of my bike which made me flung off my bike and I rolled 3-4 times and that's where I realised I was hit by 01x Car bearing the plate number SLL9276G. I suffered multiple abrasions on my right hand, leg and a deep laceration on my right feet. AB was activated and I was conveyed to Changi General Hospital. During my time warded at CGH, I was contacted by TP IO Alex Chong and was informed to lodge a report once I was discharged from the hospital. The incident above recalled to the best of my memory.

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Report No. T/20201104/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
NORHIDAYAH BINTE MOHAMED LATIF
Contact No.: 65476393

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
04/11/2020 19:58

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

