

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 Submission 03/12/2020 11:58 (SGT)
Date of Accident 01/12/2020 12:05 (SGT)
Exact Location of Accident Orchard Turn, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK7348U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MD NOORQAYYUM B SAMSUDIN
NRIC No SXXXX103B
Email Address md.noor.isaac@gmail.com
Mobile Phone No (Phone) +65-87932937
Alternative Phone No +65-87932937

VEHICLE PARTICULARS

Manufacturer Piaggio
Model VESPA GTS SUPER 300
Variant -
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 - Claiming third party
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5118644317
Cover Note Number -

DRIVER

Name of Driver MD NOORQAYYUM B SAMSUDIN
NRIC No SXXXX103B
Date Of Birth 19/02/1985
Occupation Indoor

Date Of Driving Pass	06/11/2007
Driving experience	13 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87932937
Alt. Phone Number	+65-87932937
Email Address	md.noor.isaac@gmail.com
Address	BLK 26 #08-50
Address complement	JALAN KLINIK
Postcode	160026
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	ORCHARD N.P.C
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20201202/2029

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	SGT6128M
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOHN
Contact Number	(Phone) +65-96381296
Address	-
Address complement	-
Postcode	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:
3-12-2020 10:21 AM

Driver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

GIA/RIAC Sketchplan Form V3

1

SKETCH PLAN

REFER TO POLICE REPORT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report to Police Report 7/2020/2029

DECLARATION

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

Policyholder's Signature

Date & Time:

3.12.2020 10:21am
GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





























**SINGAPORE
POLICE FORCE**



T/20201202/2029

Police Station Of Origin:
Orchard N.P.C.
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 4
Report No. T/20201202/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2020 11:34 Vide Report No.: Station Diary No.: 26

Informant's Particulars

Name of Informant: MOHAMAD NOORQAYYUM BIN SAMSUDIN Address: APT BLK 26 JALAN KLINIK #08-50 SINGAPORE 160026
ID Type / ID No.: NRIC NO / S8505103B Contact No.: Home/Office: Mobile: 87932939
Nationality: SINGAPORE CITIZEN Email:
Sex: Male Age: 35 Date of Birth: 19/02/1985 Type of Informant: Rider
Race: Malay Language: Institution / School Name:
Occupation: UNEMPLOYED Driving Licence Information: Class: 2B,2A,3 Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run Drink Drive: No Date/Time of Accident: 01/12/2020 12:05 Type of Location: Straight Road
Location: ORCHARD TURN
Weather: Clear Road Surface: Dry Road Speed Limit:
Traffic Flow: Two Way Traffic Control: Not Controlled 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
FBK7348U	Motorcycle	PIAGGIO	VESPA GTS SUPER 300 IE ABS/ASR	Blue	Slightly Damaged	0
SGT6126M	Car				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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3 of 4

Report No. T/20201202/2029

CONTINUATION OF REPORT

were also scratches on the left side and cracks on the right side as well. No police or ambulance came.
I wish to state that I do not have any camera recording the incident. I had tried contacting the driver but there was no response from him.



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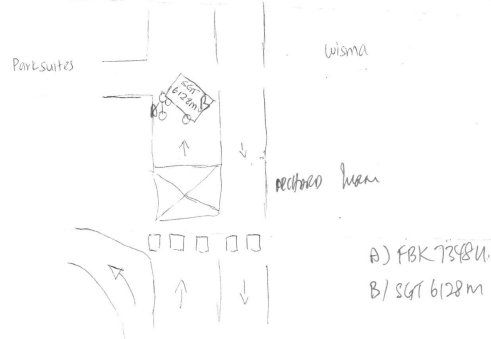
4 of 4.

Report No. T/20201202/2029

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:
E /
Sgt 2 BRYAN NG ZHI HAO

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI NOR AFFENDY BIN JAFFAR
Contact No.: 65476306

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/12/2020 11:34

Classification Of Case: