

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
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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	Plaggio
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 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	-

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)

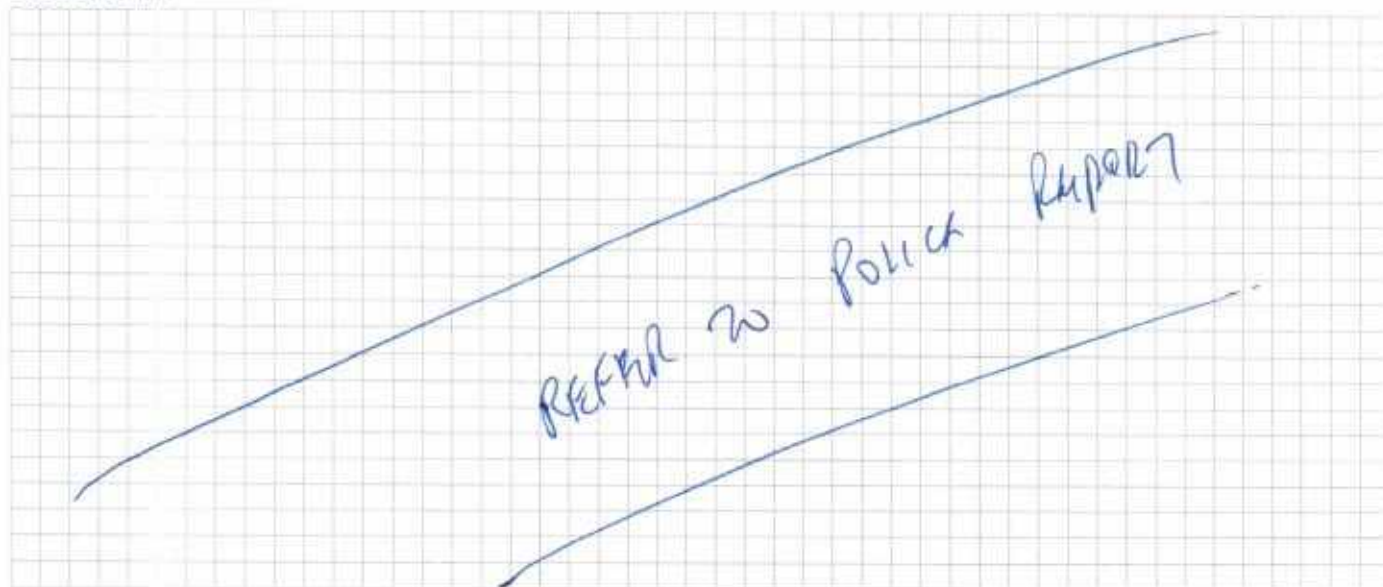
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/2020/202/2029

[A large, sweeping blue line is drawn across the remaining lines of this section, starting from the right margin and ending near the bottom center.]

DECLARATION

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



Policyholder's Signature

Date & Time:


3.12.2020 10:21am

DIAMIC Sketch Form V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 03/12/2020

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 12 / 2020) (DD/MM/YYYY), TIME: (12 : 05) (HH:MM)

LOCATION: Orchard Turn

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 7348U
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: S113644317
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Vespa GTS 300 super
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: personal
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Mohamed Noorayyom Bin Samudin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S85051038 CONTACT: 87932937
c) ADDRESS: 26, Jalan Klinik #08-50

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABRAH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (____ / ____ / ____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Orchard Police station

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGT 6128m MODEL: Mazda
b) DRIVER'S NAME: John
c) NRIC/FIN/PASSPORT: _____ CONTACT: 96381296

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = md.noor.isaac@gmail.com

VIDEO



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

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
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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
SGT6128M	Car				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK7348U	NTUC Income Insurance Co-Operative Limited	5118644317	18/08/2020	17/08/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MOHAMAD NOORQAYYUM BIN SAMSUDIN		ID No.	S8505103B
Related Vehicle	FBK7348U (Motorcycle)		Contact No.	87932939
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	JOHN		ID No.	NIL
Related Vehicle	SGT6128M (Car)		Contact No.	96381296
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 01/12/2020 at around 1205hrs, I was riding on my motorcycle bearing the number plate (FBK7348U) along Orchard Turn towards Wisma direction.

I was riding along side another vehicle bearing the car plate (SGT6128M). Out of a sudden, the said vehicle had turned left without signaling into Orchard Parksuites. As a result, the vehicle had hit into the right side of my motorcycle and came to a stop.

However I lost control of my motorcycle and fell into the bushes in front. I wish to state that I was not injured. I then picked up my motorcycle and gestured for the driver to come out of his vehicle. The driver apologized for what he did. However he mentioned that he did not bring his identification card.

The driver only provided his name and contact number and told me to claim from his insurance. The driver informed he was not injured. Subsequently the driver left. I wish to state that I am unsure if the driver's vehicle sustained any damage. Both sides on my motorcycle sustained some minor dents, there



**SINGAPORE
POLICE FORCE**



T/20201202/2029

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

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.



**SINGAPORE
POLICE FORCE**



T/20201202/2029

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

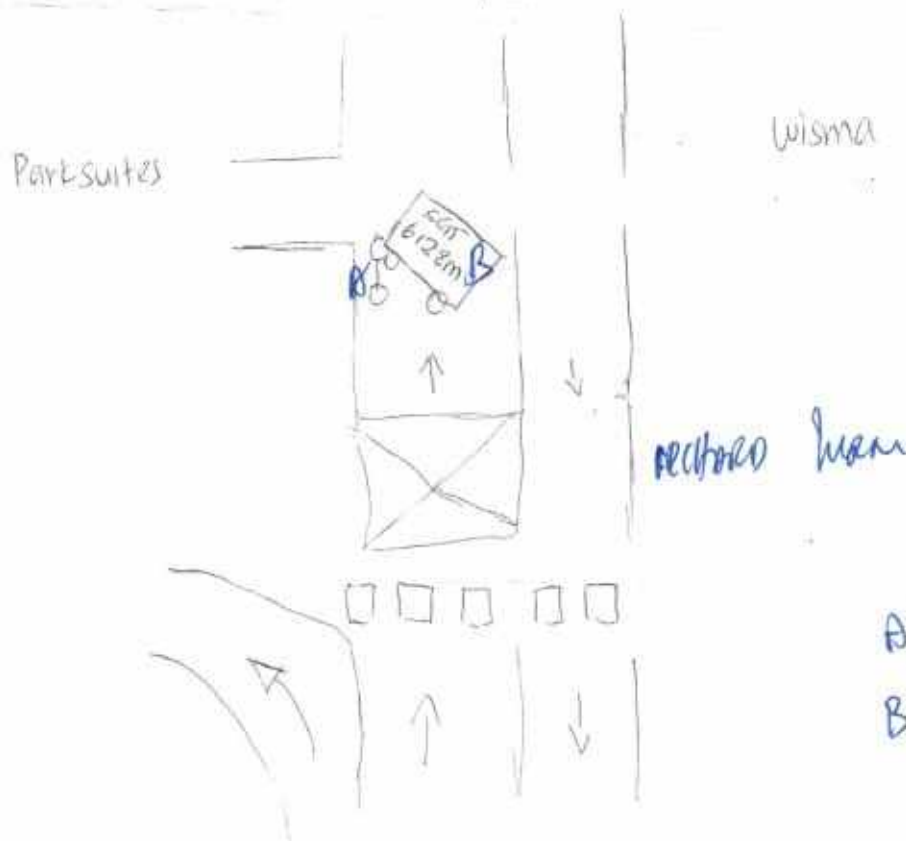
4 of 4

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.: 65476368

Signature Of Informant:

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

Classification Of Case:

Authentication Stamp
NP168

Claim Handling

Accident MT/1112206

Policy No.	5118644317	Vehicle No.	FBK7348U	GST Registration No.
Certificate No.				
Policyholder Name	MD NOORQAYYUM B SAMSUDIN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	87932937	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	03/12/2020 11:33	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/12/2020	Time of Accident hh:mm	12:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG ORCHARD TURN			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			Driver is Covered?
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 26 #08-50	Address 2	JALAN KLINIK	Address 3
Address 4	SINGAPORE 160026	Address Type	Singapore address	Post Code
Unit No.	#08-50	Related Policy Number	5118644317	

OI Driver Info

Driver Name	MOHAMAD NOORQAYYUM BIN SAMSUDIN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8505103B	Driver DOB
Register Date of Driver License	03/12/2020	Driver Age	35	Driving Experience
Contact No.(Mobile)	87932937	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 26 #08-50	Address 2	JALAN KLINIK	Address 3
Address 4	SINGAPORE 160026	Address Type	Singapore address	Post Code
Unit No.	#08-50			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBK7348U	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="radio"/> No <input type="radio"/>
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	MD NOOR
Contact No.(Mobile)	87932939	Contact No. (Home)	
Email Address	MD.NOOR.ISAAC@GMAIL.COM	OI Vehicle Number	FBK7348
Claim Description	FBK7348U / SGT6129M ON 1 Dec 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	03/12/2020 11:54	GIA report	Received
		Claim Close Date	

Report Taken By

ROSLI WAHAB

☐ Print A4 letter

Save Submit

Attachment



Accident No. MT/1112206 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 03/12/2020 12:03

Path *

Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen

Remove Files

Clear

Clear

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Clear

Category *

Confidential

Please Select NO
 Please Select NO
 Please Select NO
 Please Select NO
 Please Select NO
 Please Select NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 03 Dec 2020 12:03	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 03 Dec 2020 12:03	SAS		Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 03 Dec 2020 12:03	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 03 Dec 2020 12:03	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 03 Dec 2020 11:55	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 03 Dec 2020 11:55	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 03 Dec 2020 11:55	Photos		Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 03 Dec 2020 11:54	Photos		Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 03 Dec 2020 11:54	Photos		Normal	Photos 2

Video List

Uploaded By/Date Folder Date File Name



Display in New Window

Scan and uploading

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="01/12/2020 11:15"/>							
Vehicle No. (For Motor)	<input type="text" value="FBK7348U"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select:	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5118644317		MD NOORQAYYUM B SAMSLUDIN	S8505103B	GMC	Third Party, Fire & Theft	FBK7348U	FBK7348U	18/08/2020	17/08/2021
<input type="button" value="Continue"/>										