

# 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 .....	04/12/2020 16:28 (SGT)
Date of Accident .....	01/12/2020 20:15 (SGT)
Exact Location of Accident .....	SLE, Singapore
Additional Location Information .....	AFTER MANDAI ROAD EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBL8387U
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SUFianto BIN SALLEH
NRIC No .....	SXXXX007Z
Email Address .....	sufianto1993@gmail.com
Mobile Phone No .....	(Phone) +65-91719446
Alternative Phone No .....	+65-91719446

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Cbf190wh
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 - Reporting only
Vehicle Category .....	Motorcycle

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	5116731273
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SUFianto BIN SALLEH
NRIC No .....	SXXXX007Z
Date Of Birth .....	09/02/1993
Occupation .....	Indoor

Date Of Driving Pass .....	13/03/2017
Driving experience .....	3 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91719446
Alt. Phone Number .....	+65-91719446
Email Address .....	sufianto1993@gmail.com
Address .....	BLK 173 #02-1455
Address complement .....	HOUGANG AVENUE 1
Postcode .....	530173
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 .....	Collision - Head to Rear
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	Queenstown Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004719999
Alt. Police Station Phone No .....	(Fax) +65-64715299
Police Station Address .....	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201204/2044

#### 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 .....	GBF529L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SUBRAMANIAM
Contact Number .....	(Phone) +65-82845316

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

## INJURED PERSONS DETAILS


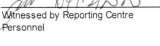
### INJURED 1

Name of injured person .....	SUFianto BIN SALLEH
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBL8387U
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

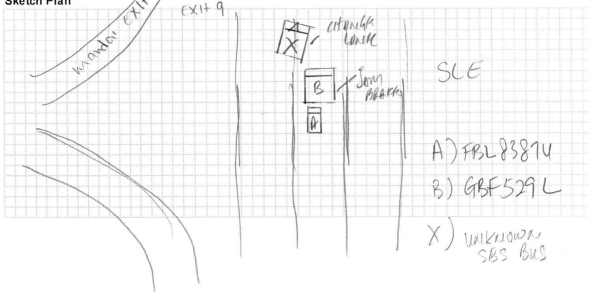
**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.
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.

Policyholder's Signature / Date & Time  4/10/20 11:38	Driver's Signature (If driver is not the policyholder) / Date & Time Woodland Ave 12 Exit 9	Witnessed by Reporting Centre Personnel  05/10/2020
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**Sketch Plan**



**Describe Circumstances of the Accident**

FAIRLY IN POLICE REPORT 7/2020/204/0544

**Declaration**

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

Policyholder's Signature / Date & Time: 4/10/20 14:38  
 Driver's Signature (If driver is not the policyholder) / Date & Time: \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel: 8/4/12/2020















**SINGAPORE  
POLICE FORCE**



T/20201204/2044

1 of 3

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

Report No. T/20201204/2044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/12/2020 13:26      Vide Report No.:      Station Diary No.: 13

**Informant's Particulars**

Name of Informant: SUFIANTO BIN SALLEH			Address: APT BLK 173 HOUGANG AVENUE 1 #02-1455 SINGAPORE 530173		
ID Type / ID No.: NRIC NO / S9305007Z			Contact No.: Home/Office:      Mobile: 91719446		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 09/02/1993	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Production engineering technician			Driving Licence Information: Class: 2B		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/12/2020 20:15	Type of Location: Seletar Expressway
Location: SELETAR EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control:	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL6387U	Motorcycle	HONDA	CBF190WH	Red	Seriously Damaged	0
GBF529L	Lorry				No Damage	3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL6387U	NTUC Income Insurance Co-Operative Limited	5116731273	24/03/2020	23/03/2021



SINGAPORE  
POLICE FORCE



T/20201204/2044

2 of 3

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

Report No. T/20201204/2044

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider Name	SUFianto BIN SALLEH	ID No.	S9305007Z
Related Vehicle	FBL8387U (Motorcycle)	Contact No.	91719446
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	01/12/2020	Date Discharge	03/12/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the 1st December at about 2015hr, I riding my Red CBF190 Honda bearing registration number FBL8387U along Seletar Expressway (SLE) just after Mandai Rd exit heading towards Woodlands Ave 12. I was on the 3rd lane and I noticed a double decker SBS bus in front of me. When I was about to change lane to lane 2, I spotted one blue Toyota lorry bearing registration number GBF529L in front of me on lane 2. I slow down my speed to about 30km/hr as I approached the back of the lorry with a safe distance. Suddenly, the said double decker SBS change lane from 3 to 2 abruptly, which caused the said blue lorry GBF529L to jam brake hard and come to a full stop. Although I managed to jam brake on time, unfortunately due to that sudden jam brake of the lorry, my motor bike hit the left rear of the blue lorry GBF529L lightly.

There were no Traffic police or Ambulance at scene. While we were at the road shoulder, as we inspect our vehicle, we did not exchange particulars as the driver of the lorry informed that there is no damage done to the lorry but I felt pain to my groin area. My bike has some damages to the headlight, handle bar and front mud guard. As soon as my bro-in-law came too assist me, we left the scene and I headed back home to my in-laws at Woodlands. I was still in shocked after that incident so I decided to clam myself down first. However, after awhile at home at about 2230hrs, I decided to go to Khoo Teck Puat Hospital as my groin area is still in pain due to the earlier incident. I was given 3 days MC dated from 01/12/2020 to 03/12/2020 (Reg No. 200717564H) by Dr Goh Yao Yu (63835H).

I am lodging this report as my motorbike shop "A.S. Phoon Pte Ltd" located at 399 Changi Road S(419846) require a police report.

SINGAPORE  
POLICE FORCE

T/20201204/2044

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

3 of 3  
Report No. T/20201204/2044

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 MUHAMMAD FIRDAUS BIN ABDUL  
WAHAB

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
04/12/2020 13:26

Classification Of Case:



SN 48

SIGNATURE