

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 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	SUFYANTO SUTIRNO

* 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

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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

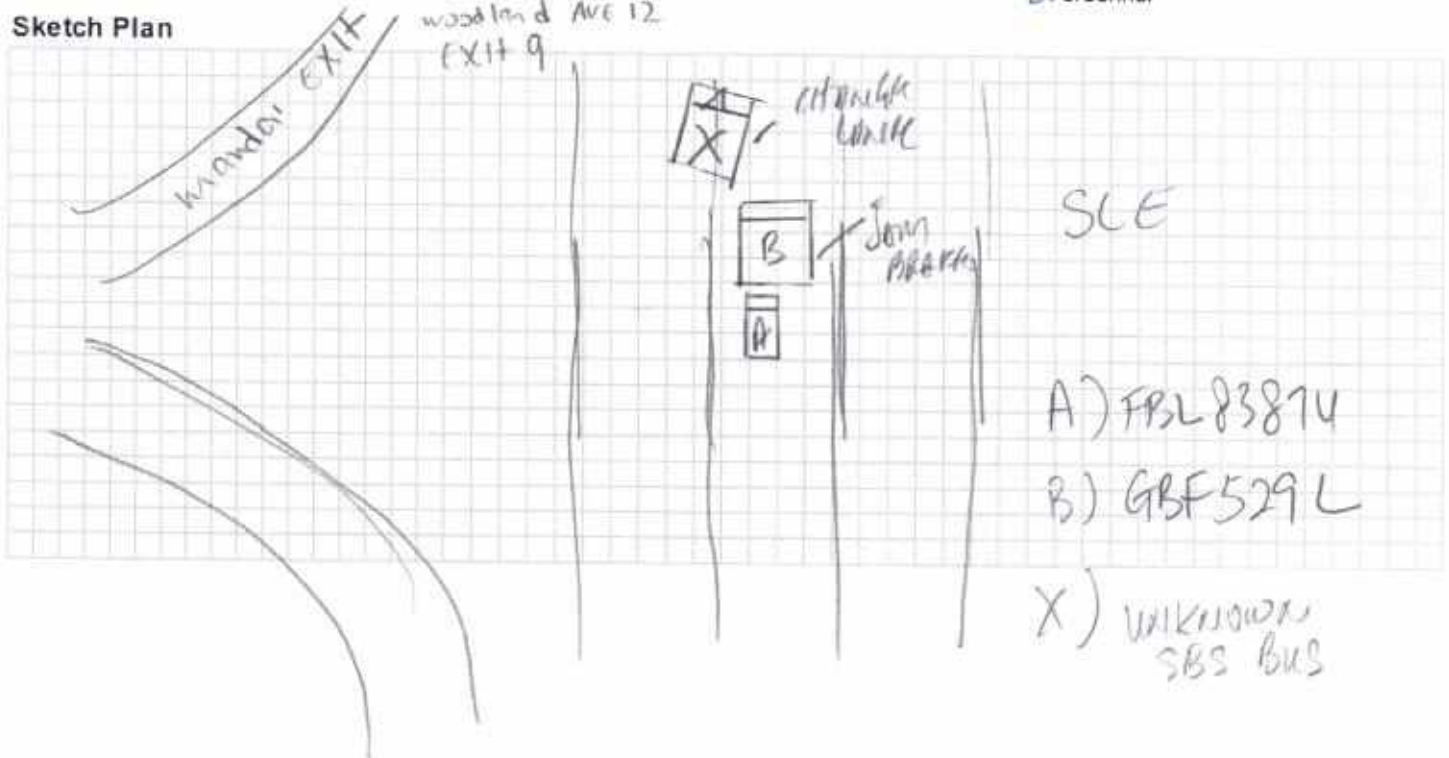
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Rafik to Police Report 1/2020/204/2044

Declaration

We declare the foregoing particulars are true in every respect.

4/12/20 14:38

Policyholder's Signature / Date & Time

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

04/12/2020

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 1 / 12 / 2020 (DD/MM/YYYY), TIME: 20 : 15 (HH:MM)

LOCATION: SLE EXPRESSWAY After Miranda Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 8387 U
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5116721273
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda CBF 190
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: SUFianto BIN SALLEH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 583050072 CONTACT: 9171 9446
c) ADDRESS: 173 HOUgang AVE 1 #02-1455
S'POR 536173

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR. ARJUN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 09 / 02 / 1993 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) HOUSE

f) DATE OF DRIVING PASS 13 March 2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: Queenstown M.P.C.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBF 529L MODEL: TOYOTA
b) DRIVER'S NAME: SUBRAMANIAM
c) NRIC/FIN/PASSPORT: _____ CONTACT: 8284 5316

9. THIRD PARTY VEHICLE

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

email = SUFianto1993@gmail.com

VIDEO



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

REPORT OF A TRAFFIC ACCIDENT

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

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
FBL8387U	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
FBL8387U	NTUC Income Insurance Co-Operative Limited	5116731273	24/03/2020	23/03/2021



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			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
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

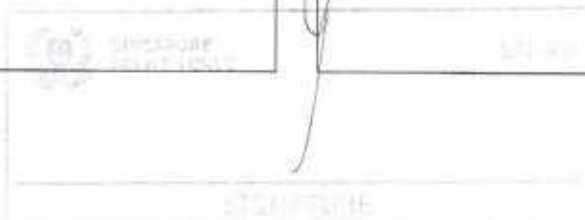
Signature Of Informant:

Date/Time:

04/12/2020 13:26

Classification Of Case:

Authentication Stamp
NP168



Claim Handling

Accident MT/1112440

Policy No.	5116731273	Vehicle No.	FBL8387U	GST Registration No.
Certificate No.				
Policyholder Name	SUFianto BIN SALLEH			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	91719446	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(%)	20	Private Hire

▼ Accident Details

Report Date	04/12/2020 16:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/12/2020	Time of Accident hh:mm	20:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SLE AFTER MANDAI EXIT			

▼ 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	Driver is Covered?
Additional Excess				
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 173 #02-1455	Address 2	HOUGANG AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5116731273	

▼ OI Driver Info

Driver Name	SUFianto BIN SALLEH	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	59205007Z	Driver DOB
Register Date of Driver License	13/03/2017	Driver Age	27	Driving Experience
Contact No.(Mobile)	91719446	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 173 #02-1455	Address 2	HOUGANG AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBL8387U	Driver Insurer Comp.

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SUFianto
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OT Vehicle Number	FBL8387U
Claim Description	FBL8387U / GBF539L ON 1 Dec 2020		
Preferred Workshop	Insured Liability	Preferred	Fully at Fault
Finalisation	Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	04/12/2020 16:35	Claim Close Date	

Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No. MT/1112440 Claim No. 001
 Last Doc. Received: ☒ Yes ☐ No Upload Date 04/12/2020 16:35

Path *

Choose File No file chosen

Choose File No file chosen

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Choose File

Clear

Clear

Clear

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Clear

Clear

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 04 Dec 2020 16:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 16:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 16:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 16:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 16:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 16:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 16:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 16:35	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 16:35	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 04 Dec 2020 16:35	SAS	Normal	SAS 20

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="02/12/2020 12:23"/>
Vehicle No.(For Motor)	<input type="text" value="FBL8387U"/>	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"/>	5116731273		SUFianto BIN SALLEH	59305007Z	GMC	Third Party	FBL8387U	FBL8387U	24/03/2020	23/03/2021