





## 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	02/12/2020 12:34 (SGT)
Date of Accident	30/11/2020 18:00 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR2328Z
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZULFIQHAR BIN ZURAIMI
NRIC No	SXXXX169A
Email Address	zulfiqharzuraimi@gmail.com
Mobile Phone No	(Phone) +65-98559771
Alternative Phone No	(Office) +65-98559771

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	R15
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	Sompo
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D20MTMC01002180
Cover Note Number	-

#### DRIVER

Name of Driver	ZULFIQHAR BIN ZURAIMI
NRIC No	SXXXX169A
Date Of Birth	03/10/1998
Occupation	Indoor



Date Of Driving Pass	10/03/2019
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98559771
Alt. Phone Number	(Office) +65-98559771
Email Address	zulfiharzuraimi@gmail.com
Address	blk 371 woodlands
Address complement	ave 1 #08-829
Postcode	730371
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	DINIE ATIKAH
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED 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	sgh130h
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	smj7517z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	zulfiqhar bin zuraimi
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	unknown
Injured person in which vehicle?	FBR2328Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	dinie atikah
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	unknown
Injured person in which vehicle?	FBR2328Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No





**SKETCH PLAN****IMPORTANT NOTICE**


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- 5) **Any false reporting may be referred to the police for investigation.**
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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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.

  
 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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

\*\*\*\*\*for company vehicle only\*\*\*\*\*

I \_\_\_\_\_ Is the \_\_\_\_\_ of  
company \_\_\_\_\_ and im using the vehicle  
\_\_\_\_\_ for work /private purpose .

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

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



Original Copy

Condition (CON)

(1) Bent (2) Dented (3) Distorted (4) Cracked (5) Cut (6) Scratched  
(7) Deformed (8) Shifted (9) Buckled (10) Broken (11) Necessary  
(12) Missing (13) Torn (14) Unconfirmed (15) Not Working

FOR MOTORCYCLE

ACTION (AC)

1. Replace (✓) 2. Repair (X) 3. Check (?)  
4. Not Consistent (NC)

May 2005

Motorcycle

2 Days

Vehicle No: FBR 23288

NAC	INC	Item	CON	AC	Qty
1001	991886	Front Number Plate			
3001	995065	Front Tyre			
3002	995095	Front Rim			
3003	994872	Front Tyre Rim Spoke			
3004	991771	Front Fender Wheel Guard			
3005	991283	Front Brake Disc			
3006	991281	Front Brake Caliper			
3007	991785	Front Fork Assy			
3008	991787	Front Fork Inner Tube			
3009	991789	Front Fork Outer Tube			
3010	991167	Front Fork Bracket			
3011	991182	Front Fork Oil Seal			
3012	991174	Front Fork Garnish			
3013	992376	Front Headlamp Rim			
3014	992328	Front Headlamp	CA	/	
3015	992337	Front Headlamp Bracket			
3016	992345	Front Headlamp Fairing	CA	/	
3017	992130	Front Windshield			
3018	992134	Front Wing Mirror			
3019	995245	Front LH Signal Lamp	CA	/	
3020	995246	Front RH Signal Lamp	CA	/	
3021	992556	Meter Casing			
3022	992553	Meter Assy			
1118	991019	ERP Bracket			
1119	991020	ERP Unit			
3023	992446	Ignition Switch			
3024	992442	Ignition Key Assy			
3025	990706	Cowling Stay			
3026	994470	Steering Stem			
3027	994427	Steering Cone			
3028	992299	Handle Bar	BT	/	
3029	992312	Handle Bar Switch			
3030	992310	Handle Bar Grip	Mis	/	
3031	995184	Handle Bar Balancer LH			
3032	992300	Handle Bar Balancer RH	Mis	/	
1252	992179	Fuel Tank cover	CA	/	2
3033	990438	Brake Reservoir			
3034	990621	Clutch Lever	CA	/	
3035	992293	Hand Brake Lever	CA	/	
3036	991119	Side Fairing	CA	/	2
3037	994220	Side Fairing Top Garnish	CA	/	
3038	994219	Side Fairing Inner Garnish	CA	/	
3039	991118	Fairing Shield	SCR	/	
3040	992047	Front Top Fairing Inner Garnish			
3041	991123	Fairing Top Garnish			
3042	990538	Center Fairing rear	CA	/	
3043	993378	Rear Fairing	CA	/	2
3044	991121	Fairing Stopper			
3045	991117	Fairing Lower	CA	/	
		Seat cushion	CA	/	

NAC	INC	Item	CON	AC	Qty
1052	995074	Radiator			
1053	992738	Radiator Cowling			
3046	994146	Seat Assy			
3047	990915	Engine Crash Bar			
3048	990928	Engine Guard			
1067	990219	Battery			
1068	990224	Battery Cover			
1069	990223	Battery Bracket			
3049	991144	Foot Brake	CA	/	
3050	991154	Front Foot Rest	CA	/	
3051	991779	Front Foot Rest Bracket			
3052	994269	Side Stand			
3053	992549	Main Stand			
3054	990615	Clutch Engine Cover			
3055	992478	Kick Starter Rubber			
3056	992477	Kick Starter Lever			
3057	991145	Foot Gear Shifter			
3058	993500	Rear Foot Rest	CA	/	
3059	993501	Rear Foot Rest Bracket			
3060	992581	Exhaust Muffler Heat Shield	CA	/	2
3061	991058	Exhaust Muffler Assy			
1405	993719	Rear LH Shock Absorber			
1445	993720	Rear RH Shock Absorber	*		
3062	995065	Rear Tyre			
3063	991200	Rear Rim			
3064	994872	Rear Tyre Rim Spoke			
3065	993474	Rear Fender Wheel Guard			
3066	993443	Rear Fender Mudflap			
3067	992940	Rear Brake Disc			
3068	992936	Rear Brake Caliper			
3069	995236	Rear Spocket			
3070	990585	Chain			
3071	990580	Chain Guard			
3072	994530	Swing Arm	Repair		
1420	993819	Rear Sub frame	Repair		
3073	995245	Rear LH Signal Lamp	CA	/	
3074	995246	Rear RH Signal Lamp	CA	/	
3075	995251	Rear Taillamp			
1137	993626	Rear Number Plate			
3076	994192	Side Box			
3077	992927	Rear Box			
3078	992928	Rear Box Bracket			
3079	991328	Emblem			
1136	990247	Sticker			

of Items: \_\_\_\_\_ Assessor: \_\_\_\_\_