

# 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 ..... 10/12/2020 10:24 (SGT)  
Date of Accident ..... 27/11/2020 23:00 (SGT)  
Exact Location of Accident ..... Tampines Ave 7, Singapore  
Additional Location Information ..... junction with tampines street 45  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBH9275Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... RENT-A-BIKE PTE LTD  
Company Reg No ..... 2XXXXX523C  
Email Address ..... honedy2412@hotmail.com  
Mobile Phone No ..... (Phone) +65-89999999  
Alternative Phone No ..... +--

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... JUPITER 135 MANUAL  
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 ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... 5108631899-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD EDDY BIN NORDIN  
NRIC No ..... SXXXX600H  
Date Of Birth ..... 14/10/1989  
Occupation ..... Outdoor

Date Of Driving Pass .....	17/03/2008
Driving experience .....	12 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81807530
Alt. Phone Number .....	-
Email Address .....	honed2412@hotmail.com
Address .....	BLK 498L TAMPINES STREET 45
Address complement .....	#07-488
Postcode .....	528498
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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? .....	Yes
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 .....	Tampines North Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007818999
Alt. Police Station Phone No .....	(Fax) +65-67838603
Police Station Address .....	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201128/2106.

#### 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 .....	XD8817C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	CHEW SOI LIANG
Contact Number .....	-

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

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MUHAMMAD EDDY BIN NORDIN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	FBH9275Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

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

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment 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.
- (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:

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

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
































**SINGAPORE  
POLICE FORCE**


T/20201128/2106

1 of 3

Report No. T/20201128/2106

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/11/2020 20:00	Vide Report No.: G/20201127/0193	Station Diary No. 14
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**Informant's Particulars**

Name of Informant: MUHAMMAD EDDY BIN NORDIN			Address: APT BLK 498L TAMPINES STREET 45 #07-488 SINGAPORE 528498		
ID Type / ID No.: NRIC NO / S8935600H			Contact No.: Home/Office: Mobile: 81807530		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 14/10/1989	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Technician			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/11/2020 23:00	Type of Location: X-Junction
Location:  TAMPINES AVENUE 7				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH9275Z	Motorcycle				Slightly Damaged	0
XD8817C	Lorry				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
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T/20201128/2106

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## CONTINUATION OF REPORT

Date:  
No:

<b>Driver</b>			
Name	MUHAMMAD EDDY BIN NORDIN	ID No.	S8935600H
Related Vehicle	FBH9275Z (Motorcycle)	Contact No.	81807530
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Chew Soi Liang	ID No.	S0179733F
Related Vehicle	XD8817C (Lorry)	Contact No.	0
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

**Statement Details.**

On 27/11/2020 @ around 11pm, I was riding my rental m/cycle FBH9275Z along Tampines Ave 7 waiting for the Traffic Light to turn green (And there was also Turn Right Arrow Signal as well). When the Traffic light turned green, the rest of the vehicles on my left proceeded to move forward. However, the Turn Right Only Signal was still Red. But the prime mover XD8817C behind me, still moved forward and causing my motorcycle to be crushed underneath the prime mover.

- \* I managed to evade but I sustained injuries to my left ankle, lower back and neck. I was conveyed to Changi General hospital by Ambulance and was given 3 days MC. My bike was badly damaged.





SINGAPORE  
POLICE FORCE



T/20201128/2106

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520461  
Tel No: 1800-7818999

Report No. T/20201128/2106

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:

G /

SI MOHAMMAD ABDULGHANI BIN MOHDA  
ADNAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

28/11/2020 20:00

Classification Of Case: