

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 15/12/2020 10:25 (SGT)
Date of Accident 09/12/2020 17:15 (SGT)
Exact Location of Accident Tampines, Singapore
Additional Location Information ALONG TAMPINES AVE 9 SLIP RD TO TAMPINES ST 72
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBA1866H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMED AZIZ BIN MATSOM
NRIC No SXXXX202C
Email Address azizsiti555@gmail.com
Mobile Phone No (Phone) +65-98346770
Alternative Phone No +65-98346770

VEHICLE PARTICULARS

Manufacturer Piaggio
Model X8
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 No
Policy Number 5077254306-04
Cover Note Number -

DRIVER

Name of Driver MOHAMED AZIZ BIN MATSOM
NRIC No SXXXX202C
Date Of Birth 28/10/1960
Occupation Indoor

Date Of Driving Pass	30/03/1985
Driving experience	35 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98346770
Alt. Phone Number	+65-98346770
Email Address	azizsiti555@gmail.com
Address	BLK 731 TAMPINES ST 71
Address complement	#11-129
Postcode	520731
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	DRIZZLING
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SITI SURIANI BINTE SAJARI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20201209/2035D & T/20201211/2123

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV4910C
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	MOHAMED AZIZ BIN MATSOM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBA1866H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SITI SURIANI BINTE SAJARI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	FBA1866H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN**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.
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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. 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)**

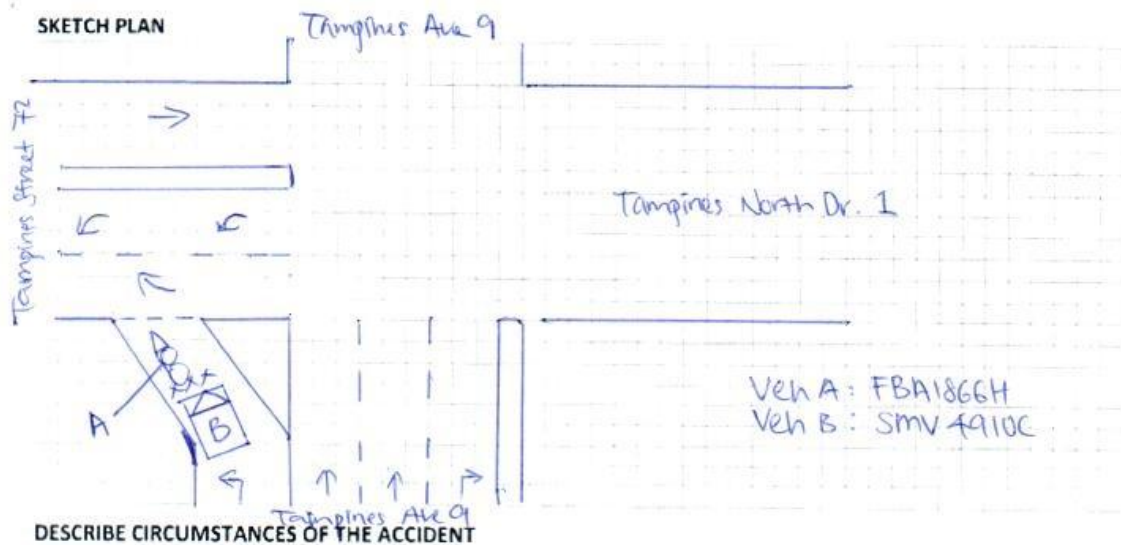
I understand, acknowledge, agree and consent that:

- (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.

X 
 Policyholder's Signature
 Date & Time:


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

 15/12/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



Refer to police report

Report No : T/20201209/203517
T/20201211/2123

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: 15/12/20
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20201211/2123

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

2 of 3

Report No. T/20201211/2123

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA1866H	NTUC Income Insurance Co-Operative Limited	5077254306-04	22/02/2020	21/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED AZIZ BIN MATSOM		ID No. S1435202C
Related Vehicle	FBA1866H (Motorcycle)		Contact No. 98211745
Hospital/Clinic	SINGHEALTH POLYCLINICS - TAMPINES		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	11/12/2020		Date Discharge 11/12/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 09/12/2020 at about 1715hrs, me and my wife was involved in an accident with a vehicle bearing plate number SMV4910C and we have made a police report T20201209/2035D. On the same day, before my wife made the police report for both of us, I had went to see a doctor. The doctor had given me a referral letter to polyclinics and wanted to give me MC, but I did not ask for the MC as I was not working.

On 11/12/2020, I went to Tampines Polyclinic to see a doctor and was given 4 days MC and a referral letter to go to see a specialist.



**SINGAPORE
POLICE FORCE**



T/20201209/2035D

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20201209/2035D

CONTINUATION OF REPORT

Pillion			
Name	SITI SURIANI BINTE SAJARI	ID No.	S6807062G
Related Vehicle	FBA1866H (Motorcycle)	Contact No.	98211745
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/12/2020	Date Discharge	09/12/2020
No. of Days granted Medical Leave	21	Degree of Injury	Serious
Rider			
Name	MOHAMED AZIZ BIN MATSOM	ID No.	S1435202C
Related Vehicle	FBA1866H (Motorcycle)	Contact No.	NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/12/2020	Date Discharge	09/12/2020
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 09/12/2020 at about 1715hrs, my husband Mohamed Aziz was riding his motorcycle FBA1866H along Tampines Ave 9 and I was his pillion. As we were at the slip road towards Tampines St 72, my husband was waiting for the vehicle to clear before entering Tampines St 72 when one vehicle bearing SMV4910C collided into the rear of my husband motorcycle. The impact cause both of us to fall on the road. Some passerby then assisted me and my husband to the side of the road. The driver of vehicle SMV4910C then approached my husband and exchange particulars. The driver also assisted to send both of us to Changi General Hospital.

I was given 21 days of MC due to a hairline fracture on my left palm. My husband also visited the doctor but did not any MC as he is no longer working.





























**SINGAPORE
POLICE FORCE**



T/20201211/2123

1 of 3

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20201211/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2020 19:51		Vide Report No.: T/20201209/2035D		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: MOHAMED AZIZ BIN MATSOM			Address: APT BLK 731 TAMPINES STREET 71 #11-129 SINGAPORE 520731		
ID Type / ID No.: NRIC NO / S1435202C			Contact No.: Home/Office: Mobile: 98211745		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 28/10/1960	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: UNEMPLOYED			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: 09/12/2020 17:15	Type of Location: X-Junction
Location: TAMPINES AVENUE 9				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
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
FBA1866H	Motorcycle	PIAGGIO	X8 200 AUTO	Silver	Seriously Damaged	1
SMV4910C	Car	NISSAN	KICKS PREMIUM 1.2L E- POWER	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20201211/2123

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

2 of 3

Report No. T/20201211/2123

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA1866H	NTUC Income Insurance Co-Operative Limited	5077254306-04	22/02/2020	21/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED AZIZ BIN MATSOM		ID No. S1435202C
Related Vehicle	FBA1866H (Motorcycle)		Contact No. 98211745
Hospital/Clinic	SINGHEALTH POLYCLINICS - TAMPINES		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	11/12/2020		Date Discharge 11/12/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 09/12/2020 at about 1715hrs, me and my wife was involved in an accident with a vehicle bearing plate number SMV4910C and we have made a police report T20201209/2035D. On the same day, before my wife made the police report for both of us, I had went to see a doctor. The doctor had given me a referral letter to polyclinics and wanted to give me MC, but I did not ask for the MC as I was not working.

On 11/12/2020, I went to Tampines Polyclinic to see a doctor and was given 4 days MC and a referral letter to go to see a specialist.



**SINGAPORE
POLICE FORCE**



T/20201211/2123

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20201211/2123

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 /

Sgt 2 QUEK MAY MAY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

11/12/2020 19:51

Classification Of Case:

Authentication Stamp

NP168


**SINGAPORE
POLICE FORCE**


T/20201209/2035D

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20201209/2035D

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2020 23:23	Vide Report No.:	Station Diary No.: 5027
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Informant's Particulars

Name of Informant: SITI SURIANI BINTE SAJARI			Address: APT BLK 731 TAMPINES STREET 71 #11-129 SINGAPORE 520731		
ID Type / ID No.: NRIC NO / S6807062G			Contact No.: Home/Office: Mobile: 98211745		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 52	Date of Birth: 22/01/1968	Type of Informant: Pillion		
Race: Javanese			Language:		Institution / School Name:
Occupation: Teacher			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/12/2020 17:15	Type of Location: X-Junction
Location: TAMPINES AVENUE 9				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
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
FBA1866H	Motorcycle					1
SMV4910C	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201209/2035D

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20201209/2035D

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 /
Sgt 3 SIM FAWWAZ BIN SIM HASHIM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/12/2020 23:23

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOOK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE