

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 15:59 (SGT)
Date of Accident 06/12/2020 16:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information STEVEN ROADS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP3620H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MARDZUKI BIN SAHARI
NRIC No SXXXX310Z
Email Address mardzuki97@gmail.com
Mobile Phone No (Phone) +65-90614617
Alternative Phone No +65-90614617

VEHICLE PARTICULARS

Manufacturer Yamaha
Model YAMAHA / SNIPER T150
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 ThirdPartyFireTheft
Fleet Policy No
Policy Number 5116452571
Cover Note Number -

DRIVER

Name of Driver MARDZUKI BIN SAHARI
NRIC No SXXXX310Z
Date Of Birth 23/11/1997
Occupation Indoor

Date Of Driving Pass	22/03/2016
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90614617
Alt. Phone Number	+65-90614617
Email Address	mardzuki97@gmail.com
Address	BLK 195 #04-290 KIM KEAT AVENUE KIM KEAT VIEW
Address complement	-
Postcode	310195
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	Side Swipe
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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20201207/2171;

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	SJM151K
Vehicle Manufacturer	BMW
Vehicle Model	B.M.W. / 320I AUTO ABS AIRBAG 2WD XENON HEADLAMP
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 MARDZUKI BIN SAHARI
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? FBP3620H
 Were seat belts worn? -
 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.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vacb@vicom.com.sg

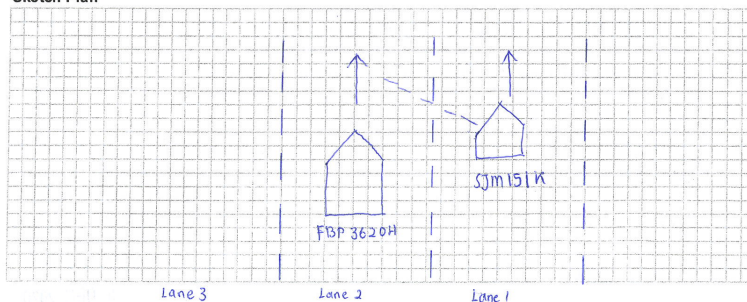
[Signature]
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

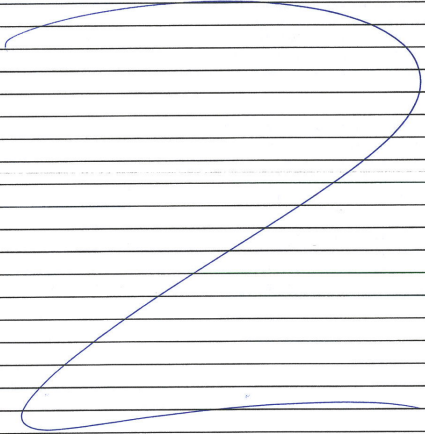
10 DEC 2020

Sketch Plan



Describe Circumstances of the Accident

Ref
To Police Report



Declaration

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
Personnel 10 DEC 2020

















**SINGAPORE
POLICE FORCE**



T/20201207/2171

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20201207/2171

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2020 21:28	Vide Report No.:	Station Diary No.: 126
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Informant's Particulars

Name of Informant: MARDZUKI BIN SAHARI			Address: APT BLK 195 KIM KEAT AVENUE #04-290 SINGAPORE 310195	
ID Type / ID No.: NRIC NO / S9741310Z			Contact No.: Home/Office: Mobile: 90614617	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 23	Date of Birth: 23/11/1997	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: STUDENT			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2020 16:20	Type of Location: Straight Road
Location: STEVENS ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP3620H	Motorcycle	YAMAHA	SNIPER T150	Blue	Slightly Damaged	0
SJM151K	Car				Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP3620H	NTUC Income Insurance Co-Operative Limited	5116452571	20/03/2020	19/03/2021



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Community Building SINGAPORE 319194
Tel No: 1800-2519999

2 of 3
Report No. T/20201207/2171

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MARDZUKI BIN SAHARI	ID No.	S9741310Z
Related Vehicle	FBP3620H (Motorcycle)	Contact No.	90614617
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 06.12.2020 at about 1618hrs, I was riding my motorcycle bearing registration of FBP3620H along Steven Road towards Orchard Road on the second lane.

While I was riding my said vehicle, one vehicle bearing registration of SJM151K, colour: White, Brand: BMW from the first lane make a turn without signal and hit onto my said vehicle. After which I fall from my said vehicle. I make a check on my said vehicle and there is a dented right side. There is an injury on left and right arm and my right leg.

Neither traffic police nor ambulance at scene. We did exchange particulars. I am lodging this report for insurance claims.

I proceed to Tan Tock Seng Hospital to make a check and I was given 3 days of medical leave which dated from 06.12.2020 to 08.12.2020.

**SINGAPORE
POLICE FORCE**

T/20201207/2171

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 3

Report No. T/20201207/2171

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:
E /
Staff Sgt NUR FHADILAH BINTE MOHD
KHALID

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/12/2020 21:28

Classification Of Case:



SIGNATURE