

# 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 ..... 21/12/2020 18:28 (SGT)  
Date of Accident ..... 18/12/2020 21:30 (SGT)  
Exact Location of Accident ..... #01-580 Ridout Rd, Tea Garden, Singapore 149066  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBL9277Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD AZLAN BIN SUPARMAN  
NRIC No ..... SXXXX374J  
Email Address ..... superb0191@gmail.com  
Mobile Phone No ..... (Phone) +65-97345436  
Alternative Phone No ..... +65-97345436

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Mt-03  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
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 ..... 5100414118-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD AZLAN BIN SUPARMAN  
NRIC No ..... SXXXX374J  
Date Of Birth ..... 31/03/1991  
Occupation ..... Outdoor

Date Of Driving Pass .....	23/03/2017
Driving experience .....	3 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97345436
Alt. Phone Number .....	+65-97345436
Email Address .....	superboi91@gmail.com
Address .....	BLK 404 CHOA CHU KANG AVENUE 3
Address complement .....	#04-421
Postcode .....	680404
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	CLOUDY
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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 .....	Bukit Timah Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004629999
Alt. Police Station Phone No .....	(Fax) +65-64628933
Police Station Address .....	1 Duke Road Singapore 268914
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201219/2068

#### 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 .....	SJF4401A
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) ..... -

WITNESS DETAILS


WITNESS 1


Name ..... GINETTE  
Phone ..... (Phone) +65-84861337  
Email ..... -


**SKETCH PLAN**

**IMPORTANT NOTICE**

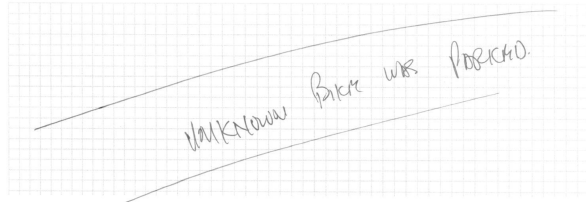
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 21/12/20  
17:57  
 Policyholder's Signature / Date & Time

 21/12/2020  
 Driver's Signature (If driver is not the policyholder) / Date & Time

 21/12/2020  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

REFER to police report 7/20/2019/2062

**Declaration**

We declare the foregoing particulars are true in every respect.

21/12/2020 18:01

21/12/2020

























**SINGAPORE  
POLICE FORCE**



T/20201219/2068

Police Station Of Origin:  
Bukit Timah N.P.C.  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

1 of 3  
Report No. T/20201219/2068

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/12/2020 15:23	Vide Report No.: E/20201218/0173	Station Diary No.: 39
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**Informant's Particulars**

Name of Informant: MUHAMMAD AZLAN BIN SUPARMAN	Address: APT BLK 404 CHOA CHU KANG AVENUE 3 #04-241 SINGAPORE 680404
ID Type / ID No.: NRIC NO / S9111374J	Contact No.: Home/Office: 97345436
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male	Age: 29
Date of Birth: 31/03/1991	Type of Informant: Vehicle Owner
Race: Javanese	Language:
Occupation: GRABFOOD DELIVERY DRIVER	Institution / School Name:
	Driving Licence Information: Class: 2B,2A
	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/12/2020 21:30	Type of Location: Car Park
Location: QUEENSWAY			
Weather: Cloudy	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle		Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL9277Y	Motorcycle				Slightly Damaged	0
SJF4401A	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20201219/2068

Police Station Of Origin:  
Bukit Timah N.P.C.  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4829999

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Report No. T/20201219/2068

CONTINUATION OF REPORT

Vehicle Owner			
Name	MUHAMMAD AZLAN BIN SUPARMAN	ID No.	S9111374J
Related Vehicle	FBL9277Y (Motorcycle)	Contact No.	97345436
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 18/12/2020 at about 2125hrs, I parked my motorbike (FBL9277Y) at the carpark of MacDonalds along Queensway. I then left and proceeded into the MacDonalds to collect the order for my Grab Delivery order.

Later at about 2130hrs, while I was inside MacDonalds, I was alerted by other Grab drivers to go and check on my motorbike as another vehicle had hit it and had already left. I then proceeded out and made a check on my motorbike. I discovered that my motorbike had toppled on the left side.

At that time, there was a witness at scene and she informed me that she had called for the traffic police. Hence, I waited for traffic police arrival and did not touch my motorbike. The witness details is Ginette, 86481337. She also had the video footage of the accident.

Upon Traffic police arrival, they did their investigations and I was given a case card with Report number E/20201218/0173. IO Sufyan (CTT: 65476390 / 98174874) and was advised to lodge a traffic accident report. I discovered that my motorbike had sustained scratches mostly on the left side of the vehicle. The left panel was cracked as well and the rear number plate is dented.

After concluding their investigations, I then returned home. Subsequently, the witness WhatsApp me the video footage of the accident. Later, I handed over the video footage of the accident to Traffic Police investigation officers. From the video, I observed that another vehicle (SJF4401A) had tried to make a right turn and during the right turn, the left side of the vehicle had collided into my motorbike, causing it to topple. Upon the collision, the vehicle did not stop but he did reverse and then drove off subsequently.

Hence, I am lodging this traffic accident report, following Traffic Police's instructions.



SINGAPORE  
POLICE FORCE



T/20201219/2068

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Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20201219/2068

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 /  
Sgt 3 LAU KOK TING

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
19/12/2020 15:23

Officer In Charge Of Case:  
TP / HRT /  
SI NOR AFFENDY BIN JAFFAR  
Contact No.: 65476368

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE