

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 08/12/2020 17:58 (SGT)
Date of Accident 13/09/2020 21:45 (SGT)
Exact Location of Accident Tampines Ave 5, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBD8074P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ISYAFIL SYAFRIN BIN KAMISAN
NRIC No SXXXX846F
Email Address syafrinisyafile@gmail.com
Mobile Phone No (Phone) +65-86996440
Alternative Phone No +65-86996440

VEHICLE PARTICULARS

Manufacturer Yamaha
Model X-1r
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 5105286936-02
Cover Note Number -

DRIVER

Name of Driver ISYAFIL SYAFRIN BIN KAMISAN
NRIC No SXXXX846F
Date Of Birth 13/07/1996
Occupation Outdoor

Date Of Driving Pass	17/05/2019
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86996440
Alt. Phone Number	+65-86996440
Email Address	syaftrinisyafil@gmail.com
Address	BLK 302B #06-188
Address complement	ANCHORVALE LINK
Postcode	542302
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 - U-Turn
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	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 POLICE REPORT T/20200922/2026

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	SML1995E
Vehicle Manufacturer	Mazda
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 ISYAFIL SYAFRIN BIN KAMISAN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? FBD8074P
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? Yes

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.

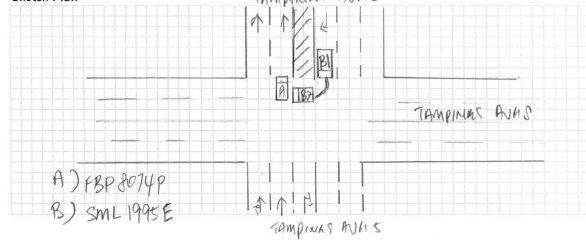
(collectively the "Purposes")

(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.

Policyholder's Signature / Date & Time: *[Signature]* 07/12/2020 03:03 PM
 Driver's Signature (If driver is not the policyholder) / Date & Time: _____
 Witnessed by Reporting Centre Personnel: *[Signature]* 07/12/2020

Sketch Plan



Describe Circumstances of the Accident

REFRAL to POLICE REPORT 7/20/2022/2026

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel





























SINGAPORE POLICE FORCE		T/20200922/2026				
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408665 Tel No: 65470000		1 of 3 Report No. T/20200922/2026				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 22/09/2020 11:25		Vide Report No.:	Station Diary No.:			
Informant's Particulars						
Name of Informant: ISYAFIL SYAFRIN BIN KAMISAN		Address: 302B ANCHORVALE LINK #06-188 ANCHORVALE COURT SINGAPORE 542302				
ID Type / ID No.: NRIC NO / S9624846F		Contact No.:	Mobile: 86996440			
Nationality: SINGAPORE CITIZEN		Home/Office:				
Sex: Male		Age: 24	Date of Birth: 13/07/1996			
Race: Javanese		Type of Informant: Rider	Institution / School Name:			
Occupation: Motorcycle delivery man		Language: English	Driving Licence Information: Class:			
			Date of Expiry:			
General Information of the Accident						
Type of Accident:	Injury Conveyed By Ambulance:	Drink Drive: No	Date/Time of Accident: 13/09/2020 21:45			
Type of Location: TAMPINES AVENUE 5						
Weather:		Road Surface: Wet	Road Speed Limit:			
Traffic Flow:		Traffic Control:	Traffic Volume:			
Type of Collision:			Anyone conveyed by ambulance: Yes			
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD8074P	Motorcycle	YAMAHA	X-1R	Black		0
SML1995E	Car					1
Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date		
FBD8074P	NTUC Income Insurance Co-Operative Limited	5105286936-02	12/08/2020	11/08/2021		

SINGAPORE POLICE FORCE

T/20200922/2026 2 of
Report No. T/20200922/2026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	ISYAFIL SYAFRIN BIN KAMISAN	ID No.	S9624846F
Related Vehicle	FBD8074P (Motorcycle)	Contact No.	86996440
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

Brief Details.
On the above mentioned date time and location.

I was at the traffic light junction at the middle lane on a red light. As soon as the traffic light turns green, I move off. I have the right of way as I was riding straight. Out of a sudden, a vehicle from the opposite traffic junction made a u-turn without checking for other oncoming vehicles and collide onto me. I fell of the bike and someone called for the ambulance. I was conveyed to the nearest hospital. That's all.

POLICE FORCE

T/20200922/2026



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No: T/20200922/2026

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: TP / MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2020 11:25
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE 