

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 Authorized 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	syafinisyafil@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 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	syafrinisyafl@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	-
Name of Driver	Private car

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

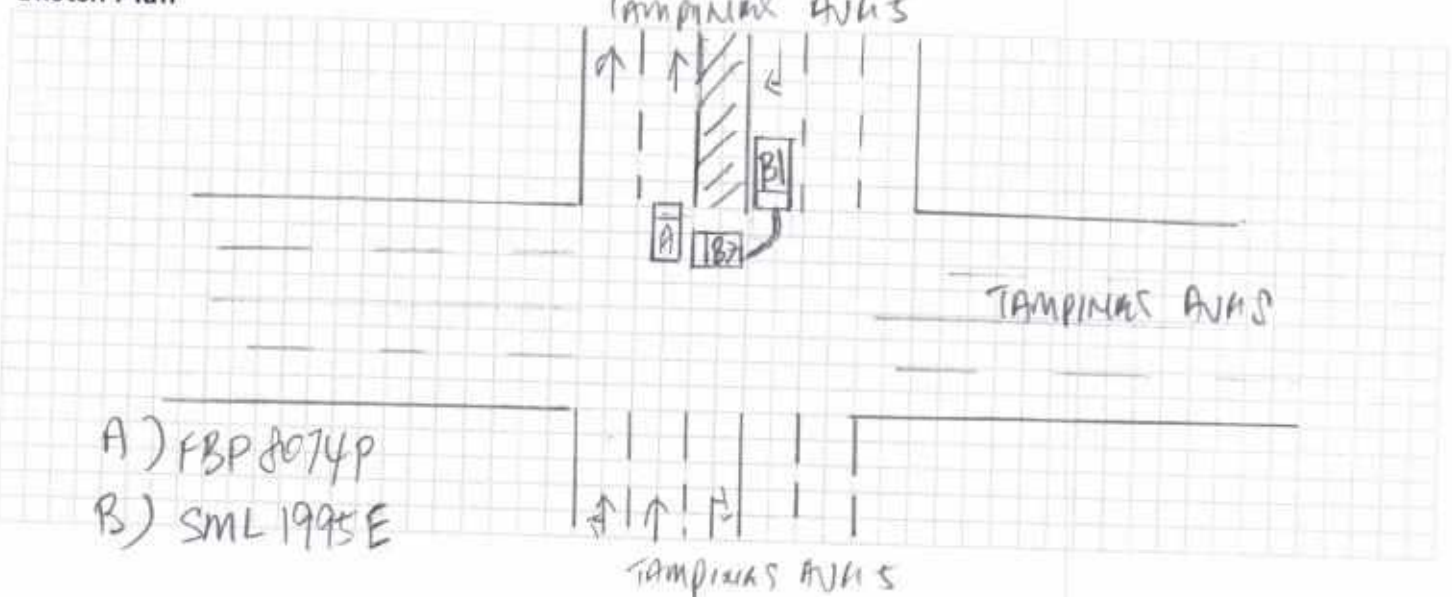
07/12/2020 03:03pm

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

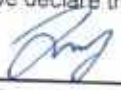


Describe Circumstances of the Accident


REFER to police report 7/20202922/2026

Declaration

We declare the foregoing particulars are true in every respect.


07/12/2020
02:03 pm
Policyholder's Signature / Date & Time

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


08/12/2020
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 09 / 2020 (DD/MM/YYYY), TIME: 21:45 (HH:MM)

LOCATION: TAMPINES AVENUE 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB08074P
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5105286936-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA X1
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: RIDING TO DESTINATION
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: ISYAFIL SYAFRIN BIN KAMISAN (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S9624846F CONTACT: 86996440
C) ADDRESS: APT BLK 302B ANCHORVALE LINK #06-19P SINGAPORE 542302

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/07/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TP HEADQUARTERS

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SML199SE MODEL: MAZDA
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: SYAFRINISYAFIL@GMAIL.COM

VIDEO



SINGAPORE POLICE FORCE



T/20200922/2026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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.:
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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.: Home/Office:	Mobile: 86996440
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 13/07/1996	Type of Informant: Rider
Race: Javanese		Language: English	Institution / School Name:
Occupation: Motorcycle delivery man		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:
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	5105286938-02	12/08/2020	11/08/2021



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

Report No. T/20200922/202

CONTINUATION OF REPORT

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

12/8/2020

Claim Handling(incident reporting: Claim Task 001 OD-MX)

Claim Handling

Accident MT/1112864

Policy No.	5105286936-02	Vehicle No.	FBD8074P	GST Registration No.
Certificate No.				
Policyholder Name	ISYAFIL SYAFRIN BIN KAMISAN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Leading
Contact No.(Mobile)	86996440	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire
Accident Details				
Report Date	08/12/2020 17:47	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/09/2020	Time of Accident hh:mm	21:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TAMPINES AVENUE 5			
Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	
Benefits				
GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				

Policyholder Mailing Address

Address 1	BLK 302B #06-188	Address 2	ANCHORVALE LINK	Address 3
Address 4	SINGAPORE 542302	Address Type	Singapore address	Post Code
Unit No.	06-188	Related Policy Number	5105286936-02	
OI Driver Info				
Driver Name	ISYAFIL SYAFRIN BIN KAMISAN	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S9624846F	Driving Experience
Register Date of Driver License	25/07/2016	Driver Age	24	Contact No.(Home)
Contact No.(Mobile)	86996440	Contact No.(Office)		Address 3
Address 1	BLK 302B #06-188	Address 2	ANCHORVALE LINK	Post Code
Address 4	SINGAPORE 542302	Address Type	Singapore address	
Unit No.	06-188			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBD8074P	Driver Insurer Com
Declaration:				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	
Modification History				

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ISYAFIL
Contact No.(Mobile)	86996440	Contact No.(Home)	
Email Address	SYAFRINISYAFIL@GMAIL.COM	Vehicle Number	FBD8074P
Claim Description	FBD8074P / SML1995E ON 13 Sept 2020		
Preferred Workshop	Not at Fault	Insured Liability	Not at Fault
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/12/2020 18:00	Claim Close Date	



Display in New Window

Scan and uploading

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="13/09/2020 17:36"/>							
Vehicle No.(For Motor)	<input type="text" value="FBD8074P"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105286936-02		ISYAFIL SYAFRIN BIN KAMISAN	S9624846F	GMC	Third Party	FBD8074P	FBD8074P	12/08/2020	11/08/2021
<input type="button" value="Continue"/>										