

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 28/12/2020 20:11 (SGT)
Date of Accident 27/12/2020 16:00 (SGT)
Exact Location of Accident Eunus Link, Singapore
Additional Location Information junction with jln eunos
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ8315M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD AFIQ BIN ALIAS
NRIC No SXXXX415D
Email Address muhammad.afiq.alias@gmail.com
Mobile Phone No (Phone) +65-90178426
Alternative Phone No +--

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb400f
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 5114342278-01
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD AFIQ BIN ALIAS
NRIC No SXXXX415D
Date Of Birth 15/10/1994
Occupation Outdoor

Date Of Driving Pass	02/08/2019
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90178426
Alt. Phone Number	+--
Email Address	muhammad.afiq.alias@gmail.com
Address	BLK 120 BUKIT BATOK CENTRAL
Address complement	#12-353
Postcode	650120
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)	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	Bukit Batok Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006659999
Alt. Police Station Phone No	(Fax) +65-64252661
Police Station Address	21 Bukit Batok East Ave 4 Singapore 659840
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201227/2090.

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	SLC9495M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD ZAIRUL BIN AR-RASHIDIN BIN GAZALEE
Contact Number	(Phone) +65-91863246

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD AFIQ BIN ALIAS
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBJ8315M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

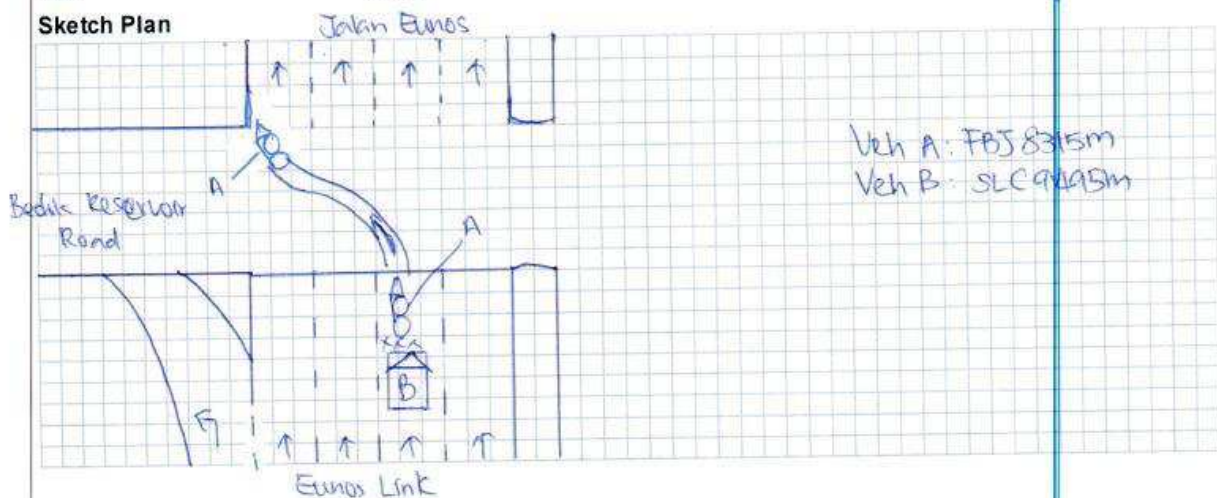
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' 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

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


Witnessed by Reporting Centre Personnel

Sketch Plan



[illegible]

We declare the foregoing particulars are true in every respect.


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

Witnessed by Reporting Centre Personnel

























**SINGAPORE
POLICE FORCE**



T/20201227/2090

1 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20201227/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2020 22:10	Vide Report No.:	Station Diary No.: 98
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Informant's Particulars

Name of Informant: MUHAMMAD AFIQ BIN ALIAS			Address: APT BLK 120 BUKIT BATOK CENTRAL #12-353 SINGAPORE 650120		
ID Type / ID No.: NRIC NO / S9437415D			Contact No.: Home/Office:		Mobile: 90178426
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 15/10/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: GRAB RIDER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/12/2020 16:00	Type of Location: T-Junction
Location: EUNOS LINK				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
FBJ8315M	Motorcycle	HONDA	CB400F MANUAL	Black	Slightly Damaged	0
SLC9495M	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ8315M	NTUC Income Insurance Co-Operative Limited	5114342278-01	23/11/2020	22/11/2021



**SINGAPORE
POLICE FORCE**



T/20201227/2090

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Report No. T/20201227/2090

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD AFIQ BIN ALIAS	ID No.	S9437415D
Related Vehicle	FBJ8315M (Motorcycle)	Contact No.	90178426
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	27/12/2020	Date Discharge	27/12/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MUHAMMAD ZAIRUL BIN AR-RASHIDIN BIN GAZALEE	ID No.	S9129455I
Related Vehicle	SLC9495M (Car)	Contact No.	91863246
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 27 December 2020 at about 1600hrs, I was riding my motorcycle bearing the registration number FBJ8315M and was travelling along Eunos link towards Jalan Eunos. While I was approaching the junction of Bedok Reservoir Road, I noticed that the traffic light had changed amber hence I applied my brakes and was coming to a stop. In a midst of stopping, a car bearing the registration number SLC9495M, failed to stop in time thus collided against the rear of my motorcycle. I surged forward and fell from my motorcycle. The driver came and render assistance. Since I did not sustain any serious injuries, ambulance was not call to scene. We exchanged particulars and thereafter left the scene. No dispute or assault took place. After which, I parked my motorcycle at the pavement as my motorcycle could not move due to the accident damage. Once I reached home, I felt aches at my lower back and lower right leg. I went to Ng Teng Feng Hospital to check on my injuries and was given 3 days medical leave. I have video footage of the accident.



**SINGAPORE
POLICE FORCE**



T/20201227/2090

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Report No. T/20201227/2090

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Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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:

J /
Sgt 3 MUHAMMAD FAZLIE BIN JOHAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/12/2020 22:10

Officer In Charge Of Case:

TP / AEIT
Sr Staff Sgt **CHONG YONG HOCK**
Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE