

# 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 ..... 29/12/2020 14:47 (SGT)  
Date of Accident ..... 23/12/2020 19:00 (SGT)  
Exact Location of Accident ..... Martin Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBF9247R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ALORIDE PTE. LTD.  
Company Reg No ..... 2XXXXX994W  
Email Address ..... misterain94@gmail.com  
Mobile Phone No ..... (Phone) +65-88915214  
Alternative Phone No ..... +65-88915214

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... YBR  
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 ..... 5113531735-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NURUDDIN BIN ZAINAL  
NRIC No ..... SXXXX121D  
Date Of Birth ..... 27/04/1994  
Occupation ..... Indoor

Date Of Driving Pass .....	15/09/2020
Driving experience .....	3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88915214
Alt. Phone Number .....	-
Email Address .....	misterain94@gmail.com
Address .....	BLK 557 WOODLANDS DRIVE 53
Address complement .....	#10-71
Postcode .....	730557
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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? .....	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 .....	Tiong Bahru Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007759999
Alt. Police Station Phone No .....	(Fax) +65-67764246
Police Station Address .....	Blk 128 Kim Tian Road #01-123/ 125 Singapore 160128
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201225/2071

#### 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 .....	SHD2623Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	NURUDDIN BIN ZAINAL
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURIES
Injured person in which vehicle? .....	FBF9247R
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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. The 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.
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.



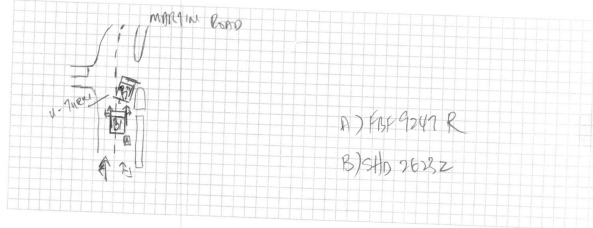
Policyholder's Signature / Date & Time

for 28/12/2020  
12:44:15

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

Witnessed by Reporting Centre Personnel

Sketch Plan




**Describe Circumstances of the Accident**

REFILL to POLICE REPORT 7/2020/225/2071 & 7/2020/226/7020

**Declaration**

I/We declare that the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time \_\_\_\_\_

Driver's Signature (if driver is not the policyholder) / Date & Time 28/12/2020  
1224hrs

Witnessed by Reporting Centre Personnel 29/12/2020



















































**SINGAPORE  
POLICE FORCE**



T/20201225/2071

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

1 of 3  
Report No. T/20201225/2071

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/12/2020 20:26 Vide Report No.: E/20201223/0153 Station Diary No.: 31

**Informant's Particulars**

Name of Informant: NURUDDIN BIN ZAINAL		Address: 31 JALAN MOLEK 3/17, TAMAN MOLEK 81100 JOHOR, MALAYSIA	
ID Type / ID No.: NRIC NO / S9414121D	Contact No.: Home/Office:	Mobile: 88915214	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 27/04/1994	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: National Service Full Time		Driving Licence Information: Class: 2B	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/12/2020 19:00	Type of Location: Straight Road
Location:  MARTIN ROAD				
Weather: night		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF9247R	Motorcycle				Seriously Damaged	0
SHD2623Z	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**

T/20201225/2071

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

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Report No. T/20201225/2071

## CONTINUATION OF REPORT

Rider			
Name	NURUDDIN BIN ZAINAL	ID No.	S9414121D
Related Vehicle	FBF9247R (Motorcycle)	Contact No.	88915214
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	23/12/2020	Date Discharge	25/12/2020
No. of Days granted Medical Leave	10	Degree of Injury	Serious

**Brief Details.**

I was driving my motorcycle V1 (FBF9247R) along Martin Road towards River valley Close on the right lane. There was a Taxi V2(SHD2823Z) who was in the middle of two lane. Without any signal, V2 suddenly turn to the right and came into my lane. I could not react to the incident and got into an accident with V2.

V1 front hit onto V2 right side. I was seriously injured and was conveyed to Singapore General Hospital. I do not have any in car camera.



SINGAPORE  
POLICE FORCE



T/20201225/2071

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Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

Report No. T/20201225/2071

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:

A /  
Sgt 2 WAYNE LIM CHEE KIAN

Signature Of Informant:

Signature Of Interpreter:

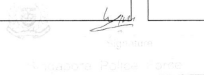
Not applicable

Date/Time:  
25/12/2020 20:26

Officer In Charge Of Case:

TP / GIT /  
Sgt 3 MUHAMMAD SYARIFUDDIN  
MUHAMMAD AJMAIN  
Contact No: 65476367Authentication Stamp  
NP168

Classification Of Case:







**SINGAPORE  
POLICE FORCE**



T/20201226/7020

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

1 of 3  
Report No. T/20201226/7020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/12/2020 16:30 Vide Report No.: Station Diary No.:

**Informant's Particulars**

Name of Informant: NURUDDIN BIN ZAINAL			Address:		
ID Type / ID No.: NRIC NO / S9414121D			Contact No.: Home/Office: Mobile: 88915214		
Nationality: SINGAPORE CITIZEN			Email: MISTERAIN94@GMAIL.COM		
Sex: Male	Age: 26	Date of Birth: 27/04/1994	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: National Service Full Time			Driving Licence Information: Class: 2B		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/12/2020 19:30	Type of Location: Straight Road
Location: MARTIN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBF9247R	Motorcycle	YAMAHA	YBR125	Red	Seriously Damaged	0
SHD2623Z	Car				Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20201226/7020

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

2 of 3  
Report No. T/20201226/7020

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	NURUDDIN BIN ZAINAL	ID No.	S9414121D
Related Vehicle	FBF9247R (Motorcycle)	Contact No.	88915214
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	23/12/2020	Date	25/12/2020
No. of Days granted Medical Leave	10	Degree of	Slight

**Brief Details.**

Amendment of the Police Report: E/20201223/0153

On 23/12/2020 at about 1930 Hrs I FBF9247R was riding along Martin Road towards River Valley Close on the most Right Lane of 2 Lane Road. Infront of me there is a Taxi SHD2623Z who traveling at middle of 2 Lane (more on the left Lane) As i was riding straight on my Lane, out of sudden the Taxi make a sharp Right turn from the left and come across to my Lane. Due to sudden movement of the Taxi, i got no time to react and collided with the Taxi. My body was thrown out from my bike and landed on the ground. My front portion hit onto the Taxi Right side portion. I wish to state that the Taxi did not signal and with out check his blind spot and recklessly making a Right turn and cause the accident. After the accident some passes by call for Ambulance and Police and i was conveyed to SGH Hospital and was given 10 days MC from 23/12/2020 to 1/1 2021.



**SINGAPORE  
POLICE FORCE**

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



T/20201226/7020

3 of 3

Report No. T/20201226/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
NUR ADELINA BINTE MOHAMMAD FUAT  
Contact No.: 65476066

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
26/12/2020 16:30

Classification Of Case: