

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 04/01/2021 11:49 (SGT)
Date of Accident 31/12/2020 11:30 (SGT)
Exact Location of Accident Jln Muhibbah, Singapore
Additional Location Information JLN MULIA JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP1636B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MOHAMAD FAIZAL BIN IDRIS
Company Reg No SXXXX385C
Email Address faizalidris48@gmail.com
Mobile Phone No (Phone) +65-84238683
Alternative Phone No +65-84238683

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Aerox
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 5107598653-01
Cover Note Number -

DRIVER

Name of Driver MOHAMAD FAIZAL BIN IDRIS
Company Reg No SXXXX385C
Date Of Birth 30/06/1983
Occupation Outdoor

Date Of Driving Pass	01/02/2007
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84238683
Alt. Phone Number	+65-84238683
Email Address	faizalidris48@gmail.com
Address	BLK 113 TAMPINES STREET 11 #04-141
Address complement	-
Postcode	521113
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	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?	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	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SMA6455Y
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN KIM SIAH
Contact Number	(Phone) +65-90222290

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 MOHAMAD FAIZAL BIN IDRIS
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? FBP1636B
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

WITNESS DETAILS

WITNESS 1

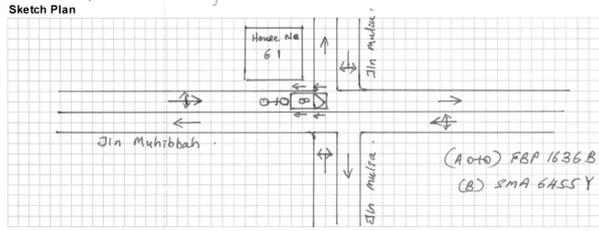
Name TAN KOK TONG
Phone -
Email sgtankoktong@gmail.com

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **reputate 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. 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 _____
 Driver's Signature (If driver is not the policyholder) / Date & Time _____
 Witnessed by Reporting Centre Personnel _____



























**SINGAPORE
POLICE FORCE**



T/20201231/2065

1 of 4

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 621109
Tel No: 1800-7819999

Report No. T/20201231/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2020 16:05	Vide Report No.:	Station Diary No.:
		9

Informant's Particulars			
Name of Informant: MOHAMAD FAIZAL BIN IDRIS		Address: APT BLK 113 TAMPINES STREET 11 #04-141 SINGAPORE 621113	
ID Type / ID No.:		Contact No.:	
NRIC NO / S8318385C		Home/Office: Mobile: 84238663	
Nationality: SINGAPORE CITIZEN			
Email: Faizalidris48@gmail.com			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	37	30/06/1983	Rider
Race:	Language:		Institution / School Name:
Malay	English		
Occupation:	Driving Licence Information:		
Maintenance officer Rider	Class: 2 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/12/2020 11:30	Type of Location: Straight Road
Location: JALAN MUHIBBAH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
FBP1636B	Motorcycle	YAMAHA	AEROX GDR155A CVT	Black	Slightly Damaged	0
SMA6455Y	Car	BMW		White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20201231/2065

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Report No. T/20201231/2065

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1636B	NTUC Income Insurance Co-Operative Limited	5107598653-01	16/02/2020	15/02/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MOHAMAD FAIZAL BIN IDRIS		ID No.	S8318385C
Related Vehicle	FBP1636B (Motorcycle)		Contact No.	84238663
Hospital/Clinic	UNITED MEDICAL PRACTITIONERS		Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	31/12/2020		Date Discharge	31/12/2020
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	Tan Kim Siah		ID No.	S7439016A
Related Vehicle	SMA6455Y (Car)		Contact No.	90222290
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 31/12/2020 at about 1115hrs, I was travelling along a single lane road of Jalan Muhibbah before the junction of Jalan Mulia. A white BMW, SMA6455Y, that was directly ahead of me came to a complete stop. Upon seeing that I happened to stop my bike at a stationary position about 1.5 car length away from the BMW. All of a sudden the white BMW engaged his reverse gear and reversed rashly into my motorbike. I tried to horn and warn him but it was to no avail. As a result the rear of the BMW collided onto the front of my motorbike. I managed to stay on the bike after the impact as the front tire of my motorbike was stuck caught under the rear bumper of the BMW. I managed to exchange particulars with the driver whom advised me to carry on with my insurance claims. I observed the white BMW to have in built CCTV cameras at the front and the rear. I was also approached by a passerby whom claimed to have captured the accident on his camera and he provided his email to follow up. His email address is Sgtankoktong@gmail.com. There was no Police or ambulance at scene and I am lodging this Police report to make insurance claims. I have sustained strains on my left knee area as a result of the accident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819989



T/20201231/2065

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Report No. T/20201231/2065

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201231/2085

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819989

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Report No. T/20201231/2085

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: G / Staff Sgt SIVA BALAN S/O CHINNAPAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/12/2020 16:05
Officer In Charge Of Case: TP / AEIT / Insp BOON YEN KIAN Contact No.: 85476172	Classification Of Case:
Authentication Stamp NP155 	