

# 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 ..... 05/01/2021 16:20 (SGT)  
Date of Accident ..... 03/01/2021 17:30 (SGT)  
Exact Location of Accident ..... Clementi Ave 6, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBH5197S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD AZHARI BIN AZMIE  
NRIC No ..... SXXXX343A  
Email Address ..... azhari.azmie@gmail.com  
Mobile Phone No ..... (Phone) +65-86605261  
Alternative Phone No ..... +65-86605261

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Fz16  
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 - Reporting only  
Vehicle Category ..... Motorcycle

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5118353133  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD AZHARI BIN AZMIE  
NRIC No ..... SXXXX343A  
Date Of Birth ..... 04/01/1994  
Occupation ..... Indoor

Date Of Driving Pass .....	17/07/2020
Driving experience .....	6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86605261
Alt. Phone Number .....	+65-86605261
Email Address .....	azhari.azmie@gmail.com
Address .....	BLK 272 TOH GUAN ROAD #03-79
Address complement .....	-
Postcode .....	600272
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 .....	Side Swipe
Weather Conditions .....	DRIZZLING
Road Surface .....	OILY

#### 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 .....	Jurong East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008999999
Alt. Police Station Phone No .....	(Fax) +65-66655791
Police Station Address .....	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210104/2073

#### 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 .....	SHC3533Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	CHAN CHANG HUI
Contact Number .....	(Phone) +65-97367311

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 ..... MUHAMMAD AZHARI BIN AZMIE  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... FBH5197S  
 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.

<p><i>[Signature]</i> 5/1/21 11:22 Policyholder's Signature / Date &amp; Time</p>	<p><i>[Signature]</i> Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p><i>[Signature]</i> 6/6/2020 Witnessed by Reporting Centre Personnel</p>
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**Sketch Plan**

**Describe Circumstances of the Accident**

*Refer to Police Report 1/2020/164/2073*

**Declaration**

We declare the foregoing particulars are true in every respect.

*[Signature]* 5/1/21 1122  
 Policyholder's Signature / Date & Time

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

*[Signature]* 05/01/2020  
 Witnessed by Reporting Centre Personnel









































**SINGAPORE  
POLICE FORCE**



T/20210104/2073

1 of 3

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20210104/2073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/01/2021 15:18	Vide Report No.:	Station Diary No.: 66
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**Informant's Particulars**

Name of Informant: MUHAMMAD AZHARI BIN AZMIE			Address: APT BLK 272 TOH GUAN ROAD #03-79 SINGAPORE 600272		
ID Type / ID No.: NRIC NO / S9400343A			Contact No.: Home/Office: Mobile: 86605261		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 04/01/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Prison officer			Driving Licence Information: Class: 2B		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/01/2021 17:30	Type of Location: Bend
Location: CLEMENTI AVENUE 6				
Weather: Drizzling		Road Surface: Oily	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH5197S	Motorcycle	YAMAHA	FZ 16	Black	Slightly Damaged	0
SHC3533Z	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH5197S	NTUC Income Insurance Co-Operative Limited	5118353133	22/07/2020	21/07/2021





POLICE FORCE



T/20210104/2073

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20210104/2073

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD AZHARI BIN AZMIE	ID No.	S9400343A
Related Vehicle	FBH5197S (Motorcycle)	Contact No.	86605261
Hospital/Clinic	HEALTHLIFE FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	03/01/2021	Date Discharge	03/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 03.01.2021 at about 5.30pm, I was travelling along AYE up to slip road to Clementi Avenue 6, while making the turn, my motorcycle fell to the side on right and hit a taxi right side. As there is oil on the road surface as it just after rain.

SINGAPORE  
POLICE FORCE

T/20210104/2073

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609982  
Tel No: 1800-8999999

3 of 3  
Report No. T/20210104/2073

## 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:  
D /  
SI NOOR SAINI BIN IBRAHIM

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/01/2021 15:18

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No.: 65476404  
Authentication Stamp  
NP168

Classification Of Case: