

## 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	21/12/2020 15:19 (SGT)
Date of Accident	20/12/2020 15:00 (SGT)
Exact Location of Accident	112 Lengkong Tiga, Block 112, Singapore 410112
Additional Location Information	BLK 112 LENGKONG TIGA
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FA4045T
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NUR SABRINA BTE ABDUL SHUKOR
NRIC No	S9503566C
Email Address	NOEMAIL@NOEMAIL.COM
Mobile Phone No	(Phone) +65-92310690
Alternative Phone No	+65-92310690

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	ADV 150
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	5120277915
Cover Note Number	15/12/2020 - 14/12/2021

#### DRIVER

Name of Driver	AHMAD ZOOHRI BIN MOHD SAAD
NRIC No	S8832658Z
Date Of Birth	08/09/1988
Occupation	Indoor

Date Of Driving Pass .....	21/05/2014
Driving experience .....	6 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91373404
Alt. Phone Number .....	-
Email Address .....	ahmad.zoohri88@gmail.com
Address .....	BLK 626 HOUGANG AVENUE 8 #02-176
Address complement .....	-
Postcode .....	530626
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	DRIZZLING
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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

#### REFER TO SKETCH PLAN

#### 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 .....	FBQ9031M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	UNKNOWN
Contact Number .....	-

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	FBQ9501Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	UNKNOWN
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SHC7157A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	UNKNOWN
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 21/12/2020 / 15:09

Report No: MT: \_\_\_\_\_

D.O.A: 20/12/2020  
Time: 15:00 hrs

Vehicle No FA4045T

Reporting Type: TP

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

21/12/20 / 15:09

Policyholder's Signature / Date & Time



21/12/20 / 15:09

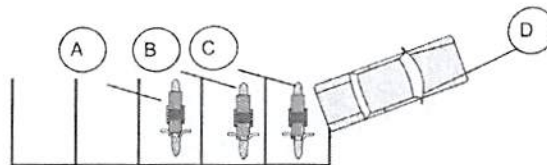
Driver's Signature (If driver is not the policyholder) / Date & Time



Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



OSCP OF BLK 112 LENGKONG TIGA

Vehicle A: FA4045T

Vehicle B: FBQ9031M

Vehicle C: FBQ9501Z

Vehicle D: SHC7157A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No.T/20201220/7024

Declaration

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

21/12/20 / 15:09

Policyholder's Signature / Date & Time

*Signature*

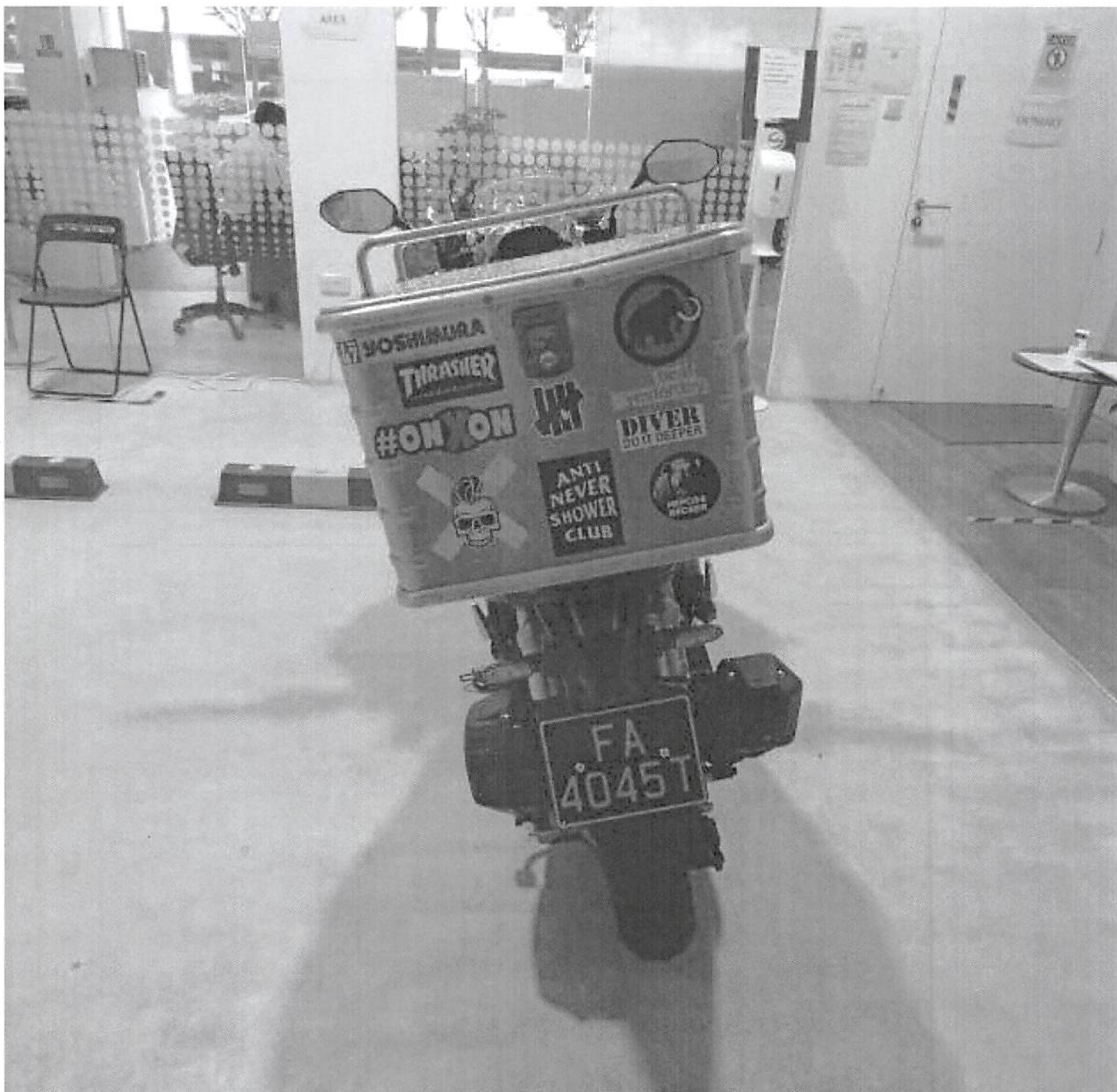
21/12/20 / 15:09

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

*Signature*

Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel

























**SINGAPORE  
POLICE FORCE**



T/20201220/7024

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

1 of 3

Report No. T/20201220/7024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/12/2020 20:58		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: AHMAD ZOOHRI BIN MOHD SAAD			Address: 626 HOUGANG AVENUE 8 #02-176 SINGAPORE 530626		
ID Type / ID No.: NRIC NO / S8832658Z			Contact No.: Home/Office: Mobile: 91373404		
Nationality: SINGAPORE CITIZEN			Email: ahmad.zoothri88@gmail.com		
Sex: Male	Age: 32	Date of Birth: 08/09/1988	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Fire-fighting and rescue officer			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/12/2020 15:00	Type of Location: Car Park
Location:  LENGKONG TIGA				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 15 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FA4045T	Motorcycle					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20201220/7024

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

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Report No. T/20201220/7024

**CONTINUATION OF REPORT**

Rider			
Name	AHMAD ZOOHRI BIN MOHD SAAD	ID No.	S8832658Z
Related Vehicle	FA4045T (Motorcycle)	Contact No.	91373404
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I happened to be on the ground floor checking on my bike. My neighbour from the 3rd floor then informed me to check on my bike as he witnessed a yellow Comfort taxi bearing license plate number (SHC7157A) reversed into the first bike (FBQ9501Z) that caused a domino effect to the right onto the 2nd bike (FBQ9031M); and lastly to my own bike (FA4045T). All three bikes sustained cosmetic damages. No person was injured.

The taxi driver left after picking up the first bike. He mentioned that two passerby assisted him with the bike.

I personally contacted Comfort taxi hotline to retrieve the plate number.

Driver did not leave any notes behind regarding the accident, claiming he had a passenger with him. In addition, he did not had any intention to return until I called Comfort Delgro and retrieve his personal mobile number.

Taxi driver insist on a private settlement but Mr. Jerome, owner of bike (FBQ9031M) and myself (FA4045T) rejected and wish to proceed for an insurance claim. Mr Hilmi, owner of (FBQ9501Z) was not present at the time of incident also wish to proceed with an insurance claim.





**SINGAPORE  
POLICE FORCE**

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



T/20201220/7024

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Report No. T/20201220/7024

**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 / TPB /  
VILTON HIA WEE SIANG  
Contact No.: 65476232

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:  
20/12/2020 20:58

Classification Of Case: