

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 14/01/2021 17:31 (SGT)
Date of Accident 24/12/2020 13:25 (SGT)
Exact Location of Accident BKE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ1006P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ABDUL HALIM BIN ABU BAKAR
NRIC No SXXXX995E
Email Address abdulhalim9092@gmail.com
Mobile Phone No (Phone) +65-91593320
Alternative Phone No +65-91593320

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Aerox
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 5111520565-01
Cover Note Number -

DRIVER

Name of Driver ABDUL HALIM BIN ABU BAKAR
NRIC No SXXXX995E
Date Of Birth 13/08/1990
Occupation Indoor

Date Of Driving Pass	29/12/2010
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-91593320
Alt. Phone Number	+65-91593320
Email Address	abdulhalim9092@gmail.com
Address	BLK 694A WOODLANDS DRIVE 62 #09-12
Address complement	-
Postcode	731694
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 - Change/cross lane
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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20201229/7053

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	GBJ3516H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TEO LIP JIN
NRIC No	SXXXX502C
Contact Number	(Phone) +65-91809187

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 ABDUL HALIM BIN ABU BAKAR
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SERIOUS INJURIES
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

WITNESS DETAILS

WITNESS 1

Name MR KHAURON
Phone (Phone) +65-85711261
Email -




WITNESS 2

Name MR WONG
Phone (Phone) +65-97361620
Email -

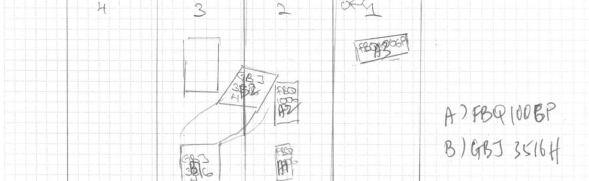
SKETCH PLAN

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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  14-06-21 14:35	Driver's Signature (If driver is not the policyholder) / Date & Time  14/6/2021	Witnessed by Reporting Centre Personnel 
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Sketch Plan



A) FBQ 100BP
B) GBJ 3516H

Describe Circumstances of the Accident


REPORT TO POLICE REPORT 2/20201229/7053

Declaration

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

 14.01.21
14:55
Policyholder's Signature / Date & Time

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

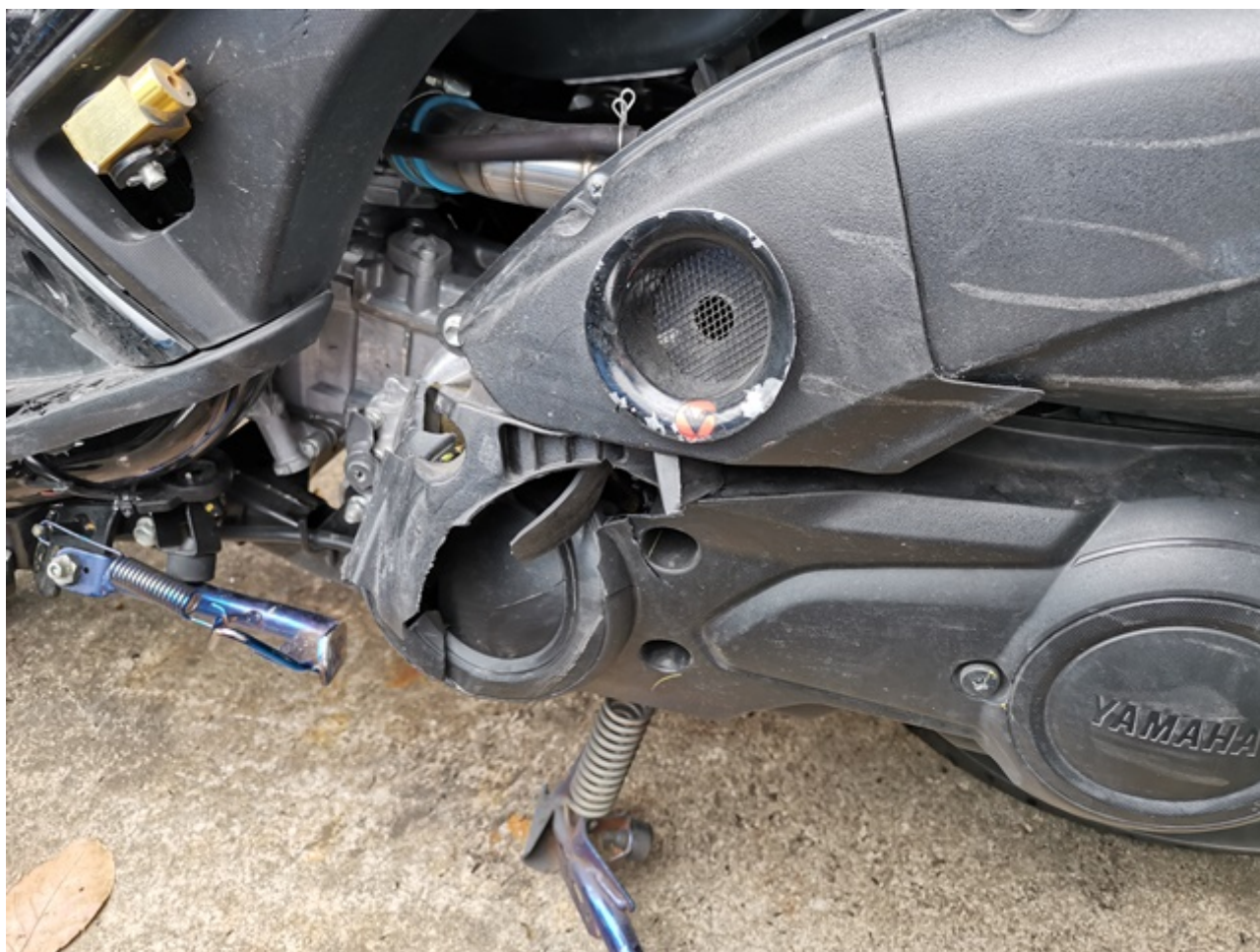
 14/01/2021
Witnessed by Reporting Centre Personnel





























**SINGAPORE
POLICE FORCE**



L/20201229/7053

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POLICE REPORT (NP299)

Report No. L/20201229/7053

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 29/12/2020 20:03	Vide Report No.	Station Diary No.
Name Of Informant ABDUL HALIM BIN ABU BAKAR	Address 694A WOODLANDS DRIVE 62 #09-12 SINGAPORE	
ID Type / ID No. NRIC NO / S9027995E	Contact No. Home/Office:	Mobile: 91593320
Nationality SINGAPORE CITIZEN	Email Address ABDULHALIM9092@GMAIL.COM	
Occupation Building maintenance worker	Sex Male	Age 30
Institution/School Name	Date of Birth 13/08/1990	Race Boyanesse
Date/Time Of Incident 24/12/2020 13:30 - 29/12/2020 19:30	Location Of Incident BUKIT TIMAH EXPRESSWAY	

Brief details.

While riding back home from work at BKE heading towards exit SLE, on 24/12/2020 13:30hrs lorry plate number GBJ3516H side sweep me from my left which resulted in an Traffic Accident where i was riding from BKE Lane 2 flung over to lane 1 of BKE expressway.
GBJ3516H was on lane 3 side sweep me from lane 2 resulted me in a bad condition at lane 1 of BKE.
There are a few witnesses for example Mr Khairon contact number: 8571 1261
& Mr Wong contact number: 9736 1620. Mr Khauron he indicate himself he was riding behind me and saw the whole event. Whereas Mr Wong has a Car Camera footage which had been submitted to the

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/12/2020 20:03
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SINGAPORE
POLICE FORCE

L/20201229/7053

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20201229/7053

traffic police on site.

The driver of the lorry GBJ3516H was driven by Mr Teo Lip Jin ic number S7818502C contact number: 9180 9187

Subjects Involved			
Suspect			
Person Name	TEO LIP JIN		
ID Type	NRIC NO	ID No	S7818502C
Gender	Male	Age	42
Race	Chinese	Language	English
Address	137 Yishun ring road #08-170		
	HDB SINGAPORE 760137		
Victim			
Person Name	ABDUL HALIM BIN ABU BAKAR		
ID Type	NRIC NO	ID No	S9027995E
Gender	Male	Age	30
Race	Boyanes	Language	English
Occupation	Building maintenance worker	Address	694A WOODLANDS DRIVE 62
			#09-12 SINGAPORE 731694
Mobile No	91593320	Is Informant A	Yes
		Victim?	
Person Name	ABDUL HALIM BIN ABU BAKAR (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:
29/12/2020 20:03

Classification Of Case: