

## 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 ..... 15/01/2021 17:13 (SGT)  
Date of Accident ..... 08/01/2021 17:15 (SGT)  
Exact Location of Accident ..... Orange Grove Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBJ3798K

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HENDRA WAHYUNI BIN ABDUL RASUL  
NRIC No ..... S9921875D  
Email Address ..... HENDRAWAHYUNI1999@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96563224  
Alternative Phone No ..... (Home) +65-96563224

#### 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 - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 135

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5118577651  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... HENDRA WAHYUNI BIN ABDUL RASUL  
NRIC No ..... S9921875D

Date Of Birth .....	27/06/1999
Occupation .....	Indoor
Date Of Driving Pass .....	20/07/2019
Driving experience .....	1 YEAR AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96563224
Alt. Phone Number .....	(Home) +65-96563224
Email Address .....	HENDRAWAHYUNI1999@GMAIL.COM
Address .....	APT BLK 112 WOODLANDS AVE 5 #01-28
Address complement .....	-
Postcode .....	739016
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 - Major/Minor Rd
Weather Conditions .....	DRIZZLING
Road Surface .....	Wet

#### 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 vehicle 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 .....	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 ATTACHED

#### 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 .....	SMU1403A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

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) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... HENDRA WAHYUNI BIN ABDUL RASUL  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... FBJ3798K  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No


**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.

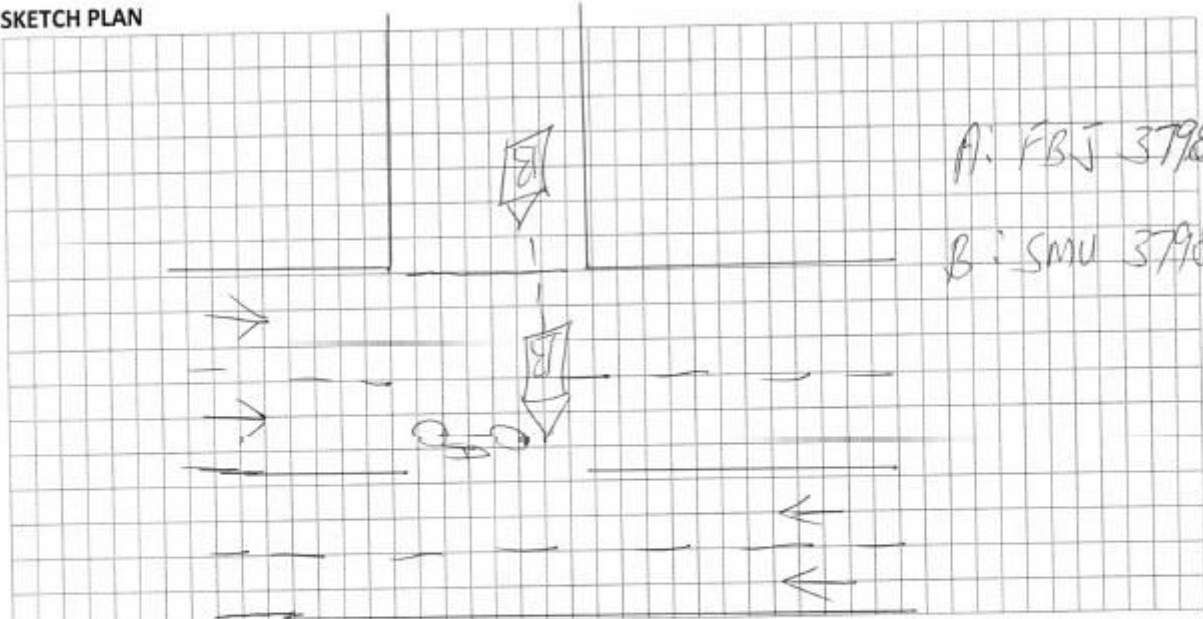
0020

X  140124  
1251 hrs  
Policyholder's Signature Date  
& Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder) Date  
& Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report T/20210108/7037

DECLARATION

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

Policyholder's Signature Date  
& Time: 140121 1251hrs

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

Reporting Centre Personnel's Signature  
Name: MACF  
NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

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**SINGAPORE  
POLICE FORCE**



T/20210108/7037

1 of 3

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

Report No. T/20210108/7037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/01/2021 20:43		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: HENDRA WAHYUNI BIN ABDUL KASUL			Address: 112 WOODLANDS AVENUE 5 #01-28 SINGAPORE 739016		
ID Type / ID No.: NRIC NO / S9921875D			Contact No.: Home/Office:		Mobile: 96563224
Nationality: SINGAPORE CITIZEN			Email: HENDRAWAHYUNI1999@GMAIL.COM		
Sex: Male	Age: 21	Date of Birth: 27/06/1999	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Despatch worker			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/01/2021 17:15	Type of Location: T-Junction
Location:  ORANGE GROVE ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBJ3798K	Motorcycle	YAMAHA	FZ 16	Black		0
SMU1403A	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210108/7037

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 108865  
Tel No: 65470000

Report No. T/20210108/7037

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ3798K	NTUC Income Insurance Co-Operative Limited	5118577651	08/08/2020	07/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HENDRA WAHYUNI BIN ABDUL RASUL	ID No.	S9921875D
Related Vehicle	FBJ3798K (Motorcycle)	Contact No.	96563224
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/01/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

## Brief Details.

On 08/01/2020 at around 1715HRS. I was working as Food Panda delivery and sending a delivery from location 19 Fernhill Crescent to a customer at 2 River Valley Close.

I was riding my motorcycle, vehicle plate bearing FBJ3798K, While I was going straight along Orange Grove Road, a vehicle (SMU1403A) turned out abruptly from Anderson Road at the T-Junction. When I saw the vehicle turning out from the minor road, I honked twice and braked immediately. However, the vehicle did not stop and carried on moving forward which resulted me in swerving to the right. However, he still continued moving forward and hit my front left hand side tyre.

I fell down on my left hand side along with my motorcycle as I was forced to dive down. There was a witness who helped me to lift up my bike and shift it to the side of the road as My leg was struck underneath my bike. My head also knocked onto the lower front of the vehicle.

I did not get hold of the witness contact as he was rushing off.

I did not feel well with the impact that happened when the vehicle banged into me. Therefore, I went to InterMedial 24 Hr Clinic to seek assistance for my injuries. I was given medication for my injuries and 3 Days MC from 08-01-2021 to 10-01-2021 (Inclusive).



**SINGAPORE  
POLICE FORCE**

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



T/20210108/7037

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Report No. T/20210108/7037

**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 /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

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:  
08/01/2021 20:43

Classification Of Case: