# **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 witholding 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 18/01/2021 17:11 (SGT) Date of Accident 18/01/2021 07:50 (SGT) Exact Location of Accident 100 Pasir Panjang Rd, Singapore 118518 Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBS6427

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MOHAMMAD KAIRUL UMAM BIN AHDON NRIC No. SXXXX921G Email Address m kairulpaduka@hotmail.com Mobile Phone No (Phone) +65-94790119 Alternative Phone No +65-94790119

### VEHICLE PARTICULARS

Manufacturer Yamaha Model NMAX 155 ABS CVT 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 Policy Number 5120460590 Cover Note Number

### DRIVER

Name of Driver MOHAMMAD KAIRUL UMAM BIN AHDON NRIC No SXXXX921G Date Of Birth 20/12/1982 Occupation Indoor

Date Of Driving Pass 12/10/2002 Driving experience 18 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-94790119 Alt. Phone Number +65-94790119 Email Address m\_kairulpaduka@hotmail.com Address BLK 36 TEBAN GARDENS ROAD #07-295 Address complement Postcode 600036 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Clementi Division Headquarters Police Station Phone No (Phone) +65-18007740000 Alt. Police Station Phone No (Fax) +65-67741705 Police Station Address 20 Clementi Avenue 5 Singapore 129858 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20210118/2110

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSJB3527ZVehicle ManufacturerHyundaiVehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of DriverYONG YEW KEENRIC NoSXXXX045C

Contact Number	(Phone) +65-97435388
Address	<del>-</del>
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 EK9988L Vehicle Manufacturer Kia Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver KATHERINE LIM Contact Number (Phone) +65-96452500 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 Address	MOHAMMAD KAIRUL UMAM BIN AHDON
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBS642Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

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7. By the fodgement 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 at oresard and consent that:

8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

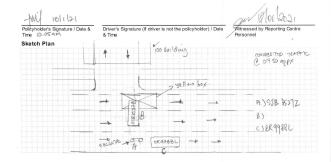
(a) bly naurer, my worknow legde, agree and consent that:

(a) bly naurer, my worknow pand the General Insurance Association of Singapore ("GNA") may/are permitted to collect, use, discloses and or process my personal datalepses and information set out in this from and any other personal information provided by me or additional personal information and consent that:

(a) bly naurer, my worknow pand the General Insurance Association of Singapore ("GNA") may/are permitted to collect, use, discloses my personal datalepses and information set out in this from and any other personal information provided by me or collectively referred to as the "Insurers"), the huseres' say wers 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 huseres' say wers always the provider of the same and the processary investigations relating to the claims;

(ii) carrying out and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(iii) arraying out and/or dealing with my claims including the settlement



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1.understand, acknowledge, agree and consent that:

(a) My Insurer, wo violation part the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal adata/personal information set out in this [form] and any other personal information provided by me obsessed by my insurer (collective) the "Personal Information" and adisclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the housers law yes referred to as the "Insurers"), the housers have held whortly of Singapore and any relevant povernment agencylauthority (such as the police), for the purpose(s) of:

(i) processing, handing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:

the claims:

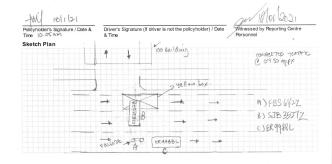
(i) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the maling of correspondine, statements, invoices, reports or notices to me, which could involve decisious of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes final packages); and/or (correctlying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

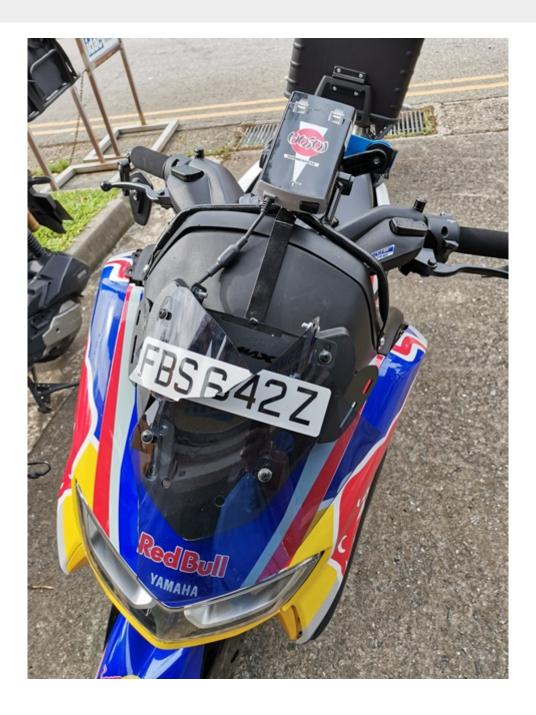
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information or one or more of the above Purposes; and (critical parts) and the providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.











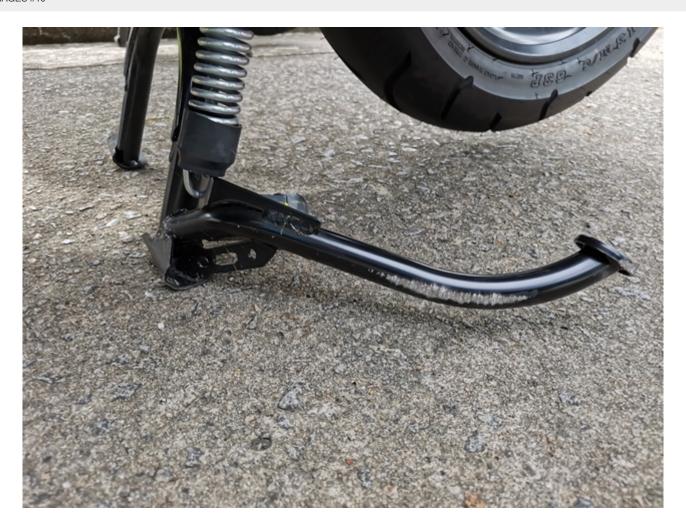


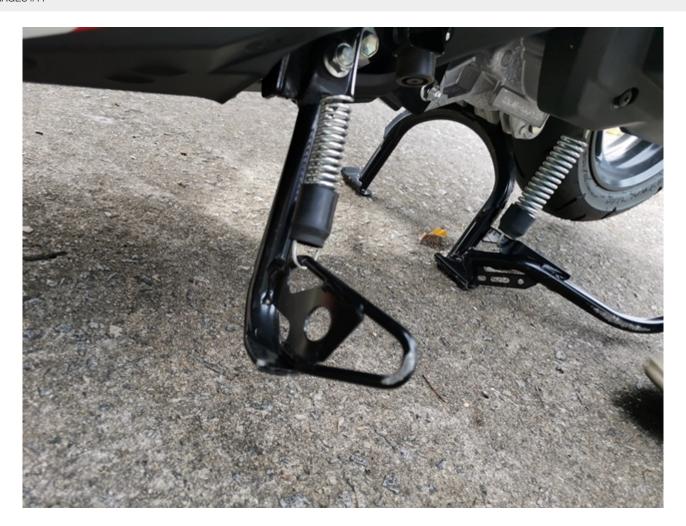


























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTR 6 Reffles Cape 1950-05 Stapper 04550 Tel (65) 6224 0010 Fax (65) 6224 0030

 $\frac{\text{IMPORTANT NOTE}}{\text{with when you submitted the Original Report.}} \cdot \text{Please submit the completed Addendum form to the } \frac{\text{same}}{\text{original Report.}} \cdot \text{Authorised Reporting Centre}$ 

	ADDENDUM
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:  Original Report No: SNO9211 1000   vehicle Registration No: FBS (W22
	Name(as shown in NRIC): MONTH MATTER (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate  (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address :
	Contact (Tel)
	Date of Accident : 180 PBSIN PROPOSE COMP
	Insurance Company:
(B)	ADDITIONAL INFORMATION / AMENDY IENTS:  I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:
	MAKK & MIDAL TO NMAX: 158 ABS CHT
	Policyholder / Driver's Signature Reporting Centre Personnel's Signature Name