

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 19/01/2021 16:38 (SGT)
Date of Accident 16/12/2020 21:25 (SGT)
Exact Location of Accident BKE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK8235E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AHMAD BIN DAHALAN
NRIC No SXXXX966D
Email Address rspu@lkkauto.com
Mobile Phone No (Phone) +65-90862076
Alternative Phone No +65-90862076

VEHICLE PARTICULARS

Manufacturer Bajaj
Model PULSAR 200 NS FI
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 ThirdPartyFireTheft
Fleet Policy No
Policy Number 5087661555-03
Cover Note Number -

DRIVER

Name of Driver AHMAD BIN DAHALAN
NRIC No SXXXX966D
Date Of Birth 24/11/1957
Occupation Indoor

Date Of Driving Pass	05/02/1986
Driving experience	34 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90862076
Alt. Phone Number	+65-90862076
Email Address	rspu@lkkauto.com
Address	BLK 125 PENDING ROAD
Address complement	#02-18
Postcode	670125
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	No Collision
Weather Conditions	AFTER RAIN
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 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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT T/20201219/2022

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	SLS8782G
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 AHMAD BIN DAHALAN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? FBK8235E
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

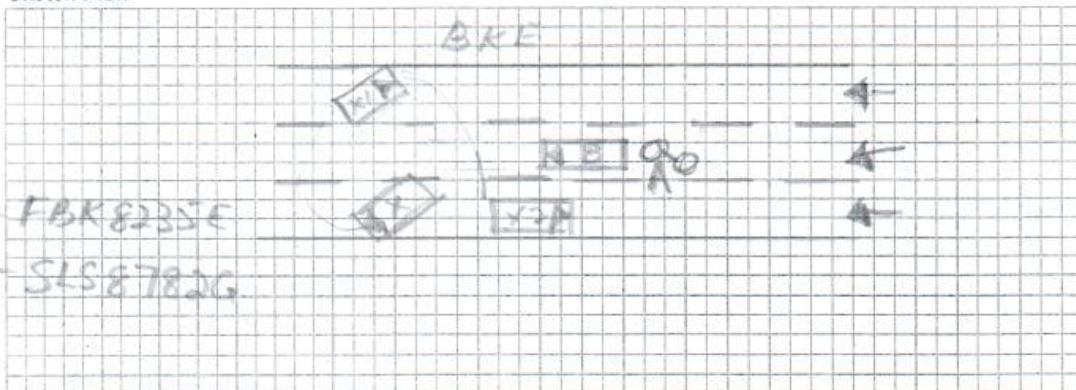
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident


Pls refer to the police report: 7/2020/219/2022

Declaration

We declare the foregoing particulars are true in every respect.

 19/01/21
Policyholder's Signature / Date &
Time

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

 19/01/21
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20201219/2022

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20201219/2022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK8235E	NTUC Income Insurance Co-Operative Limited	5087661555-03	05/02/2020	04/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AHMAD BIN DAHALAN		ID No. S1240966D
Related Vehicle	FBK8235E (Motorcycle)		Contact No. 90862076
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	16/12/2020		Date Discharge 16/12/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 16/12/2020 at about 2125hrs I was riding my motorcycle(FBK8235E) along BKE towards Bukit Panjang in the middle lane. When I was approaching a bend, the car(SLS8782G) in front of me suddenly jammed it breaks, forcing me to come to a stop too.

Since the road was wet too, when I stopped and swerved to avoid the car(SLS8782G) in front, I fell down. After the incident, the driver of the car(SLS8782G) requested for my particulars and I provided it, however, I did not ask for his particulars as I did not want to pursue the matter. Shortly after TP was also at scene.

There was no visible damage to the car(SLS8782G), my bike however, was not able to start and had to be towed. I sustained some injuries on my leg and hand, I sought medical assistance from Prohealth 24-Hour Clinic at Bangkit and received an MC from 16/12/2020 - 19/12/2020. I would like to state that I do not want to pursue this matter.





















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T/20201219/2022

1 of 3

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Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20201219/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2020 10:30	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars

Name of Informant: AHMAD BIN DAHALAN			Address: APT BLK 125 PENDING ROAD #02-18 SINGAPORE 670125	
ID Type / ID No.: NRIC NO / S1240966D			Contact No.:	Mobile: 90862076
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 63	Date of Birth: 24/11/1957	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: FACTORY WORKER		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/12/2020 21:25	Type of Location: Bend
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK8235E	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS FI	White	Seriously Damaged	0
SLS8782G	Car	SUZUKI	GRAND VITARA 2.0 5DOOR 2WD AT ABS AIRBAG	Red	No Damage	0



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T/20201219/2022

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3 of 3

Report No. T/20201219/2022

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:

J /

SC2 ATIF NAINAR HUSSAIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt ABDUL RAHIM BIN SALIM

Contact No.: 65476437

Signature Of Informant:

Date/Time:

19/12/2020 10:30

Classification Of Case:

Authentication Stamp

NP168