

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 26/01/2021 12:50 (SGT)
Date of Accident 20/01/2021 17:15 (SGT)
Exact Location of Accident Boon Lay Way, Singapore
Additional Location Information TOWARDS COMMONWEALTH AVENUE WEST
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN4064S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SYUKRI BIN RAMLEE
NRIC No SXXXX580Z
Email Address SYUKRI.RAMLEE.96@GMAIL.COM
Mobile Phone No (Phone) +65-97238261
Alternative Phone No +65-97238261

VEHICLE PARTICULARS

Manufacturer Ktm
Model 200
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 5118820906
Cover Note Number -

DRIVER

Name of Driver SYUKRI BIN RAMLEE
NRIC No SXXXX580Z
Date Of Birth 12/03/1996
Occupation Outdoor

Date Of Driving Pass	11/09/2018
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97238261
Alt. Phone Number	+65-97238261
Email Address	SYUKRI.RAMLEE.96@GMAIL.COM
Address	BLK 501 JURONG WEST STREET 51 #03-249
Address complement	-
Postcode	640501
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	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 POLICE REPORT T/202100121/7025

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	YL6412X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 SYUKRI BIN RAMLEE
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained ABRASION, SHOULDER DISLOCATION
Injured person in which vehicle? FBN4064S
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN**IMPORTANT NOTICE**

- 1) Please report **correctly** the details of the accident to speed up the claims process.
- 2) This Form must be **completely 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 fact 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 as investigation.**
- 6) The 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 lodgment of this report to 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.


Policyholder's Signature
Date & Time:

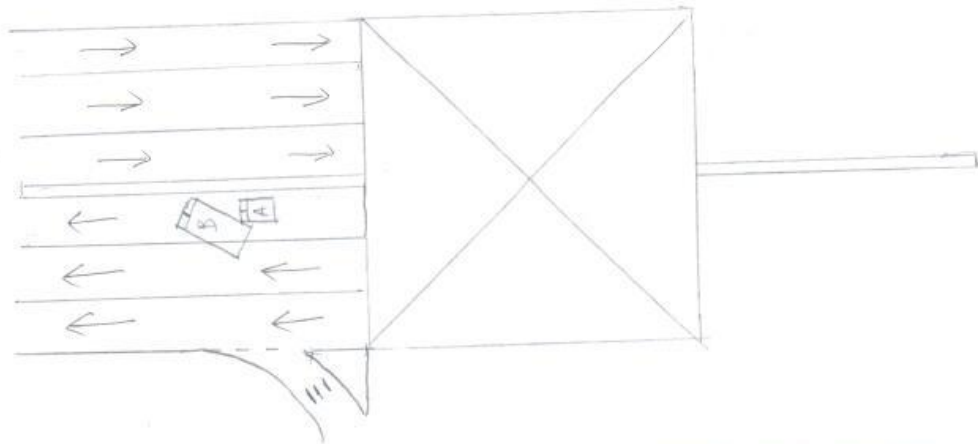

Driver's Signature
(If driver is not policyholder)
Date & Time:


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

SKETCH PLAN

A-FBN4064S

B-YL6412X



Refer to police report number : T/20210121/7025

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

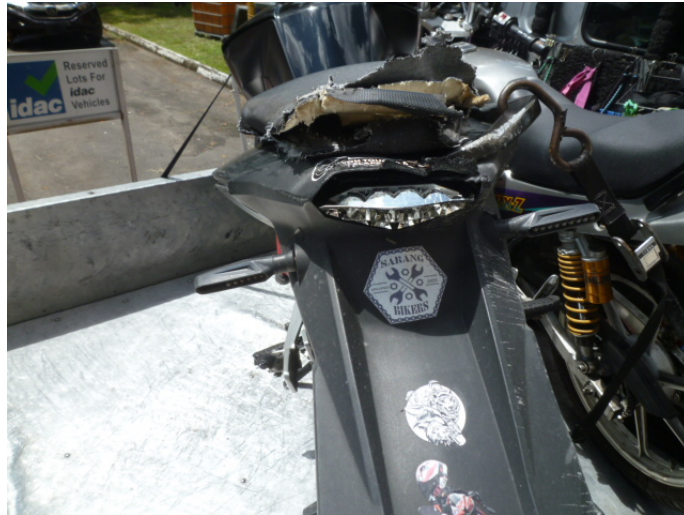




























**SINGAPORE
POLICE FORCE**



T/20210121/7025

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

1 of 3

Report No. T/20210121/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2021 18:50		Vide Report No.: J/20210120/0111	Station Diary No.:
Informant's Particulars			
Name of Informant: SYUKRI BIN RAMLEE		Address: 501 JURONG WEST STREET 51 #03-249 SINGAPORE 640501	
ID Type / ID No.: NRIC NO / S9608580Z		Contact No.: Home/Office: Mobile: 97238261	
Nationality: SINGAPORE CITIZEN		Email: SYUKRI.RAMLEE.96@GMAIL.COM	
Sex: Male	Age: 24	Date of Birth: 12/03/1996	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Production engineering technician		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/01/2021 17:15	Type of Location: Straight Road
Location: BOON LAY WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN4064S	Motorcycle	KTM	200 DUKE	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN4064S	NTUC Income Insurance Co-Operative Limited	5118820906	26/08/2020	25/08/2021



**SINGAPORE
POLICE FORCE**



T/20210121/7025

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

2 of 3

Report No. T/20210121/7025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SYUKRI BIN RAMLEE	ID No.	S9608580Z
Related Vehicle	FBN4064S (Motorcycle)	Contact No.	97238261
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	20/01/2021	Date	21/01/2021
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On the stated time and date, I was traveling along Boon Lay Way (towards Commonwealth Ave West) after Pioneer North Road. I was traveling along the first lane. Suddenly a lorry bearing plate number YL6412X filtered into my lane. The ride side of the lorry hit my motorcycle. The impact caused me to lose my balance and hit the kerb and fell. I was conveyed to Ng Teng Hospital and was hospitalised for 1 night. I was given 7 days MC and have to follow up on the 27th of January.



**SINGAPORE
POLICE FORCE**



T/20210121/7025

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

3 of 3

Report No. T/20210121/7025

CONTINUATION OF REPORTSketch 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 /
ABDUL RAHIM BIN SALIM
Contact No.: 65476437

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:
21/01/2021 18:50

Classification Of Case: