

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 27/01/2021 17:21 (SGT)
Date of Accident 15/01/2021 15:00 (SGT)
Exact Location of Accident Yio Chu Kang, Singapore
Additional Location Information SLIP ROAD TOWARDS BUANGKOK GREEN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FF2402H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AIZAT BIN KAMISLAN
NRIC No SXXXX664D
Email Address jxiika97@gmail.com
Mobile Phone No (Phone) +65-81544925
Alternative Phone No +65-81544925

VEHICLE PARTICULARS

Manufacturer Yamaha
Model RXZ
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 ThirdParty
Fleet Policy No
Policy Number 5115925646
Cover Note Number -

DRIVER

Name of Driver AIZAT BIN KAMISLAN
NRIC No SXXXX664D
Date Of Birth 04/07/1990
Occupation Outdoor

Date Of Driving Pass	15/03/2014
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81544925
Alt. Phone Number	+65-81544925
Email Address	jxiika97@gmail.com
Address	BLK 133 YISHUN STREET 11 #01-199
Address complement	-
Postcode	760133
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 - Head to Rear
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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210116/2024

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	SKE4034U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JEROME DASHWIN DASS
NRIC No	SXXXX136J

Contact Number	(Phone) +65-92777548
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

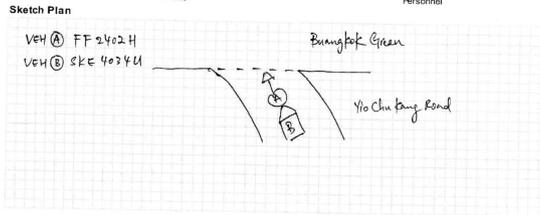
Name of injured person	AIZAT BIN KAMISLAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FF2402H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

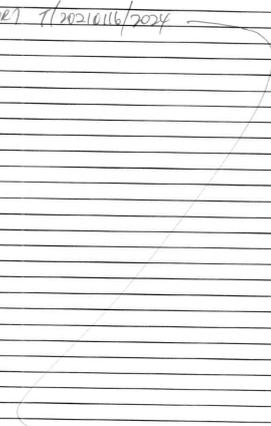
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand,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

I, vehicle A, stationary at give way line along slip road of The Clun King Road
towards Bunyok Green, vehicle B collided into my rear.
POLICE REPORT T/20210116/2021



Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel







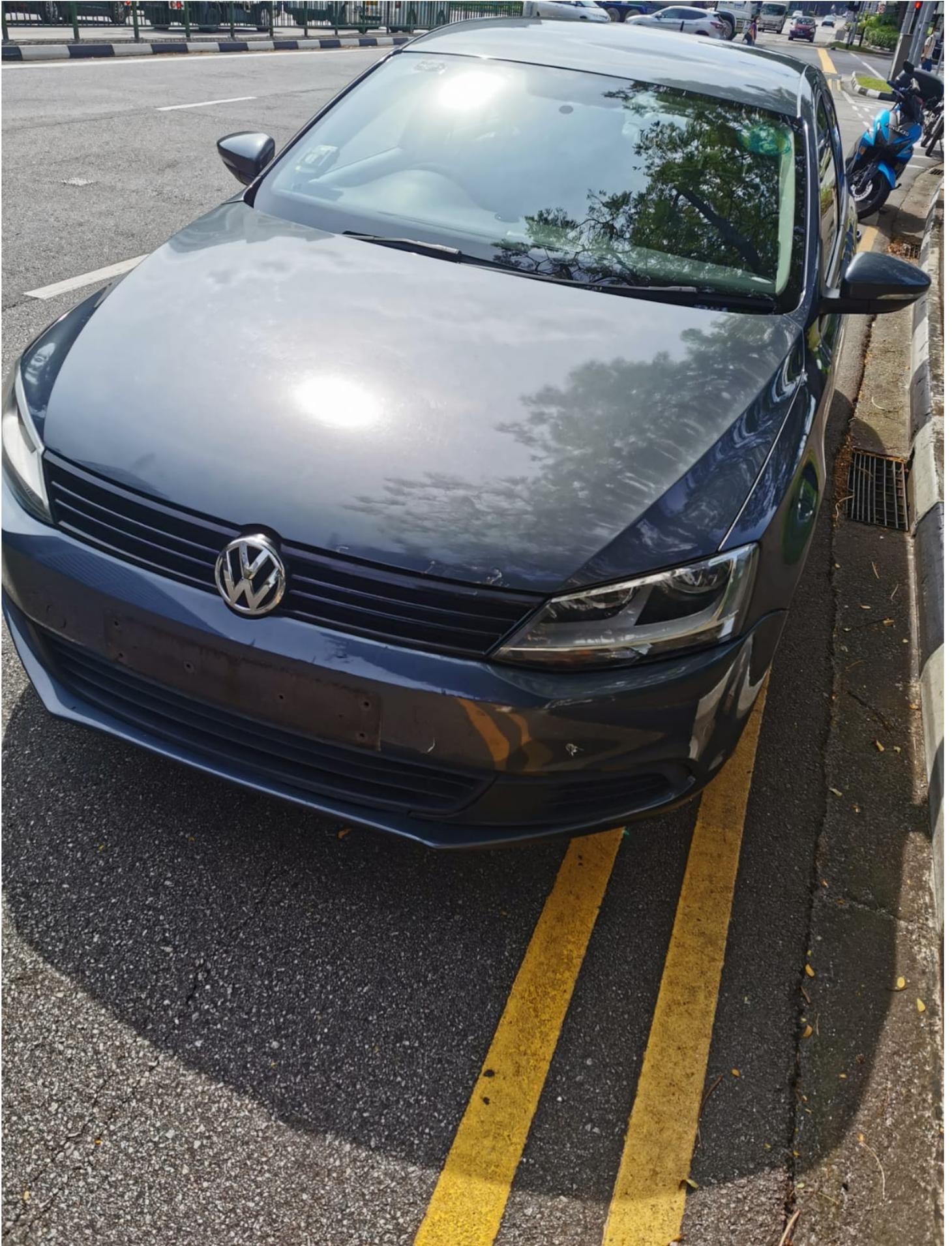


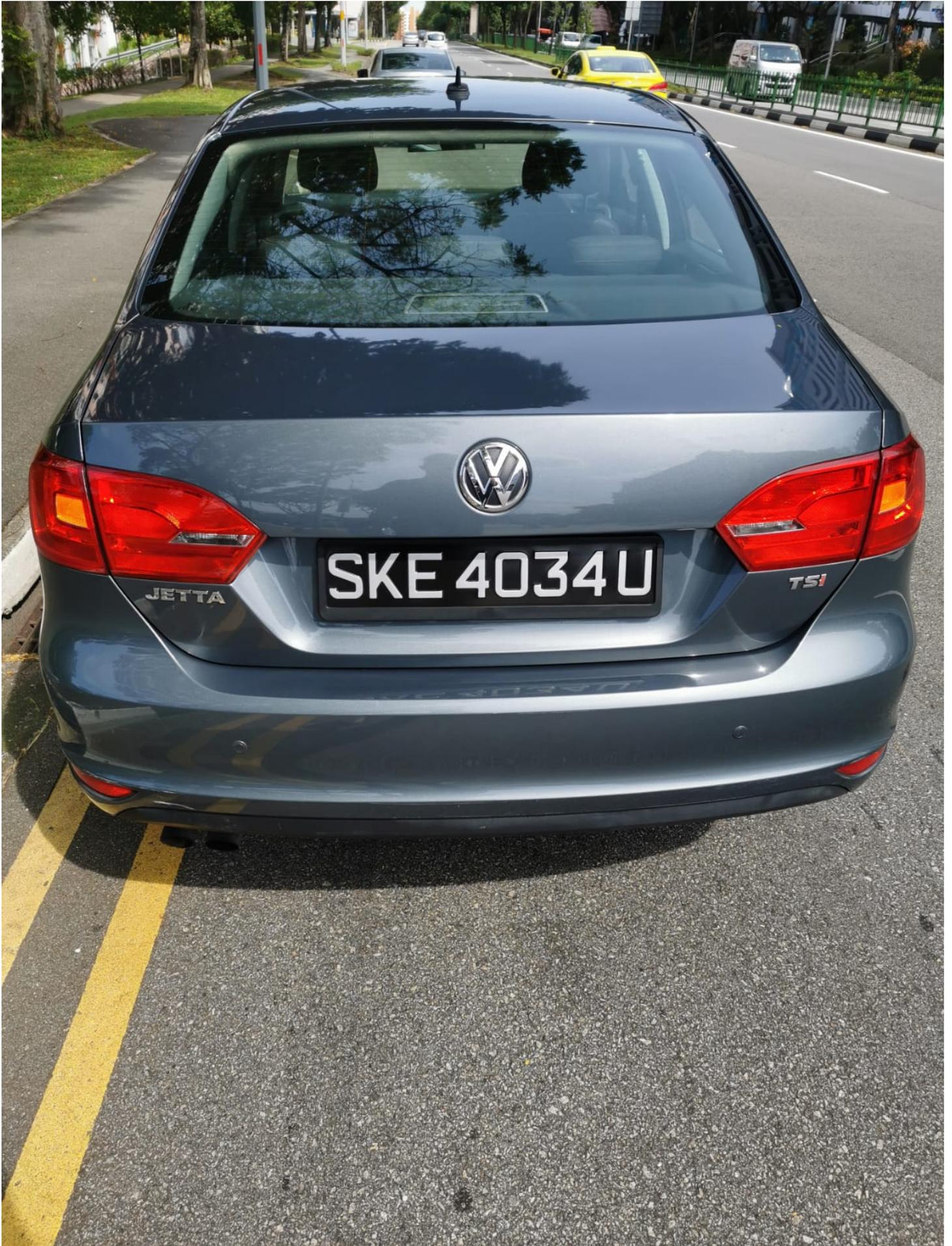








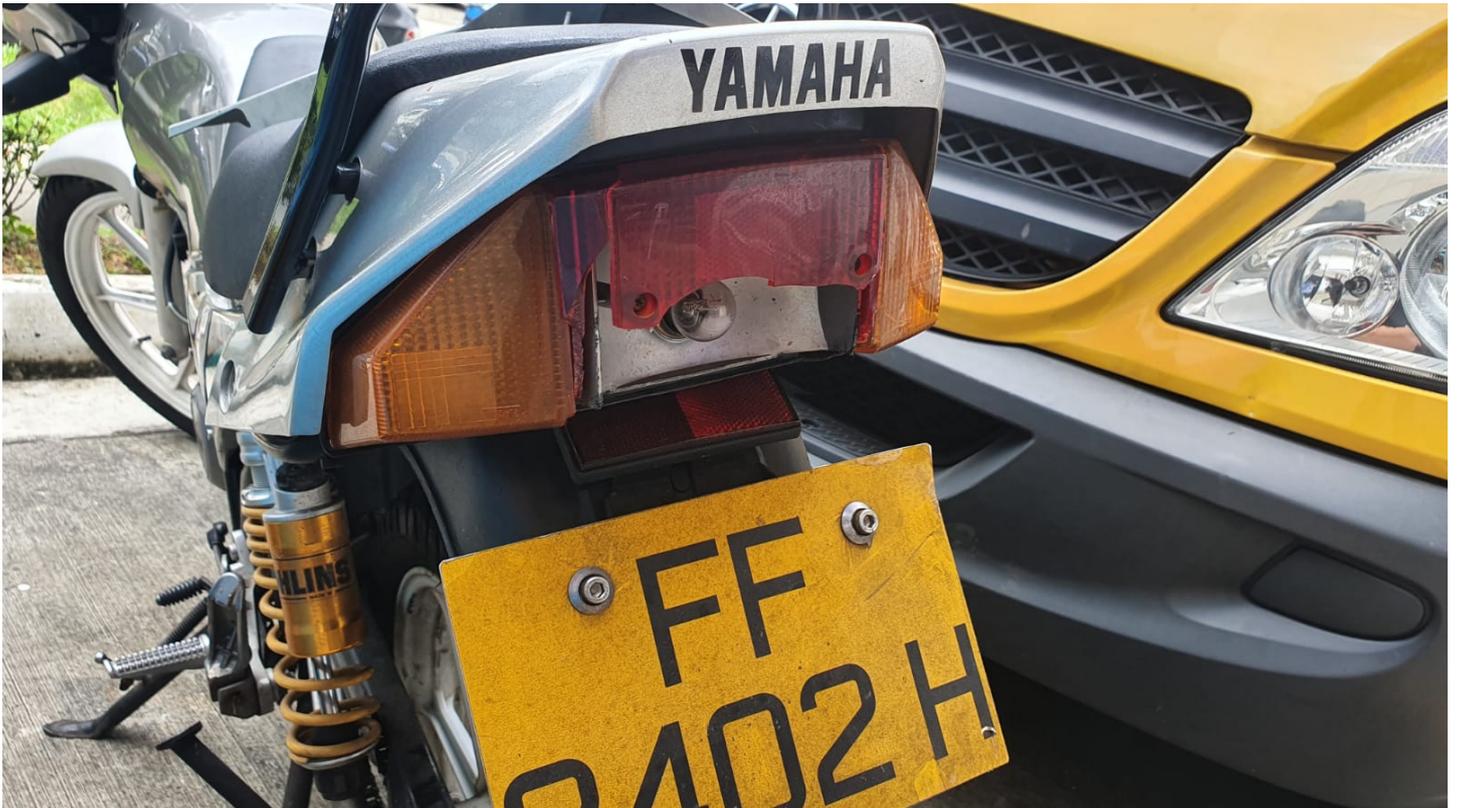
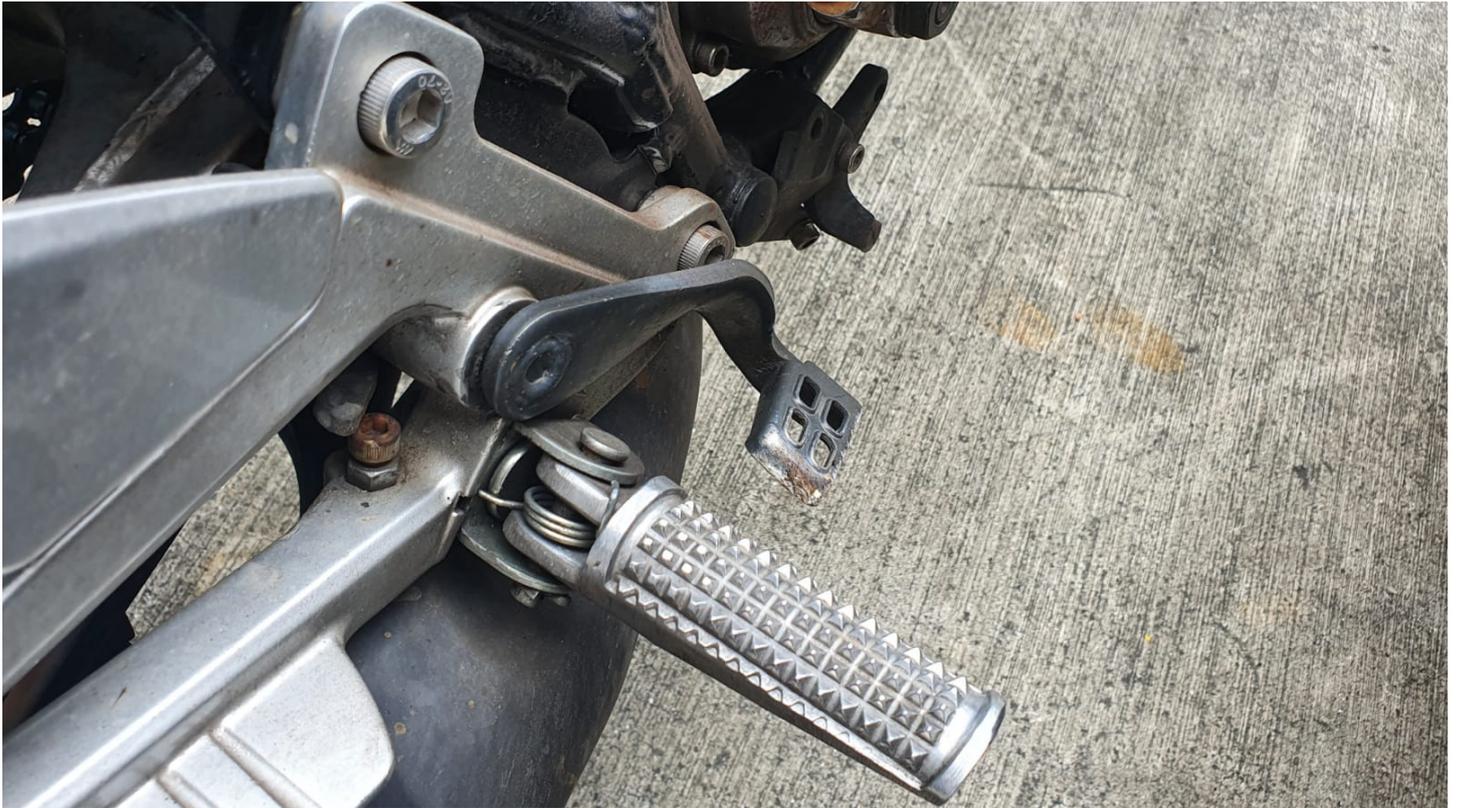




















**SINGAPORE
POLICE FORCE**



T/20210116/2024

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3
Report No. T/20210116/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2021 09:40	Video Report No.:	Station Diary No.:
		21

Informant's Particulars

Name of Informant: AIZAT BIN KAMISLAN		Address: APT BLK 133 YISHUN STREET 11 #01-199 SINGAPORE 780133	
ID Type / ID No.:		Contact No.:	
NRIC NO / S9023664D		Home/Office: Mobile: 81544925	
Nationality: SINGAPORE CITIZEN			
Sex: Male	Age: 30	Date of Birth: 04/07/1990	Type of Informant: Rider
Race: Boyanese		Language:	Institution / School Name:
Occupation: BUS CAPTAIN		Driving Licence Information: Class: 2B,3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/01/2021 15:00	Type of Location: Slip road
Location: YIO CHU KANG ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FF2402H	Motorcycle	YAMAHA	RXZ	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FF2402H	NTUC Income Insurance Co-Operative Limited	5115925646	02/02/2020	27/05/2021



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Report No. T/20210116/2024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AIZAT BIN KAMISLAN	ID No.	S9023664D
Related Vehicle	FF2402H (Motorcycle)	Contact No.	81544925
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	15/01/2021	Date Discharge	16/01/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 15/01/2021 at about 1500hrs, I was riding my vehicle "FF2402H" travelling along Yio Chu Kang road towards Buangkok green .

At the slip road after the zebra crossing, my vehicle was stationary as I was waiting for oncoming traffic. Suddenly, a vehicle collided into me from the rear.

I only managed to get the driver's particulars as " Jerome Dashwin Dass, S9340136J, HP: 92777548". I was then conveyed to Sengkang General Hospital by the ambulance.

I gotten 5 days MC from Sengkang General Hospital from 15/01/2021 to 19/01/2021.



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31 Yishun Central SINGAPORE 768827
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T/20210116/2024

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Report No: T/20210116/2024

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: L / Sgt 1 LOE YU HAO 	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/01/2021 09:40
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOOR HIDAYAH BINTE ABDULLAH Contact No: 65478251 Authentication Stamp NP168 	Classification Of Case: SN 085
 Signature: Singapore Police Force	