

## 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 ..... 22/01/2021 09:17 (SGT)  
Date of Accident ..... 29/12/2020 06:00 (SGT)  
Exact Location of Accident ..... 267 Compassvale Link, Singapore 540267  
Additional Location Information ..... 267 COMPASSVALE LINK MSCP 1ST DECK LOT 12  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBN8781D

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ABDUL WAHAB BIN RIDEWI  
NRIC No ..... S1813029G  
Email Address ..... bad.osairis67@gmail.com  
Mobile Phone No ..... (Phone) +65-92269078  
Alternative Phone No ..... +65-91804994

#### VEHICLE PARTICULARS

Manufacturer ..... Ktm  
Model ..... 1290  
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 ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5120355914  
Cover Note Number ..... 26/12/2020 - 25/12/2021

#### DRIVER

Name of Driver ..... ABDUL WAHAB BIN RIDEWI  
NRIC No ..... S1813029G  
Date Of Birth ..... 08/01/1967  
Occupation ..... Indoor

Date Of Driving Pass .....	21/12/1993
Driving experience .....	27 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-92269078
Alt. Phone Number .....	+65-91804994
Email Address .....	bad.osairis67@gmail.com
Address .....	BLK 267A #15-75
Address complement .....	COMPASSVALE LINK
Postcode .....	541267
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	SHELTERED
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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 .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

#### 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 .....	FBD9392P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	UNKNOWN
Contact Number .....	-

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 21/01/2021 / 17:55

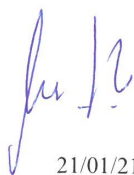
Report No: MT/ \_\_\_\_\_

D.O.A: 29/12/2020Time: 06:00 hrsVehicle No: FBN8781D Reporting Type: \_\_\_\_\_**SKETCH PLAN****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. 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 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.



21/01/21 / 17:55

Policyholder's Signature / Date &amp; Time

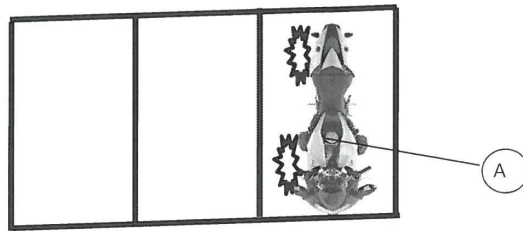
21/01/21 / 17:55

Driver's Signature (If driver is not the policyholder) / Date &amp; Time


THOMAS CHEN (S098890)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel

**SKETCH PLAN**



267 COMPASSVALE LINK MSCP 1ST DECK LOT 12

**Vehicle A: FBN8781D**

**Vehicle B: FBD9392P**

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

REFER TO POLICE REPORT.

**Declaration**

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

A handwritten signature in blue ink, appearing to be 'LH'.

21/01/21 / 17:55

Policyholder's Signature / Date & Time

21/01/21 / 17:55

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

A handwritten signature in blue ink, appearing to be 'THOMAS CHEN'.

THOMAS CHEN (S098890)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel



























# SINGAPORE POLICE FORCE



F/20201229/2073

1 of 2

## POLICE REPORT (NP299)

Report No. F/20201229/2073

Police Station Of Origin  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Call time on 17-26, 30/12  
Sgt Raudan  
to amend  
the let

Date/Time Report Made 29/12/2020 19:04		Vide Report No.		Station Diary No. 130	
Name Of Informant ABDUL WAHAB BIN RIDEWI		Address APT BLK 267A COMPASSVALE LINK #15-75 SINGAPORE 541267			
ID Type / ID No. NRIC NO / S1813029G		Contact No. Home/Office Mobile 92269078			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Other administrative and related associate professionals nec		Sex Male	Age 53	Date of Birth 08/01/1967	Race Boyanesse
Institution/School Name		Language			
Date/Time Of Incident 28/12/2020 18:00 - 29/12/2020 06:00		Location Of Incident 267 COMPASSVALE LINK COMPASSVALE ARCADIA SINGAPORE 540267 first deck, lot 14			

### Brief details.

I am the owner of a motorcycle FBN8781D, a KTM SuperDuke GT1290, orange in color.

I parked my bike at the first deck, lot 14, on the 28/12/2020 at about 1800hrs. Everything was in order when I left my bike. On the next day at about 0600hrs, when I was about to leave for work, I saw

Signature Of Officer Recording The Report: F / Sgt 3 MUHAMMAD HAIKAL BIN LATIFF	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/12/2020 19:04
Officer In-Charge Of Case: F / Sengkang N.P.C / SI MUHAMMAD REMIE BIN HAMZAH Contact No.: 63438999	Classification Of Case:

Authentication Stamp









**SINGAPORE  
POLICE FORCE**



F/20201229/2073

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

**Report No. F/20201229/2073**

scratches on the right side panel of my bike. Both my side mirrors were also adjusted. I wish to state that it requires some effort to move the side mirrors. Before moving off, I readjusted the mirrors and now the mirrors are very loose.

The cost of repair for the side panel will be about \$1800 and the side mirrors will be about \$500.

There is also CCTV at the said location and I think it is pointing towards the motorcycle area. I do not have suspect in mind and I do not have any disputes with any one. I have stayed at the stated area for the past 7 years and this is the first time such incident happened.

Signature Of Officer Recording The Report:  
F / Sgt 3 MUHAMMAD HAIKAL BIN LATIFF

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Sengkang N.P.C /  
SI MUHAMMAD REMIE BIN HAMZAH  
Contact No.: 63438999

Signature Of Informant:

Date/Time:  
29/12/2020 19:04

Classification Of Case:

Authentication Stamp

