# **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.

- 4. The issue and acceptance of this is form by instrained 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 05/02/2021 10:34 (SGT) Date of Accident 02/02/2021 22:15 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information **NEAR LAMP POST (937)** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number FBC2238D

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SAIFUL MUHAMMAD SYAFIQ BIN SHAIFUL AZHAR NRIC No. SXXXX191A Email Address saifulsyafiq23@gmail.com Mobile Phone No (Phone) +65-91149357 Alternative Phone No +65-91149357

#### VEHICLE PARTICULARS

Manufacturer

Model Cb400 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 Policy Number 5097112603-03 Cover Note Number

#### DRIVER

Name of Driver SAIFUL MUHAMMAD SYAFIQ BIN SHAIFUL AZHAR NRIC No SXXXX191A Date Of Birth 23/02/1989 Occupation Indoor

Date Of Driving Pass 29/03/2014 Driving experience 6 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-91149357 Alt. Phone Number +65-91149357 Email Address saifulsyafiq23@gmail.com Address BLK 286A TOH GUAN ROAD #05-44 Address complement Postcode 610286 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 Side Swipe 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? Yes 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 Jurong East Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008999999 Alt. Police Station Phone No (Fax) +65-66655791 Police Station Address No. 92 Boon Lay Way Singapore 609962 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20210203/2083 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 **UNKNOWN** 

 Vehicle Registration Number
 UNKNOWN

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour
 White

 Vehicle Category
 Private car

 Name of Driver

 Contact Number



Address		 	 
Address complement			<del>-</del>
Postcode			 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged	in accident		 <u>-</u>
No. Of Passenger (Including			

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	UNKNOWN -
Vehicle Model Vehicle Variant	-
	-
Vehicle Colour	Red
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 Address	SAIFUL MUHAMMAD SYAFIQ BIN SHAIFUL AZHAR
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBC2238D
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.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 ree 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.
- 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 law yers/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 invoive 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, hardling 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 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date, & Time 17-10 hrs

Sketch Plan

A) FBC 2238D

B) UNKNOWN COR

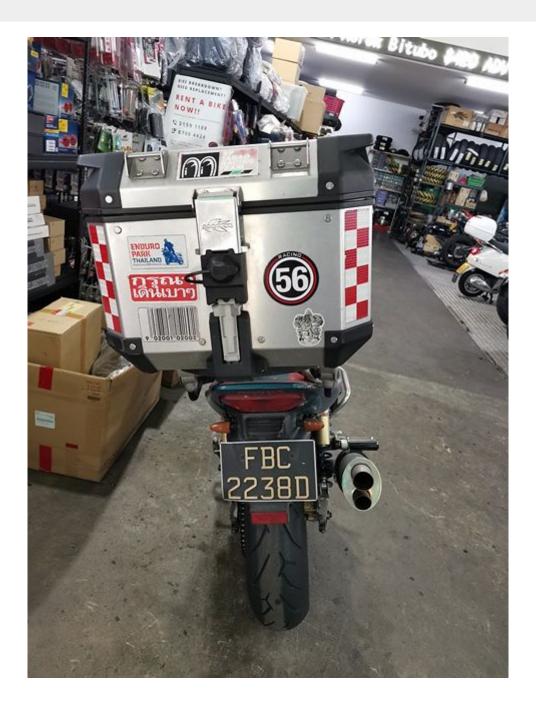
C) WIKMOWN

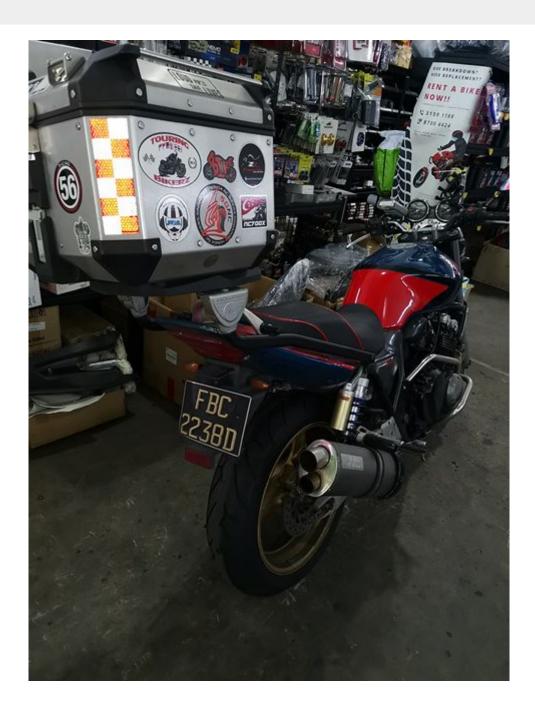
COR

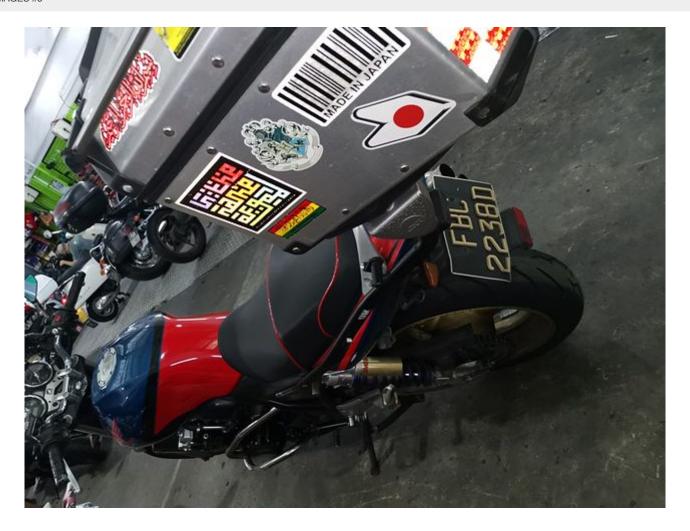
Page 4 of 24

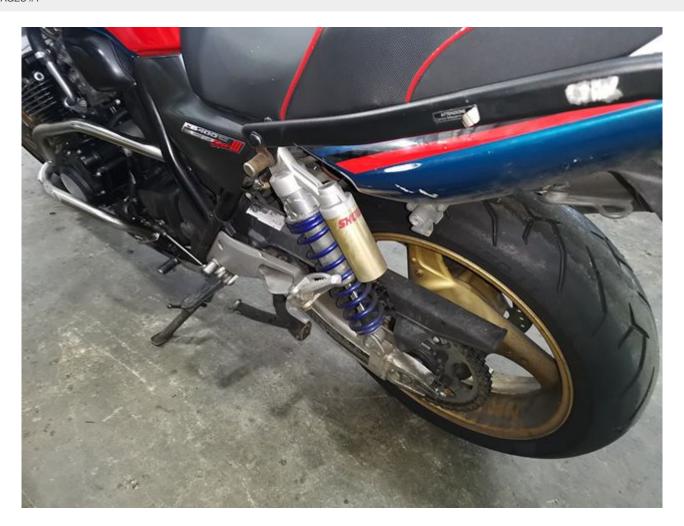
Witnessed by Reporting Centre

RESERVE TO POLICE REPORT TOOMORT	/
10 Police Rupola 7/20210203/	2083
	/
/	/
/	
aration	
ESTACO CHARTANTO ANTIGONO POR CONTROL TO	
eclare the foregoing particulars are true in every respect.	
	/ //
× 04/02/2021	NV 05/02/2021
nolder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
The state of the s	Pérsonnel











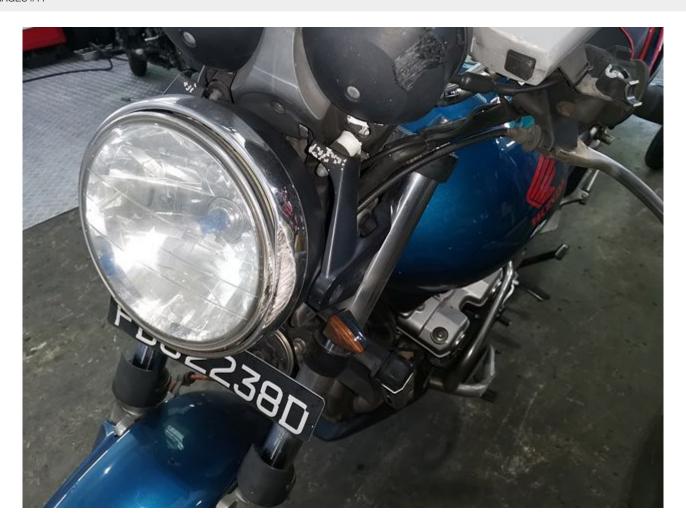






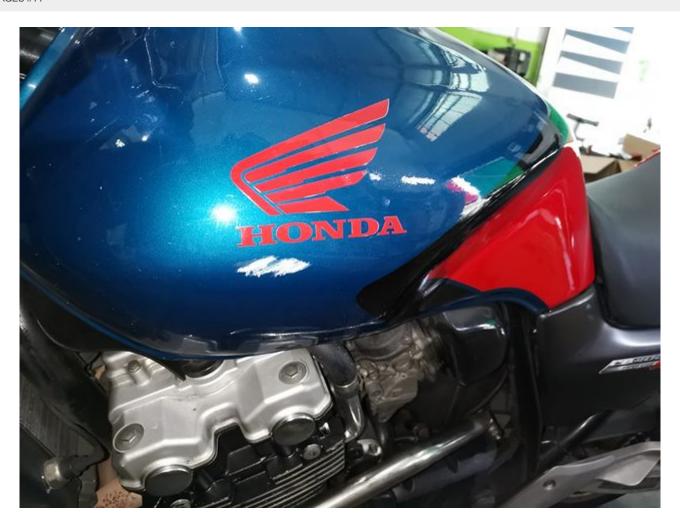


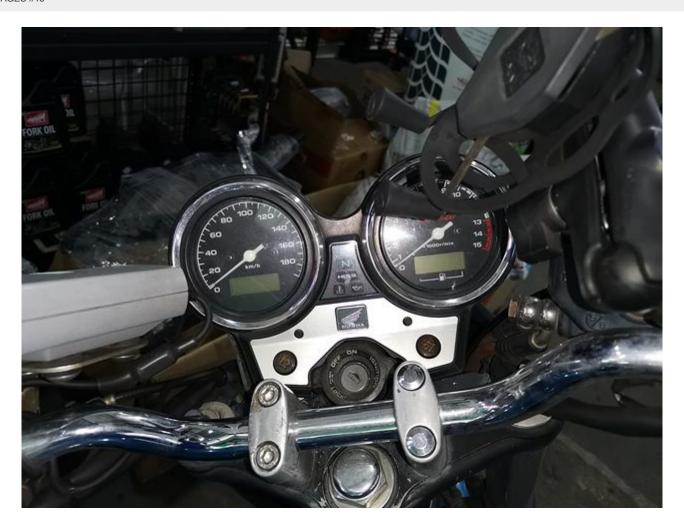
















T/20210203/2083

1 of 3

Report No. T/20210203/2083

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

REPORT OF A TRAFFIC ACCIDENT

	e Report M 21 15:06	lade:	Vide Report No.: E/20210202/0145	Station Diary No. 53
Informa	nt's Particu	ulars		
SAIFUL	Informant: MUHAMMA L AZHAR	AD SYAFIQ BIN	Address: APT BLK 286A TOH GUAN 601286	ROAD #05-44 SINGAPORE
ID Type	/ ID No.: D / S890619	91A	Contact No.: Home/Office: Mobile: 91149357	
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 23/02/1989	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupat			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/02/2021 22:15	Type of Location
Location: PAN-ISLAND Lamp Post N Weather:	EXPRESSWAY umber: 937	Road Surface:	F	Road Speed Limit:
Clear		Dry		Fraffic Volume:
Traffic Flow:		Traffic Control:	1.0	Moderate

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC2238D	Motorcycle	HONDA	CB400	Grey	Seriously Damaged	13

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBC2238D	NTUC Income Insurance Co-Operative Limited	5097112603-03	03/01/2021	02/01/2022	





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 2 of 3 Report No. T/20210203/2083

#### CONTINUATION OF REPORT

#### Brief Details.

On 02/02/2021 at about 2215hrs, I was riding my motorcycle bearing registration plate number FBC2238D along PIE towards Tuas after Stevens Road exit. I was alone and no pillion rider was with me. I was riding along the first lane.

Suddenly, I felt an impact on the rear right side of my motorcycle, which caused me to swerve my motorbike towards the left and hit onto another red vehicle. I dropped from my motorbike onto the road and rolled on the road.

I saw that it was a white car that hit onto me from the rear right, however, I did not see the registration plate number of the white car that hit onto me. I also did not see the plate number of the red car that I hit onto.

Police and ambulance arrived at the accident location. I was subsequently conveyed to Tan Tock Seng Hospital by the ambulance and given 7 days of hospitalization leave from 02/02/2021 to 08/02/2021.

My motorbike is damaged as well but I am unsure of the extent of damage.





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 3 of 3 Report No. T/20210203/2083

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: D / Sgt 3 AARON LOW ZHAO REN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/02/2021 15:06
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp  NP168  SIGNATURE	



MEDICAL CERTIFICATE	ORIGINAL TT		SH2102560	
NAME: SAIFUL MUHAMMAD SYAFIQ BIN SHAIFUL AZHAR	2	NRIC:	S8906191	

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 7 day(s) from 02-Feb-2021 to 08-Feb-2021 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 02-Feb-2021 23:24 to 03-Feb-2021 04:37

| HENG QI HUI BERNICE | Op Theatre | Signature |