

# 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 ..... 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

Vehicle Registration Number ..... FBC2238D

### INSURED/POLICYHOLDER

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

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
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 ..... No  
Policy Number ..... 5097112603-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SAIFUL MUHAMMAD SYAFIQ BIN SHAFUL 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 .....	Male
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 .....	3
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 .....	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 Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
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 .....	SAIFUL MUHAMMAD SYAFIQ BIN SHAFUL AZHAR
Address .....	-
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

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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 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  
04/02/2021  
1710 hrs

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

Witnessed by Reporting Centre Personnel  
05/02/2021

Sketch Plan

PIE MARK LAMP POST 937

A) FBC 2238D

B) UNKNOWN CAR

C) UNKNOWN CAR




## Describe Circumstances of the Accident


REFER TO POLICE REPORT 7/20210203/2083

## Declaration

We declare the foregoing particulars are true in every respect.

 04/02/2021  
Policyholder's Signature / Date &  
Time 1710 hrs

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

 05/02/2021  
Witnessed by Reporting Centre  
Personnel















































**SINGAPORE  
POLICE FORCE**



T/20210203/2083

1 of 3

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

Report No. T/20210203/2083

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/02/2021 15:06		Vide Report No.: E/20210202/0145		Station Diary No.: 53	
<b>Informant's Particulars</b>					
Name of Informant: SAIFUL MUHAMMAD SYAFIQ BIN SHAIFUL AZHAR			Address: APT BLK 286A TOH GUAN ROAD #05-44 SINGAPORE 601286		
ID Type / ID No.: NRIC NO / S8906191A			Contact No.: Home/Office: Mobile: 91149357		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 23/02/1989	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Prison officer			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

**General Information of the Accident**

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 EXPRESSWAY				
Lamp Post Number: 937				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC2238D	Motorcycle	HONDA	CB400	Grey	Seriously Damaged	0

**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



**SINGAPORE  
POLICE FORCE**



T/20210203/2083

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

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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.



**SINGAPORE  
POLICE FORCE**



T/20210203/2083

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

SN 34

SIGNATURE



MEDICAL CERTIFICATE	ORIGINAL	TTSH21025601
NAME: SAIFUL MUHAMMAD SYAFIQ BIN SHAFUL AZHAR		NRIC: S8906191A

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

03-Feb-2021  
Date

HENG QI HUI BERNICE  
(60877G)  
Issued by

Op Theatre  
Location

  
Signature