





## 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	08/02/2021 17:27 (SGT)
Date of Accident	08/02/2021 12:20 (SGT)
Exact Location of Accident	Stevens Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ4453L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ADY SURIADDY BIN ROSMAN
NRIC No	SXXXX173I
Email Address	adysuriaddyrosman@gmail.com
Mobile Phone No	(Phone) +65-88217951
Alternative Phone No	+65-88217951

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
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	5113134585-01
Cover Note Number	-

#### DRIVER

Name of Driver	ADY SURIADDY BIN ROSMAN
NRIC No	SXXXX173I

Date Of Driving Pass	25/02/2016
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-88217951
Alt. Phone Number	+65-88217951
Email Address	adysuriaddyrosman@gmail.com
Address	BLK 431C YISHUN AVENUE 1 #07-579
Address complement	-
Postcode	763431
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO SKETCH PLAN

#### 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	SMR5508X
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SORAYOS YOSYINGYONG
Contact Number	(Phone) +65-97818219
Address	-
Address complement	-
Postcode	-

Nature Of Damage	-
*Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## 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

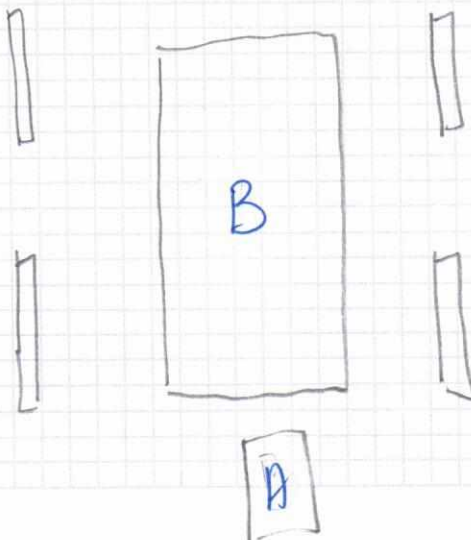
Witnessed by Reporting Centre Personnel

### Sketch Plan

A) FBQ 4453L

B) SMR 5508X

STRAITS ROAD



### Describe Circumstances of the Accident

On the date and time as stated, traffic along Stevens Road was jammed and congested.  
So all the vehicles are close to each other.  
The vehicle and me were on the 2nd lane.  
Car started off to Lane 1 halfway and turned back into Lane 2.  
Car jammed his brakes however the car brake lights did not turn on.  
I had to jam brake however distance was too close and I ended up  
hitting the rear end (slightly right) of his rear bumper.  
Car driver does not want to admit that his brake lights did not turn on.  
However stopped by the side to see his brake lights and it was not working.  
Damage to front of bike.

### Declaration

We declare the foregoing particulars are true in every respect.



08/02/2021

1:49 pm

Policyholder's Signature / Date &  
Time

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



Witnessed by Reporting Centre  
Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 02 / 2021) (DD/MM/YYYY), TIME: (12 : 20) (HH:MM)

LOCATION: Stevens Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBQ4453L  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5113134585-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: YAMAHA AEROSS  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: ADY SURIADY BIN BIN ROSMAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9624173I CONTACT: 88217957  
 c) ADDRESS: YISMUN AVENUE 1 43IC #07-579 S763431

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER  
 a) NAME: A'S ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\* d) DATE OF BIRTH: (14 / 07 / 1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25 FEB 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMR5508X MODEL: HONDA VEZEL  
 b) DRIVER'S NAME: SORAYOS YOSHINGYONG  
 c) NRIC/FIN/PASSPORT: CONTACT: 97818219

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

No of passenger  
 (including driver)  
 (1)

No of passenger  
 (including driver)  
 ( )

No of passenger  
 (including driver)  
 ( )

Email: adysuriaddyrosman@gmail.com  
 VIDEO

## Claim Handling

## Accident MT/1120437

Policy No.	5113134585-01	Vehicle No.	FBQ4453L	GST Registration No.
Certificate No.				
Policyholder Name	ADY SURIADDY BIN ROSMAN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	88217951	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

## ▼ Accident Details

Report Date	08/02/2021 17:34	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/02/2021	Time of Accident hh:mm	12:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	STEVENS ROAD			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 431C #07-579	Address 2	YISHUN AVENUE 1	Address 3
Address 4	SINGAPORE 763431	Address Type	Singapore address	Post Code
Unit No.	07-579	Related Policy Number	5113134585-01	

## ▼ OI Driver Info

Driver Name	ADY SURIADDY BIN ROSMAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9624173I	Driver DOB
Register Date of Driver License	25/02/2016	Driver Age	24	Driving Experience
Contact No.(Mobile)	88217951	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 431C #07-579	Address 2	YISHUN AVENUE 1	Address 3
Address 4	SINGAPORE 763431	Address Type	Singapore address	Post Code
Unit No.	07-579			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBQ4453L	Driver Insurer Comp.

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop  
Contact No.  
Finalisation

Yes

Insured Liability  
Preferred Repair Option

Not at Fault

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

OD-MX

Insured Name

ADY SUR

Contact No.  
(Home)

88217951

OI Vehicle Number

ADYSURIADDYROSMAN@GMAIL

FBQ4453

FBQ4453L / SMR5508X ON 8 Feb 2021

08/02/2021 17:35

Claim Close Date



Report Taken By

ROS LI WAHAB

☒ Print AK letter

Save

Submit

## Attachment

Accident No. MT/1120437 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 08/02/2021 17:38

















Path \*

Category \*

Confidential

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 17:38	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 17:38	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 17:38	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 17:38	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 17:38	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 17:36	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 17:36	Photos		Normal	Photos 2
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 17:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving L
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Feb 2021 17:35	SAS		Normal	SAS 20

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading



Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="08/02/2021 17:16"/>							
Vehicle No.(For Motor)	<input type="text" value="FBQ4453L"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113134585-01		ADY SURIADDY BIN ROSMAN	S9624173I	GMC	Third Party, Fire & Theft	FBQ4453L	FBQ4453L	05/10/2020	04/10/2021
<input type="button" value="Continue"/>										