

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 10/02/2021 15:04 (SGT)
Date of Accident 05/02/2021 12:00 (SGT)
Exact Location of Accident Woodlands Rd, Singapore
Additional Location Information TURNING RIGHT TOWARDS KJE (BKE)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBD1657D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HASHIM BIN HUSSEIN
NRIC No SXXXX812E
Email Address hashimgimau@gmail.com
Mobile Phone No (Phone) +65-90040065
Alternative Phone No +65-90040065

VEHICLE PARTICULARS

Manufacturer Yamaha
Model t135
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 5120798482
Cover Note Number -

DRIVER

Name of Driver HASHIM BIN HUSSEIN
NRIC No SXXXX812E
Date Of Birth 25/02/1947
Occupation Indoor

Date Of Driving Pass	29/01/1970
Driving experience	51 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90040065
Alt. Phone Number	+65-90040065
Email Address	hashimgimau@gmail.com
Address	BLK 4 MARSILING ROAD #06-5077
Address complement	-
Postcode	730004
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SUPARIYAH BINTE SALAMAT
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210205/2127

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	SMN6040S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ALEX
Contact Number	(Phone) +65-96363355
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

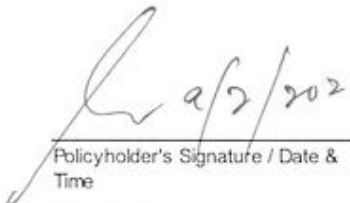
Name of injured person	HASHIM BIN HUSSEIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBD1657D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

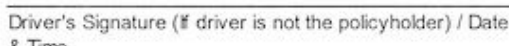
INJURED 2

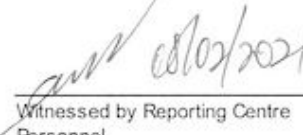
Name of injured person	SUPARIYAH BINTE SALAMAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBD1657D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

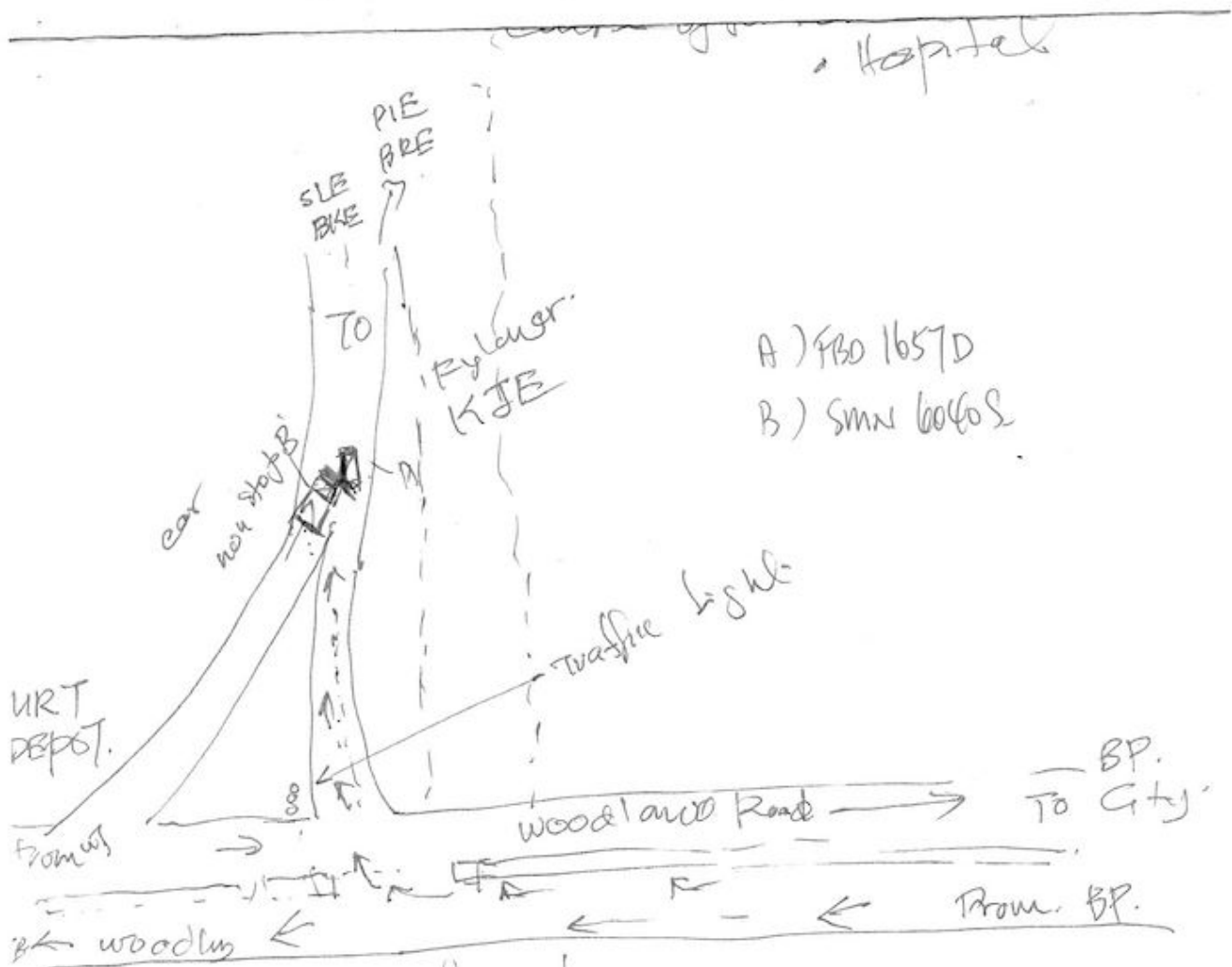
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand,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

 9/2/2021
Policyholder's Signature / Date & Time

 08/02/2021
Driver's Signature (if driver is not the policyholder) / Date & Time

 08/02/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



[Signature]
9/2/2021

[Signature]
9/2/2021

Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20210205/2127

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/20210205/2127

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20210205/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2021 23:07		Vide Report No.:		Station Diary No.: 391
Informant's Particulars				
Name of Informant: HASHIM BIN HUSSEIN		Address: APT BLK 4 MARSILING ROAD #06-5077 SINGAPORE 730004		
ID Type / ID No.: NRIC NO / S1026812E		Contact No.: Home/Office: Mobile: 90040065		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 73	Date of Birth: 25/02/1947	Type of Informant: Rider	
Race: Malay		Language:	Institution / School Name:	
Occupation: Retiree		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/02/2021 12:00	Type of Location: Bend
Location: WOODLANDS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBD1657D	Motorcycle	YAMAHA	T135	Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD1657D	NTUC Income Insurance Co-Operative Limited	5120798482	27/01/2021	26/01/2022



**SINGAPORE
POLICE FORCE**



T/20210205/2127

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20210205/2127

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HASHIM BIN HUSSEIN	ID No.	S1026812E
Related Vehicle	FBD1657D (Motorcycle)	Contact No.	90040065
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	05/02/2021	Date Discharge	05/02/2021
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Pillion			
Name	Supariyah Binte Salamat	ID No.	S0126394C
Related Vehicle	FBD1657D (Motorcycle)	Contact No.	96226351
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/02/2021	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 05/02/2021 at around 1200hrs, I was riding my motorcycle bearing registration plate FBD1657D with my wife namely: Supariyah Binte Salamat, S0126394C as my pillion and was travelling along Woodlands Road turning right onto KJE (BKE) highway entrance on the left lane.

After I turned right about to enter KJE, a car whom also entered onto the merging lane into KJE from the other side of Woodlands Road did not stop and collided onto my motorcycle. The car was supposed to slow down and give way to me however he did not stop.

The car right body frame collided onto the left side of my motorcycle. I then lost control and fell towards my left. The driver then came out and called for police assistance. Traffic police came down to scene and recorded my statement and taken my particulars. Both my wife and I got conveyed to Ng Teng Fong General Hospital. I was discharge and the doctor only gave me some dressing for my wounds. Doctor did not provide me with any medical leave as I am not working. My wife is warded at Ng Teng Fong General Hospital as she has fractured her shoulder.

Traffic police did not give me any reference report number and no other vehicle was involved in the accident. No government property was damaged. I do not have the vehicle number of the other party. I sustained some abrasions on my left hand, arm, shoulder, kneecap and ankle.



**SINGAPORE
POLICE FORCE**



T/20210205/2127

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20210205/2127

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210205/2127

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20210205/2127

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 2 DAVID NG YU BOON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/02/2021 23:07

Officer In Charge Of Case:
TP / GIT /
Staff Sgt TAN JUN YAN
Contact No.: 65476311

Classification Of Case:

Authentication Stamp
NP168

