

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	11/02/2021 09:55 (SGT)
Date of Accident	10/02/2021 10:00 (SGT)
Exact Location of Accident	Farrer Rd, Singapore
Additional Location Information	TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA8385H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD ILYASA BIN MOHD MEHMOOD
NRIC No	SXXXX617J
Email Address	milyasa15@gmail.com
Mobile Phone No	(Phone) +65-98284261
Alternative Phone No	+65-98284261

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5118926056
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD ILYASA BIN MOHD MEHMOOD
NRIC No	SXXXX617J

Date Of Driving Pass	06/12/2018
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98284261
Alt. Phone Number	+65-98284261
Email Address	milyasa15@gmail.com
Address	BLK 48 STIRLING ROAD #04-572
Address complement	-
Postcode	141048
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT E/20210210/7041

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	SMM7854J
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG TONG SIM

Contact Number	(Phone) +65-86115331
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD ILYASA BIN MOHD MEHMOOD
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBA8385H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

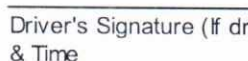
(collectively the "Purposes")


(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.

 09:20
11/02/2021

Policyholder's Signature / Date & Time

 10/02/2021
Driver's Signature (If driver is not the policyholder) / Date & Time

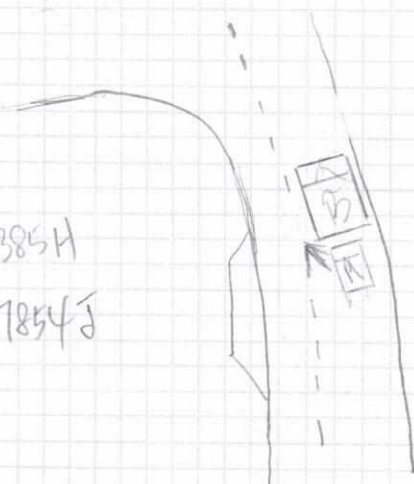
 10/02/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

FREEK ROAD TOWARDS BUKIT TIMAH ROAD

A) FBA 8385H

B) SMM 7854J




Describe Circumstances of the Accident


REFER TO POLICE REPORT E/20210210/7041

Declaration

We declare the foregoing particulars are true in every respect.


09.20
11/02/2021
Policyholder's Signature / Date & Time

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


11/02/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 02 / 2021) (DD/MM/YYYY), TIME: (10 : 00) (HH:MM)

LOCATION: Farmer Road, Bandar JUP, Road, Bandar B1, 71MA21

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA 83854
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 51189260X6
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda CB400
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 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: Muhammad Ilyasa Bin Mohd Mahmood (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 69843612J CONTACT: 9828 4661
 c) ADDRESS: Blk 43 Stirling Road #04-572 S141048

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (09 / 12 / 1998) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 06/12/2018

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: SMM 7854J MODEL: Honda Vezel
 b) DRIVER'S NAME: Ang Tong Sim
 c) NRIC/FIN/PASSPORT: 56832616H CONTACT: 8611 5321

9. THIRD PARTY VEHICLE

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

Email: milyasa15@gmail.com

VIDEO



**SINGAPORE
POLICE FORCE**



E/20210210/7041

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Report No. E/20210210/7041

Date/Time Report Made 10/02/2021 22:36	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD ILYASA BIN MOHD MEHMOOD	Address 48 STIRLING ROAD #04-572 SINGAPORE 141048	
ID Type / ID No. NRIC NO / S9843617J	Contact No. Home/Office: Mobile: 98284261	
Nationality SINGAPORE CITIZEN	Email Address MILYASA15@GMAIL.COM	
Occupation Despatch worker	Sex Male	Age 22
Institution/School Name	Date of Birth 09/12/1998	Race Indian
Date/Time Of Incident 10/02/2021 10:00 - 10/02/2021 12:00	Location Of Incident FARRER ROAD	

Brief details.

While i was on the bike changing lane checking my blind spot going at a speed of 40-45 km/h, the car in front of me suddenly jam brake for no what ever reason and by the time i look back to the front i jam brake as hard as I could, but because it was a sudden jam brake from the car i did tried my best to brake but my bike couldn't stop in time and rear-ended the car in front. The was a slight damage to the car and my bike. I've already went to the polyclinic because my ankle and my whole left shoulder was in pain and the said most probably it is a muscle sprain on something, the polyclinic say that you can check with them for more information about my injury and the mc I've received.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/02/2021 22:36
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20210210/7041

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210210/7041

Subjects Involved			
Suspect			
Person Name	ANG TONG SIM		
ID Type	NRIC NO	ID No	S6832616H
Gender	Male	Age	53
Race	Chinese	Language	English
Mobile No	86115331		
Victim			
Person Name	MUHAMMAD ILYASA BIN MOHD MEHMOOD		
ID Type	NRIC NO	ID No	S9843617J
Gender	Male	Age	22
Race	Indian	Language	English
Occupation	Despatch worker	Address	48 STIRLING ROAD #04-572 SINGAPORE 141048
Mobile No	98284261	Is Informant A Victim?	Yes
Person Name			
ANG TONG SIM			
ID Type	NRIC NO	ID No	S6832616H
Gender	Male	Age	53
Race	Chinese	Language	English
Mobile No	86115331		
Person Name			
MUHAMMAD ILYASA BIN MOHD MEHMOOD (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

10/02/2021 22:36

Classification Of Case:

Authentication Stamp

Claim Handling

Accident MT/1120853

Policy No.	5118926056	Vehicle No.	FBA8385H	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMAD ILYASA BIN MOHD MEHMOOD			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	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(%)	0	Private Hire

▼ Accident Details

Report Date	11/02/2021 09:14	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/02/2021	Time of Accident hh:mm	10:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG FARRER ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess		YIED TP Excess	
Additional Excess			Driver is Covered?
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 48 #04-572	Address 2	STIRLING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-572	Related Policy Number	5118926056	

▼ OI Driver Info

Driver Name		Driver Type	
Unnamed driver Name		Driver NRIC	
Register Date of Driver License		Driver Age	
Contact No.(Mobile)		Contact No.(Office)	
Address 1		Address 2	
Address 4		Address Type	Foreign address
Unit No.			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	
			Driver Insurer Comp.

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	MUHAMM
Contact No.(Mobile)	87496472	Contact No. (Home)	
Email Address		Vehicle Number	FBA8385
Claim Description	FBA8385H / SMM7854J ON 10 Feb 2021		
Preferred Workshop		Insured Liability	Fully at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	11/02/2021 09:50
<input checked="" type="checkbox"/> Print AK letter			ROS LI WAHAB

Save Submit

Attachment

Accident No. MT/1120853 Claim No. 002
 Last Doc. Received ☒ Yes ☐ No Upload Date 11/02/2021 09:59

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Confidential

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

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NO

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NO

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Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:59	NRIC/ Driving License	Y	Normal	NRIC/ Driving Li
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:59	SAS		Normal	SAS 20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:59	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:59	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:59	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:59	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:50	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:50	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:50	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:50	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:50	Photos		Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Feb 2021 09:50	Photos		Normal	Photos 2

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="10/02/2021 09:25"/>							
Vehicle No.(For Motor)	<input type="text" value="FBA8385H"/>	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"/>	5118926056		MUHAMMAD ILYASA BIN MOHD MEHMOOD	S9843617J	GMC	Third Party	FBA8385H	FBA8385H	03/09/2020	12/09/2021
<input type="button" value="Continue"/>										