

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 15/02/2021 20:20 (SGT)
Date of Accident 10/02/2021 13:45 (SGT)
Exact Location of Accident Bukit Ho Swee Cres, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP9448A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SITI NURFATIN BINTE NATARAWY
NRIC No SXXXX634H
Email Address allifizaini84@gmail.com
Mobile Phone No (Phone) +65-87429796
Alternative Phone No +65-87422821

VEHICLE PARTICULARS

Manufacturer Yamaha
Model SNIPER T150
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 - Claiming third party
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5110860471-01
Cover Note Number -

DRIVER

Name of Driver MOHAMMAD ALLIFI BIN ZAINI
NRIC No SXXXX511J
Date Of Birth 09/03/1984
Occupation Outdoor

Date Of Driving Pass	13/07/2009
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87422821
Alt. Phone Number	-
Email Address	allifizaini84@gmail.com
Address	BLK 55 LENGKOK BAHRU #13-407
Address complement	-
Postcode	151055
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Opening Door of Vehicle
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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210210/2150

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	GBE7566M
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	POON QUIN SENG
NRIC No	SXXXX268Z

Contact Number	(Phone) +65-81250115
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	MOHAMMAD ALLIFI BIN ZAINI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBP9448A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

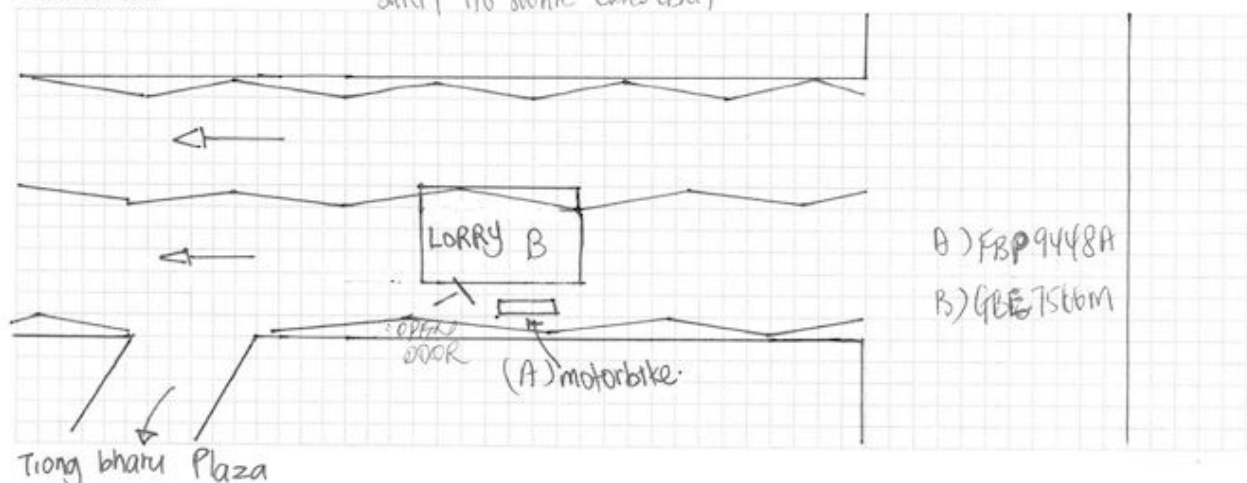
SKETCH PLAN**IMPORTANT NOTICE**

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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

Describe Circumstances of the Accident

REFER TO POLICE REPORT 1/02/2021/2150

Declaration

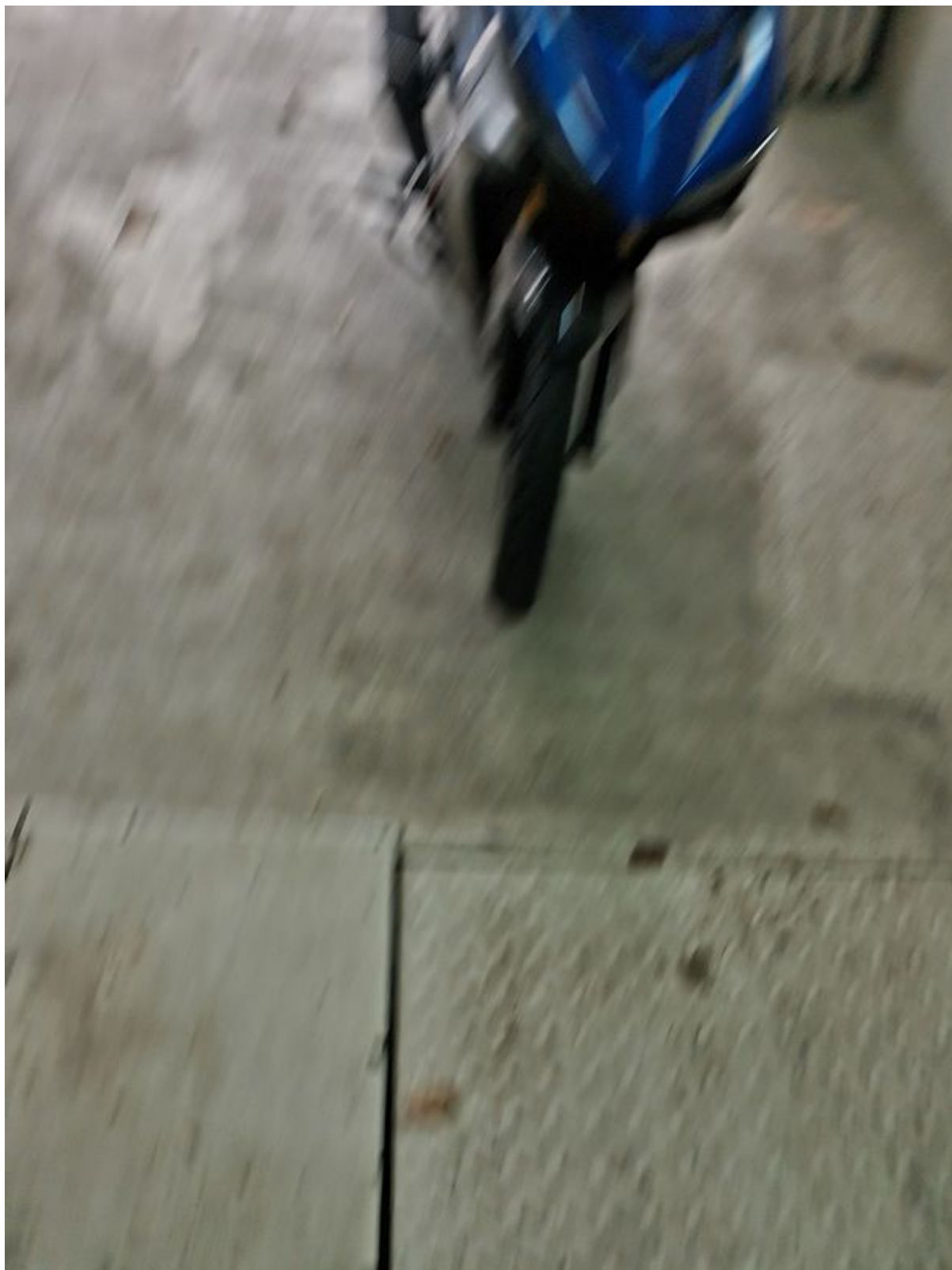
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel







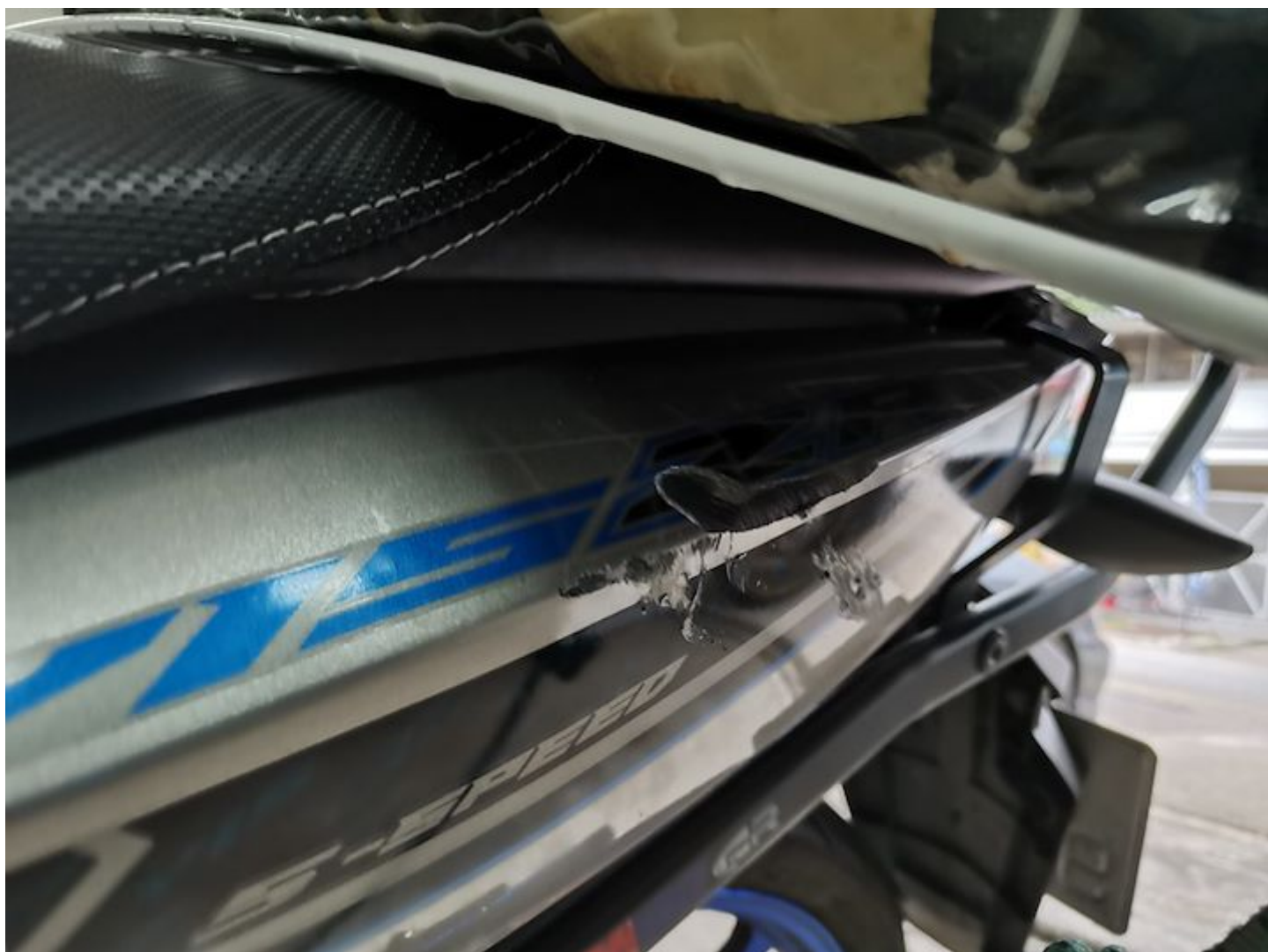





















**SINGAPORE
POLICE FORCE**


T/20210210/2150

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20210210/2150

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2021 22:34		Vide Report No.:		Station Diary No.: 59
Informant's Particulars				
Name of Informant: MOHAMMAD ALLIFI BIN ZAINI		Address: APT BLK 55 LENGKOK BAHRU #13-407 SINGAPORE 151055		
ID Type / ID No.: NRIC NO / S8406511J		Contact No.: Home/Office: Mobile: 87422821		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 36	Date of Birth: 09/03/1984	Type of Informant: Rider	
Race: Malay		Language: English	Institution / School Name:	
Occupation: GRAB FOOD RIDER		Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2021 13:45	Type of Location: Straight Road
Location: BUKIT HO SWEE CRESCENT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Moving vehicle against vehicle door			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP9448A	Motorcycle	YAMAHA	SNIPER T150	Blue	Seriously Damaged	0
GBE7566M	Lorry	NISSAN		White	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Tel No: 1800-4719999

2 of 3

Report No. T/20210210/2150

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD ALLIFI BIN ZAINI	ID No.	S8406511J
Related Vehicle	FBP9448A (Motorcycle)	Contact No.	87422821
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	10/02/2021	Date Discharge	10/02/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Poon Quin Seng	ID No.	S8107268Z
Related Vehicle	GBE7566M (Lorry)	Contact No.	81250115
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10/02/2020 at about 1.45pm, I was riding along Bukit Ho Swee Crescent beside Tiong Bahru Plaza. I was a lorry in front of me came to a stop however the lorry stopped more toward the right side. As I see there is space on the left side for me to pass, I then ride toward it. however when I was near the lorry, the passenger door suddenly open, I brake right away nowever I still collided on to the door. The driver then drive off to park his lorry while the passenger stay. We then exchange particular and I then went to NUH to see doctor and gotten 3 days MC.

I wish to state that that road is a single white zig zac line and the loory are not suppose to stop there



SINGAPORE POLICE FORCE



T/20210210/2150

3 of 3

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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20210210/2150

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 LEE HONG HAI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/02/2021 22:34

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

SN 49

SIGNATURE