

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 26/02/2021 17:22 (SGT)
Date of Accident 20/02/2021 13:30 (SGT)
Exact Location of Accident Yung Kuang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK9559P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ASRI BIN SAMAT
NRIC No SXXXX707J
Email Address dukeasri@gmail.com
Mobile Phone No (Phone) +65-98004312
Alternative Phone No +65-98004312

VEHICLE PARTICULARS

Manufacturer Piaggio
Model GILERA RUNNER ST 200
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 5113803209-01
Cover Note Number -

DRIVER

Name of Driver ASRI BIN SAMAT
NRIC No SXXXX707J
Date Of Birth 19/12/1976
Occupation Indoor

Date Of Driving Pass	10/09/1976
Driving experience	44 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98004312
Alt. Phone Number	+65-98004312
Email Address	dukeasri@gmail.com
Address	BLK 349 CORPORATION ROAD #01-512
Address complement	-
Postcode	610349
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 - Major/Minor Rd
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)	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210226/2019

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGJ6106D
Vehicle Manufacturer	Honda
Vehicle Model	Jazz
Vehicle Variant	-
Vehicle Colour	-
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 ASRI BIN SAMAT
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SERIOUS INJURIES
Injured person in which vehicle? FBK9559P
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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 willful 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. 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.

[Handwritten Signature]

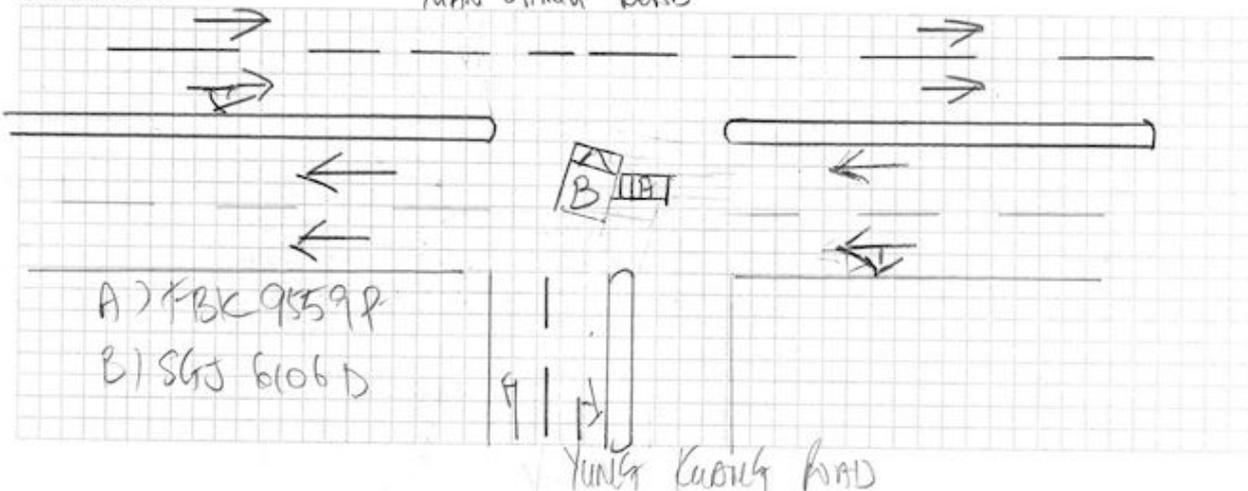
Policyholder's Signature / Date & Time
26 Feb 2021 / 14:00

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

YUAN CHENG ROAD

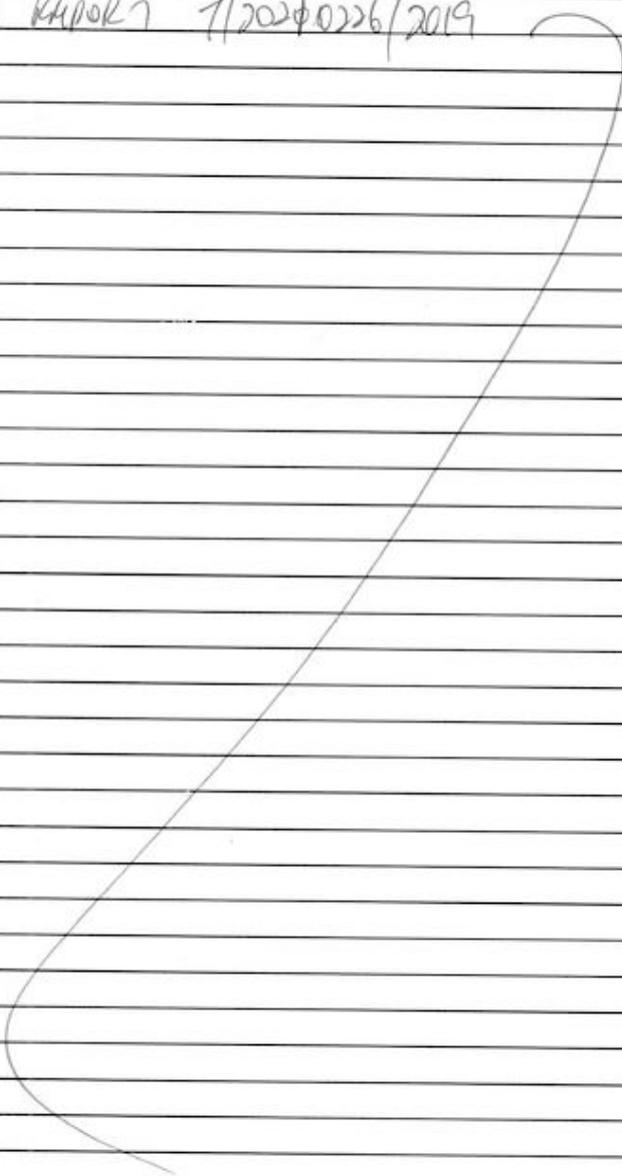
[Handwritten Signature]
26/02/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20240226/2019



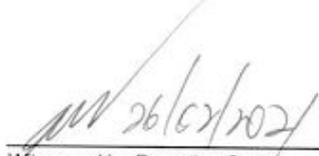
Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time 26 MAR 21 / 14:00hr.

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



Witnessed by Reporting Centre
Personnel















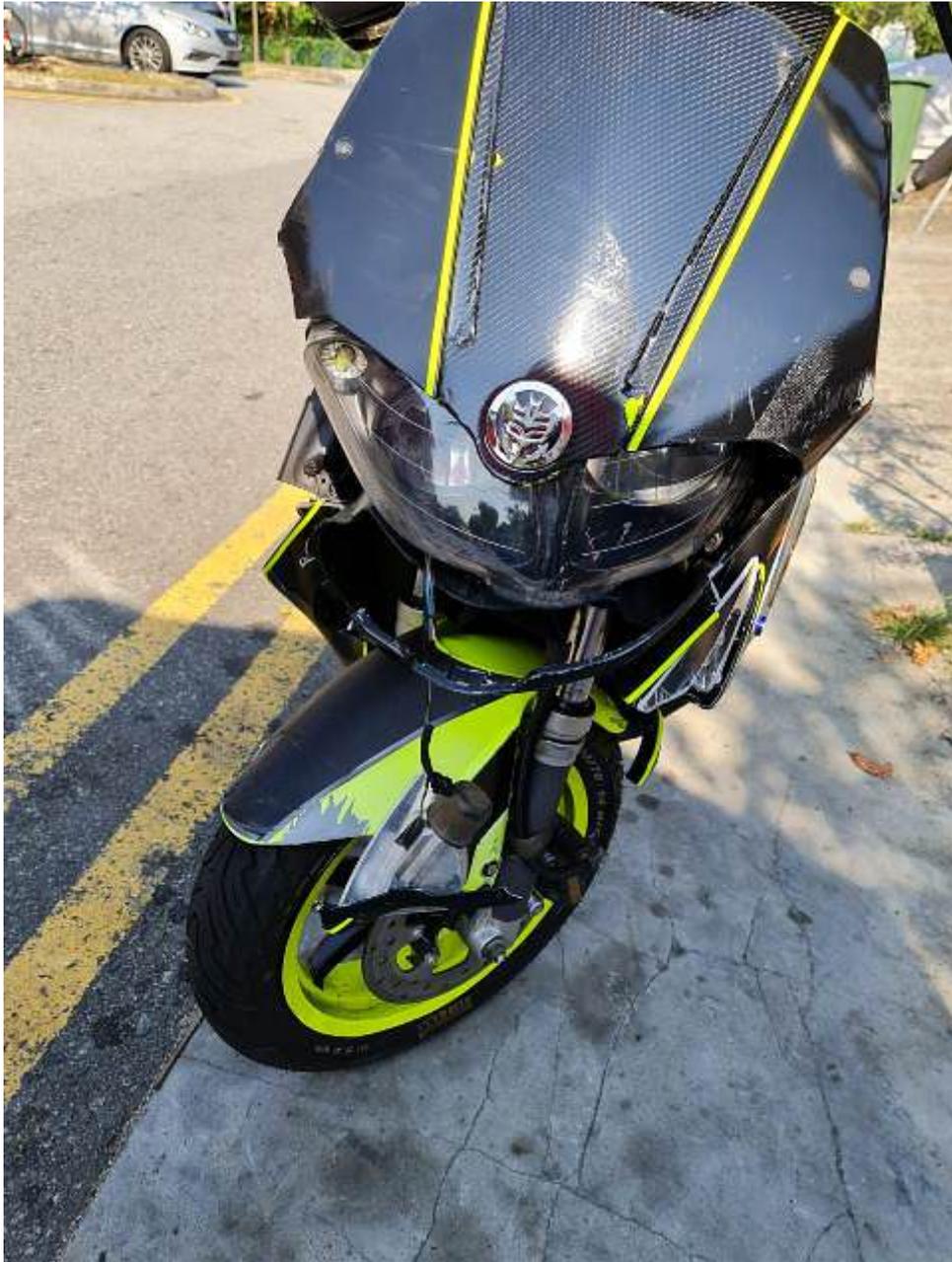




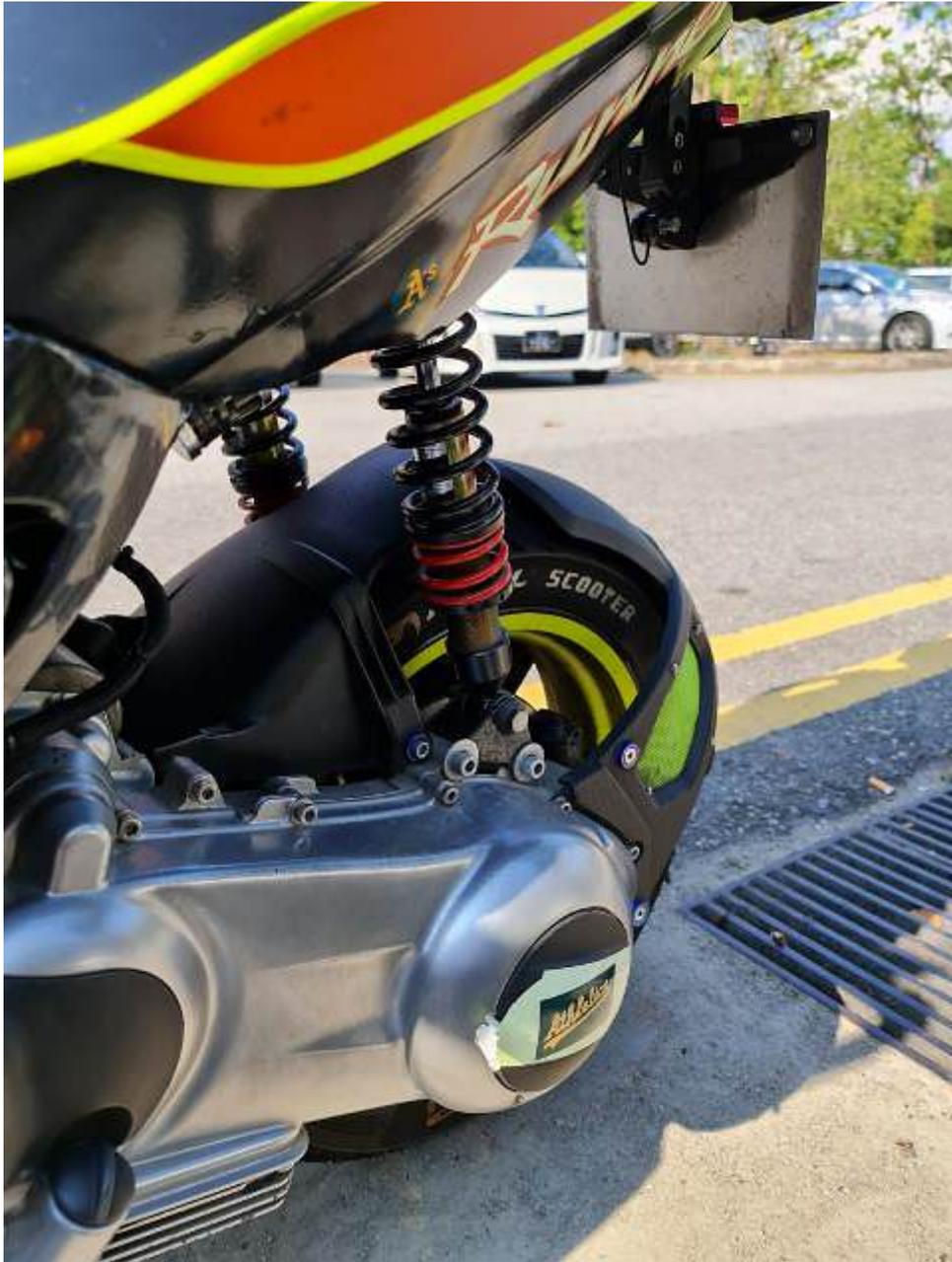














**SINGAPORE
POLICE FORCE**



T/20210226/2019

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210226/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2021 11:20		Vide Report No.: J/20210221/0171		Station Diary No.:	
Informant's Particulars					
Name of Informant: ASRI BIN SAMAT			Address: APT BLK 349 CORPORATION DRIVE #01-512 SINGAPORE 610349		
ID Type / ID No.: NRIC NO / S7642707J			Contact No.: Home/Office:		Mobile: 98004312
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 19/12/1976	Type of Informant: Rider		
Race:			Language:		Institution / School Name:
Occupation: WEREHOUSE MANAGER			Driving Licence Information: Class: 2B,2A,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/02/2021 13:30	Type of Location:
Location: YUNG KUANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK9559P	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	Black		0
SGJ6106D	Car	HONDA	JAZZ 1.4A	Yellow		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210226/2019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20210226/2019

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK9559P	NTUC Income Insurance Co-Operative Limited	5113803209-01	01/11/2020	31/10/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ASRI BIN SAMAT	ID No.	S7642707J
Related Vehicle	FBK9559P (Motorcycle)	Contact No.	98004312
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AS ABOVE MENTIONED FOR DATE, TIME AND LOCATION

I WAS FROM YUNG KUANG ROAD TOWARDS TO LAKESIDE ON THE RIGHT LANE T JUNCTION, I SAW THE VEHICLE ON THE OTHER LANE STOPPED. SUDDENLY WHEN I WAS RIDING THROUGH ON MY LANE, THE VEHICLE FROM THE OTHER LANE WENT FORWARD AND STOPPED ON MY LANE. I DIDN'T ABLE TO STOPPED IN TIME AND I HIT THE VEHICLE THAT WAS INFRONT OF ME. AFTER THE ACCIDENT THAT HAPPENED, THE DRIVER HELPED ME TO ASSIST AND MOVE TO THE SIDE ROAD. I WAS INJURED ON MY LEFT KNEE SWOLLEN AND PAIN ON MY RIGHT RIBS. THE WITNESS SAW THE ACCIDENT AND CALLED THE POLICE AND AMBULANCE. I DIDN'T ABLE TO EXCHANGE PARTICULAR WITH THE DRIVER AND THERE IS NO GOVERNMENT PROPERTY DAMAGED.

THAT'S ALL.



**SINGAPORE
POLICE FORCE**



T/20210226/2019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

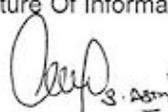
Report No. T/20210226/2019

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: TP /  SC MUHAMMAD NASHIF BIN HADI PUTRA	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2021 11:20
Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Contact No.: 65472077	Classification Of Case: <div data-bbox="917 1803 1029 1904" style="display: inline-block; vertical-align: middle;"> </div> <div data-bbox="1045 1825 1236 1881" style="display: inline-block; vertical-align: middle;"> SINGAPORE POLICE FORCE </div>
Authentication Stamp NP168	Signature: 



TRAFFIC POLICE
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No: T/SJ210226/2019 Name: Asst. Pn Samat
 Accident Date/Time: 20/02/2021 @ 1330hr Address: 81K 349 Corporation Dr
 Vehicle(s) involved: FBK 9559P #01-512
SG5 61060 NRIC No: 57642707J
 Tel.No: 98064310
 Date: 26/02/21

Dear Sir / Madam

I wish to amend as follows :

The date of the accident is on 20/02/2021 instead of 21/02/2021 which was indicated on the traffic accident report that's All.

Yours faithfully

SGT ALMA

Queenstown
Neighbourhood Police Centre
No 3 Queensway #01-03
Singapore 149073