# **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 witholding 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 15/03/2021 15:16 (SGT) Date of Accident 12/03/2021 18:15 (SGT) Exact Location of Accident Jurong West Street 52, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBR9002S

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ABDUL RAZAK BIN RAHAMAT NRIC No. SXXXX125J Email Address jacks69012@gmail.com Mobile Phone No (Phone) +65-96441012 Alternative Phone No +65-96441012

#### VEHICLE PARTICULARS

Manufacturer Honda Model Cbf125r 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 Policy Number 5119952452 Cover Note Number

#### DRIVER

Name of Driver ABDUL RAZAK BIN RAHAMAT NRIC No SXXXX125J Date Of Birth 12/10/1970 Occupation Outdoor



Date Of Driving Pass 19/07/2001 Driving experience 19 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96441012 Alt. Phone Number +65-96441012 Email Address jacks69012@gmail.com Address BLK 518 JURONG WEST STREET 52 #06-127 Address complement Postcode 640518 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 - U-Turn Weather Conditions **CLOUDY** Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Jurong West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002689999 Alt. Police Station Phone No (Fax) +65-62672438 Police Station Address 700 Corporation Road Singapore 649818 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20210313/2030 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
 SHC2592J

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Taxi

 Name of Driver
 QUAH CHIN SEN

 NRIC No
 SXXXX570G

Contact Number	(Phone) +65-97667565
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 Address	ABDUL RAZAK BIN RAHAMAT
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBR9002S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

# **IMPORTANT NOTICE**

- Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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)

l 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.

Policyholder's Signature / Date &

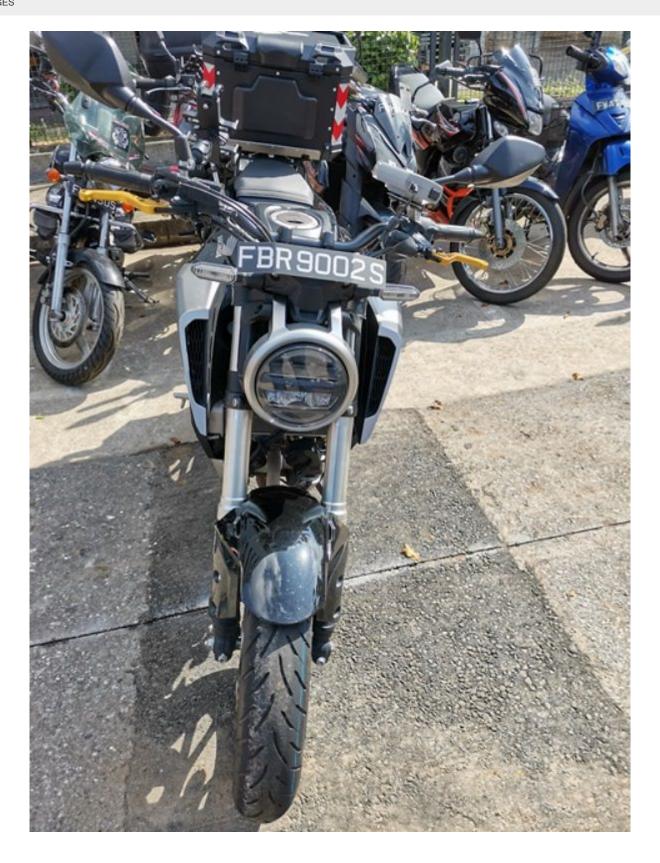
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

M) FER 9002S

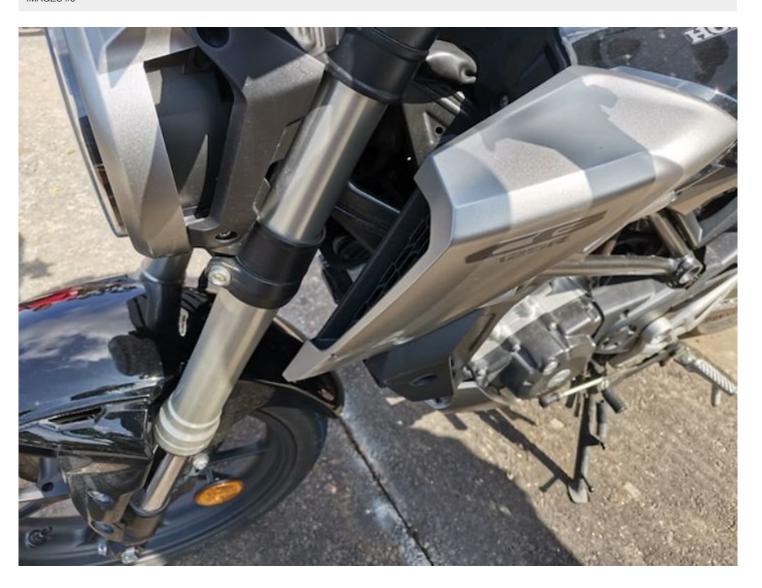
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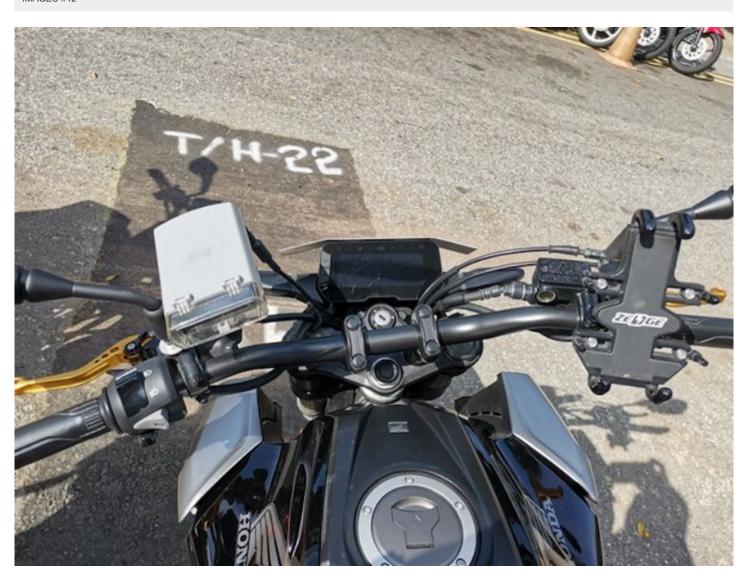




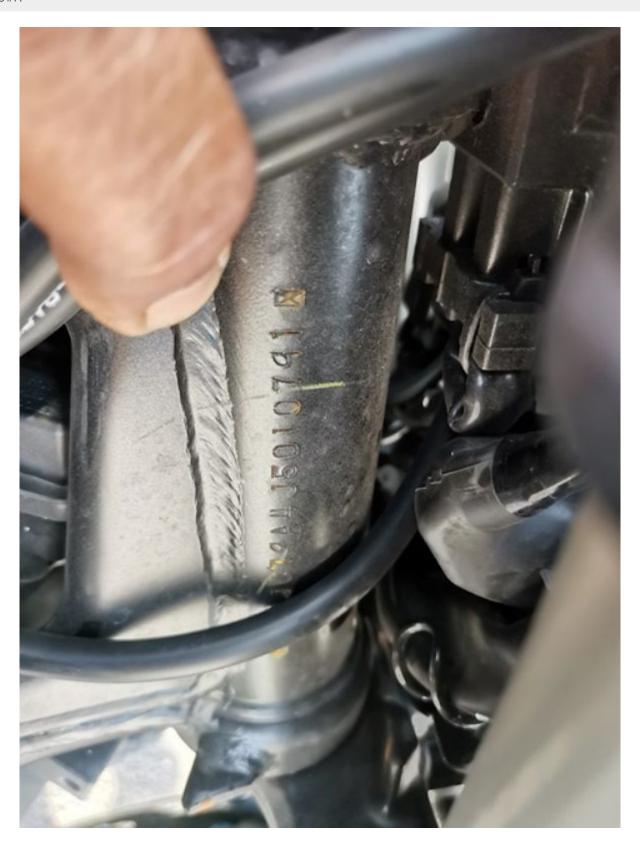






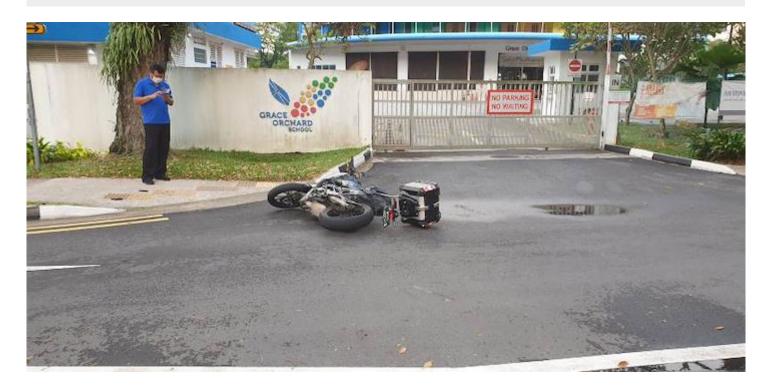




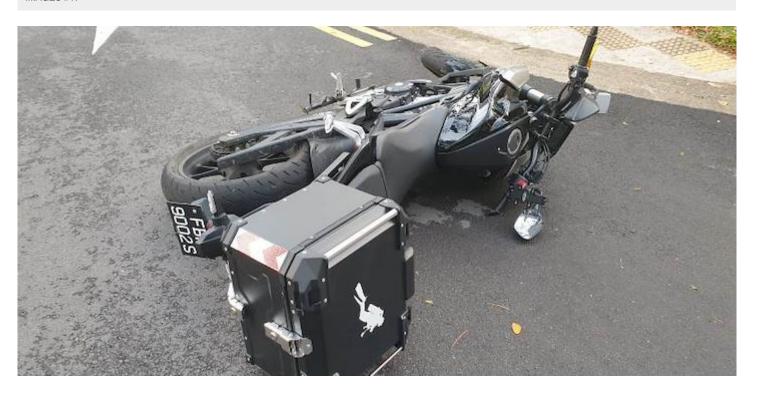














REPORT OF A TRAFFIC ACCIDENT

1 of 4

Report No. T/20210313/2030

Straight Road

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Station Diary No.: Date/Time Report Made: Vide Report No.: 13/03/2021 10:21 Informant's Particulars Address: Name of Informant: APT BLK 518 JURONG WEST STREET 52 #06-127 ABDUL RAZAK BIN RAHAMAT SINGAPORE 640518 Contact No.: ID Type / ID No.: Mobile: 96441012 Home/Office: NRIC NO / S7035125J

Email: Nationality: SINGAPORE CITIZEN Type of Informant: Sex: Date of Birth: Age: Rider 50 12/10/1970 Male Institution / School Name: Language: Race:

Malay Driving Licence Information: Occupation: Date of Expiry: Class: 2B,3 TUG MASTER

General Information of the Accident Type of Location: Date/Time of Drink Injury

Accident:

12/03/2021 18:15

No

Type of Accident: Location:

JURONG WEST STREET 52

Attended by Police

Road Speed Limit: Road Surface: Weather: Cloudy Traffic Volume: Traffic Control: Traffic Flow: No Traffic Two Way Not Controlled Anyone conveyed by Type of Collision: ambulance: Between Moving Vehicles - Head To Side

Drive:

No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBR9002S	Motorcycle	HONDA	CBF125NA	Black	Slightly Damaged	0
SHC2592J	Car				Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBR9002S	NTUC Income Insurance Co-Operative Limited	5119952452	19/11/2020	18/11/2021	





Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Report No. T/20210313/2030

Details of Person Any Pedestrian In		Marie Control			
No. of Pedestrian	The state of the s	Use of Pe	Use of Pedestrian Crossing: NA		
Rider		METER ACTION	100 E	100	NEW PARTY OF STREET
Name	ABDUL RAZAK BIN RAHAM	AT	ID No.		S7035125J
Related Vehicle	FBR9002S (Motorcycle)		Conta	ct No.	96441012
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree	of Injury	Sligh	t
Driver	Name of the Party	A COMPANY		13/20	
Name	Quah Chin Sen		ID No		S6926570G
Related Vehicle	SHC2592J (Car)		Conta	ct No.	97667565
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis	scharge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree	of Injury	NIL	

CONTINUATION OF REPORT

# Brief Details.

On 12 March 2021 at about 1815hrs, I was travelling along Jurong West Street 52 towards Jurong Spring CC. There is a taxi bearing SHC 2592 J in front of me. I see that the taxi is on hazard light and still moving forwards. When I saw the taxi swerve towards left, I thought he was going to drop his passenger at the road side. Thus, I overtake by riding on the right side of the taxi. The hazard light still on. To my surprise, the taxi driver namely, Quah Chini Sen, make an illegal U-Turn outside the Grace Orchard School.

My front bike collided to the right side of the taxi door and the right mirror was also damaged. And landed on the right side of the lane. Thereafter, I fall onto the road and sustain some abrasion and scratch on my left hand and middle finger. My bike handle went out of alignment.

Subsequently, I call for the Police. Soon after, the police and ambulance arrived. The paramedic attended to me, but I don't want to be conveyed to hospital. The traffic police advised me to make police report of I got MC from the doctor. I will be seeing doctor after I make this police report.

I am lodging to this report for my insurance claim purpose.



Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 CONTINUATION OF REPORT

3 of 4 Report No. T/20210313/2030



Report No. T/20210313/2030

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

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: J / Sgt 3 LOH JIAN HONG, DAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/03/2021 10:21
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:

NP168