

# 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 ..... 15/03/2021 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? ..... No  
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 ..... No  
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 .....	Male
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 .....	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 .....	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 .....	ABDUL RAZAK BIN RAHAMAT
Address .....	-
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

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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.

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

REPORT TO POLICE REPORT 7/20210313/2030


## Declaration

We declare the foregoing particulars are true in every respect.

 15/03/2021  
0950 hrs

Policyholder's Signature / Date & Time

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

 15/03/2021

Witnessed by Reporting Centre Personnel





























































# SINGAPORE POLICE FORCE



T/20210313/2030

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

Report No. T/20210313/2030

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2021 10:21		Vide Report No.:		Station Diary No.: 58
<b>Informant's Particulars</b>				
Name of Informant: ABDUL RAZAK BIN RAHAMAT		Address: APT BLK 518 JURONG WEST STREET 52 #06-127 SINGAPORE 640518		
ID Type / ID No.: NRIC NO / S7035125J		Contact No.: Home/Office: Mobile: 96441012		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 50	Date of Birth: 12/10/1970	Type of Informant: Rider	
Race: Malay		Language:	Institution / School Name:	
Occupation: TUG MASTER		Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/03/2021 18:15	Type of Location: Straight Road
Location:  JURONG WEST STREET 52				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
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



**SINGAPORE  
POLICE FORCE**



T/20210313/2030

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Report No. T/20210313/2030

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ABDUL RAZAK BIN RAHAMAT	ID No.	S7035125J
Related Vehicle	FBR9002S (Motorcycle)	Contact No.	96441012
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	Quah Chin Sen	ID No.	S6926570G
Related Vehicle	SHC2592J (Car)	Contact No.	97667565
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 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.





**SINGAPORE  
POLICE FORCE**

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



T/20210313/2030

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Report No. T/20210313/2030

CONTINUATION OF REPORT



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
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700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



T/20210313/2030

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Report No. T/20210313/2030

## 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 Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt YAN MINGSHENG DANIEL  
Contact No.: 65476252

SN 126

Authentication Stamp  
NP168

Singapore Police Force

Signature Of Informant:

Date/Time:  
13/03/2021 10:21

Classification Of Case: