

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 17/03/2021 11:29 (SGT)
Date of Accident 09/03/2021 19:30 (SGT)
Exact Location of Accident Alexandra Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBE396H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMED DZAHARIN BIN MOHAMED YASIN
NRIC No SXXXX649F
Email Address ninety9turn@gmail.com
Mobile Phone No (Phone) +65-98247362
Alternative Phone No +65-98247362

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Mt-15
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 5118623103
Cover Note Number -

DRIVER

Name of Driver MOHAMED DZAHARIN BIN MOHAMED YASIN
NRIC No SXXXX649F
Date Of Birth 17/09/1999
Occupation Outdoor

Date Of Driving Pass	06/08/2020
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98247362
Alt. Phone Number	+65-98247362
Email Address	ninety9turn@gmail.com
Address	BLK 630 SENJA ROAD #08-208
Address complement	-
Postcode	670630
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	Side Swipe
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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210311/2139 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SHB1688D
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	SIMON NGIAM SHU LENG
NRIC No	SXXXX940G
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	MOHAMED DZAHARIN BIN MOHAMED YASIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBE396H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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")

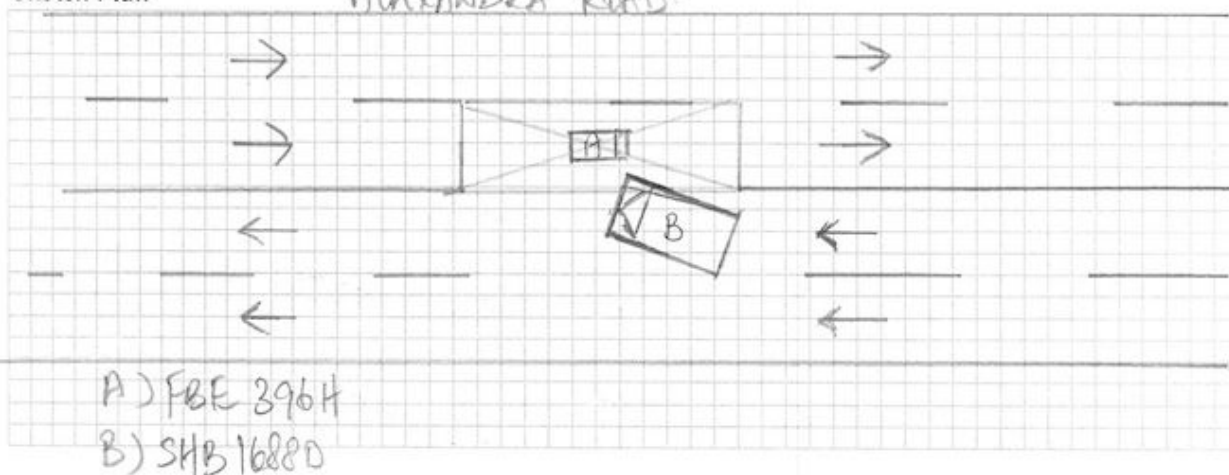
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

17/07/2021 1059ms
Policyholder's Signature / Date & Time

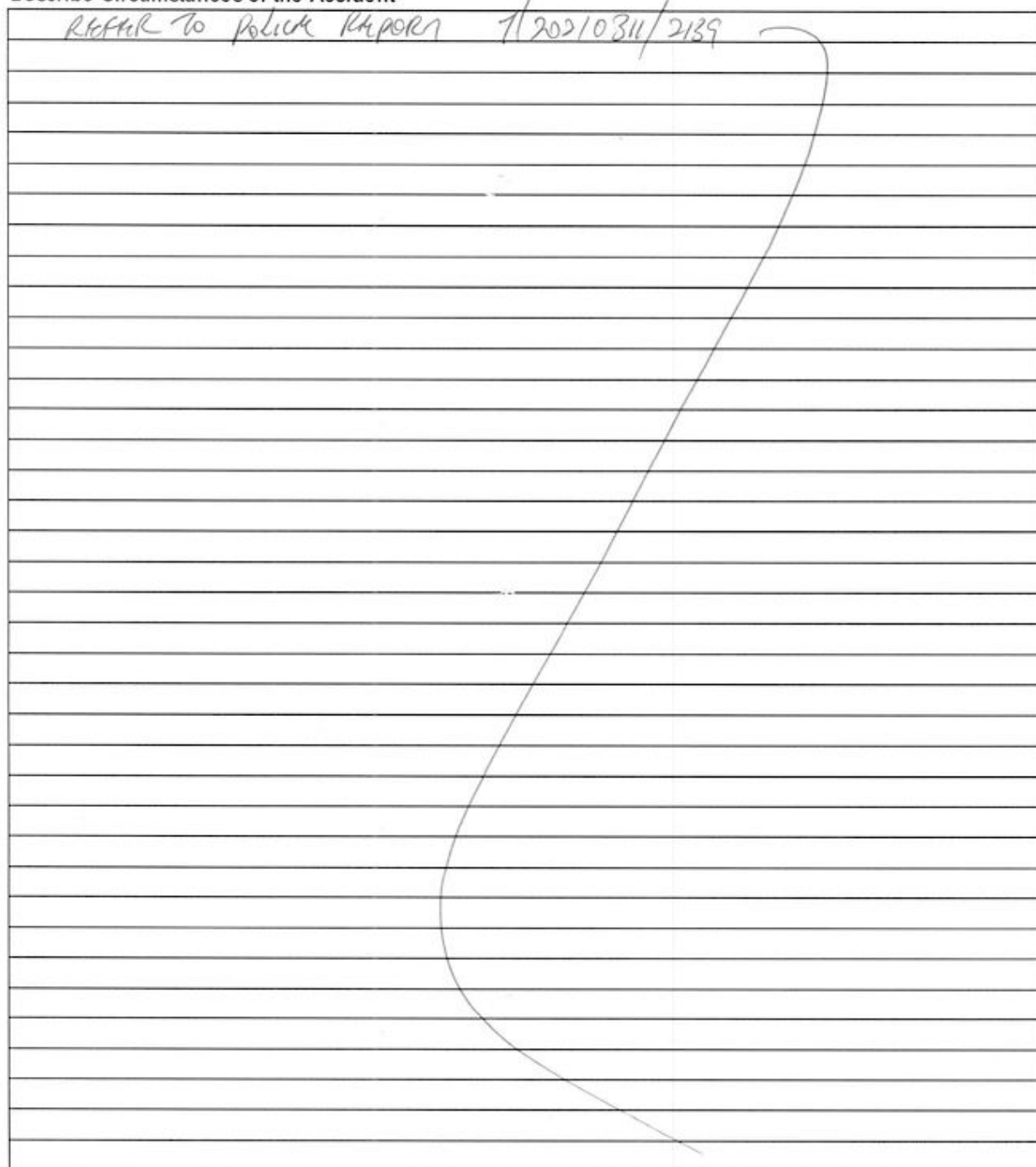
Driver's Signature (if driver is not the policyholder) / Date & Time

17/03/2021
Witnessed by Reporting Centre Personnel

Sketch Plan


Describe Circumstances of the Accident

REFER to Police Report 1/20210311/2139




Declaration

We declare the foregoing particulars are true in every respect.

 17/03/2021 1059hrs

Policyholder's Signature / Date &
Time

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

 17/03/2021
Witnessed by Reporting Centre
Personnel

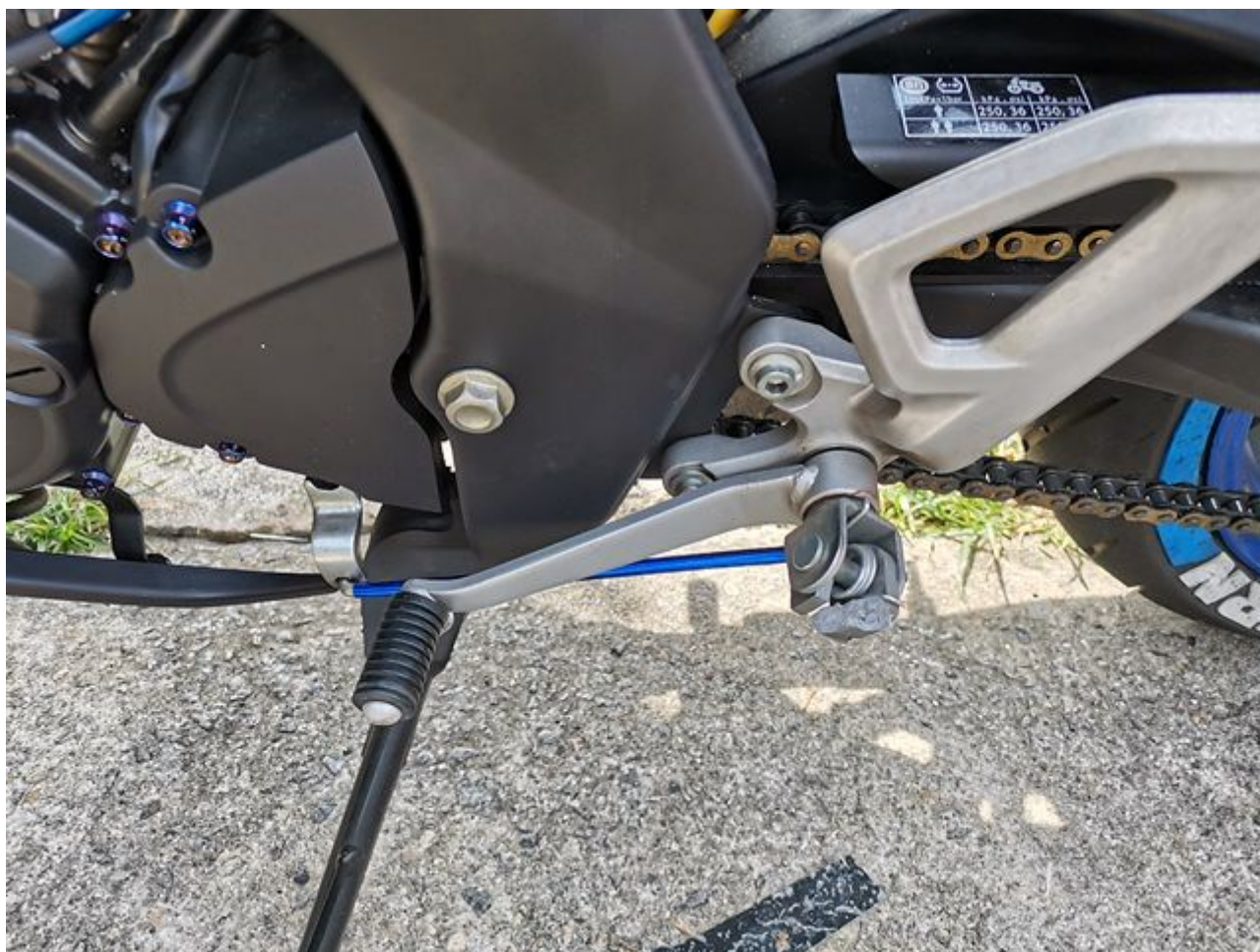










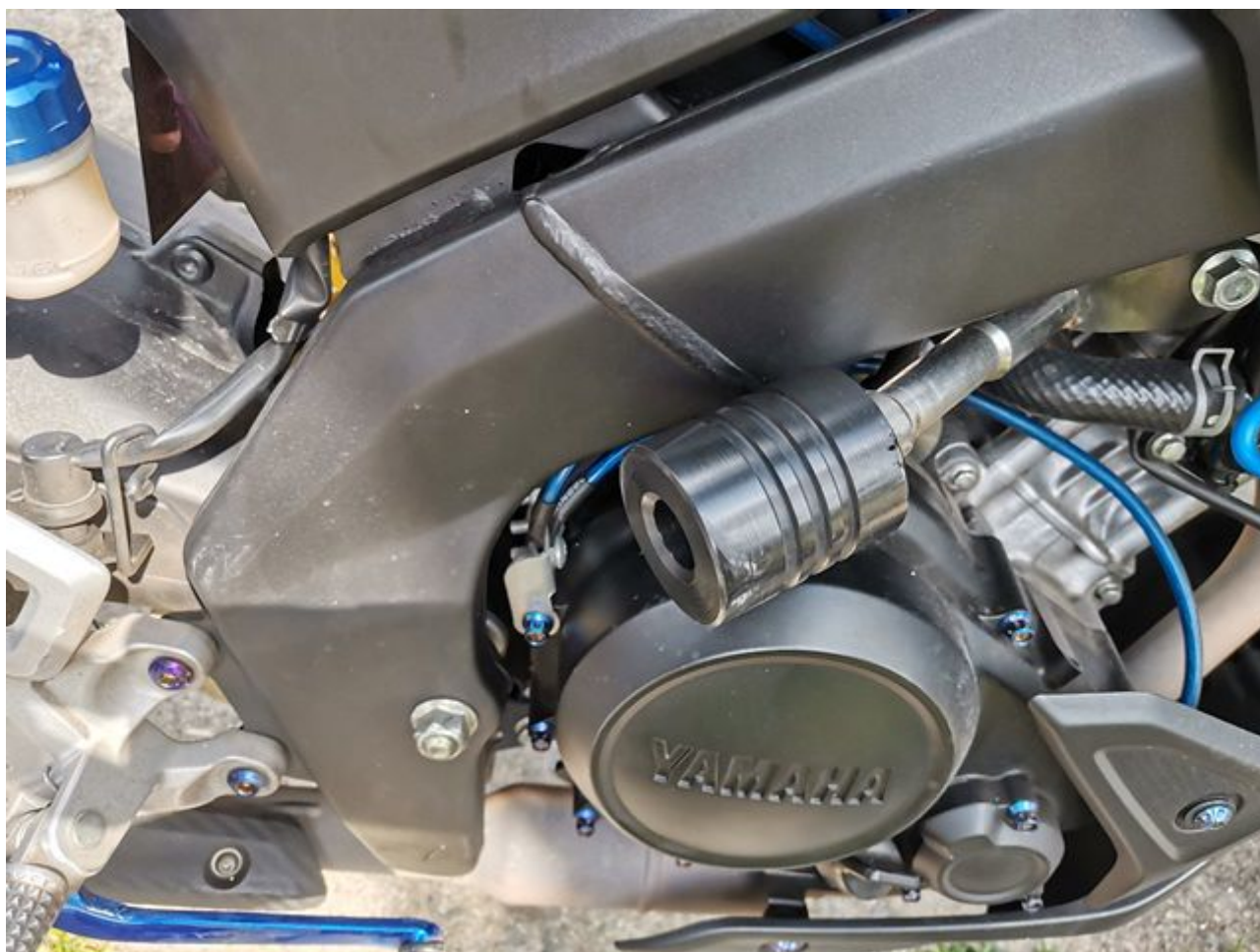






















SINGAPORE POLICE FORCE



T/20210311/2139

1 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20210311/2139

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2021 21:16		Vide Report No.: D/20210309/0119		Station Diary No.: 149	
Informant's Particulars					
Name of Informant: MOHAMED DZAHARIN BIN MOHAMED YASIN			Address: APT BLK 630 SENJA ROAD #08-208 SINGAPORE 670630		
ID Type / ID No.: NRIC NO / S9929649F			Contact No.: Home/Office: Mobile: 98247362		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 17/09/1999	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Deliveroo			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/03/2021 19:30	Type of Location: Straight Road
Location: ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE396H	Motorcycle	YAMAHA	MT15 MANUAL	Black	Seriously Damaged	0
SHB1688D	Car				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE396H	NTUC Income Insurance Co-Operative Limited	5118623103	13/08/2020	12/08/2021



**SINGAPORE
POLICE FORCE**



T/20210311/2139

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1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20210311/2139

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date and time, I was on my way to collect my food order at Alexandra Retail Center(ARC) and entered the road infront of the ARC from West Coast Highway. When I was travelling straight, the opposite lane there was a Taxi (SHB1588D) making a right turn towards the ARC carpark and when he was turning, he collided on to my right side of my motorbike. Someone called for the ambulance and I was conveyed to the ambulance. I was conscious at that point of time and I felt a sharp pain left pelvis and right ankle. I then lied down on the floor. I do not know the damages on my motorbike and on the Taxi. I was conveyed to NUH and received a 14days MC and I got discharged on the 11/3/2021.

I did not bring my MC with me.



**SINGAPORE
POLICE FORCE**



T/20210311/2139

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3



Report No. T/20210311/2139

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 / SC2 TAN YI ZHANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2021 21:16
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp NP168	
  SIGNATURE	



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08213H0002 Vehicle Registration No: FBK 396 H
 Name (as shown in NRIC): MOHAMMAD DZAHARU BIN NRIC/FIN/Passport No: SXXXX649F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 98227362
 Email Address: _____
 Date of Accident: 09/03/2021 Time of Accident: 19:30
 Place of Accident: BUKIT ANANDA ROAD
 Insurance Company: ANUL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

INSURED EMAIL ADDRESS - NINETY9TURN@GMAIL.COM

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: RASHI MONTANA