

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 31/03/2021 17:30 (SGT)
Date of Accident 09/03/2021 16:30 (SGT)
Exact Location of Accident Lor 2 Toa Payoh, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL4569M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NUR AISYAH BINTI ISHAK
NRIC No SXXXX500Z
Email Address JXIIKA97@GMAIL.COM
Mobile Phone No (Phone) +65-97493856
Alternative Phone No +65-97493856

VEHICLE PARTICULARS

Manufacturer Yamaha
Model SNIPER
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
Transmission Manual
CC 150

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5095539731-03
Cover Note Number -

DRIVER

Name of Driver JUMAIN BIN JUMIN
NRIC No SXXXX030Z

Date Of Birth	03/05/1988
Occupation	Outdoor
Date Of Driving Pass	21/12/2009
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88178290
Alt. Phone Number	-
Email Address	JXIIKA97@GMAIL.COM
Address	BLK 502A YISHUN ST 51 #05-410
Address complement	-
Postcode	761502
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - Head to Rear
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	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT E/20210309/7032

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	SMC4219R
Vehicle Manufacturer	-
Vehicle Model	-
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	JUMAIN BIN JUMIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBL4569M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.

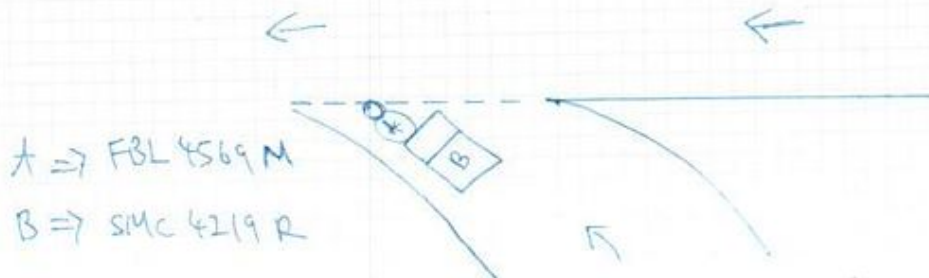
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Tan Pagar Lor 2 Slip Road Towards PIE (Changi)



Describe Circumstances of the Accident	
Refer to police report E120210309/7032	

Refer to police report E/20210309/7032

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

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

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
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Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
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Witnessed by Reporting Centre
Personnel



















**SINGAPORE
POLICE FORCE**



E/20210309/7032

1 of 2

POLICE REPORT (NP299)

Report No. E/20210309/7032

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-3910000

Date/Time Report Made 09/03/2021 21:02	Vide Report No.	Station Diary No.
Name Of Informant JUMAIN BIN JUMIN	Address 502A YISHUN STREET 51 #05-410 SINGAPORE 761502	
ID Type / ID No. NRIC NO / S8817030Z	Contact No. Home/Office:	Mobile: 88178290
Nationality SINGAPORE CITIZEN	Email Address jumainjumin03@gmail.com	
Occupation Food dispatch	Sex Male	Age 32
Institution/School Name	Date of Birth 03/05/1988	Race Malay
Date/Time Of Incident 09/03/2021 16:30	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

On the above mentioned date and time at the stated location. I was on my vehicle(FBL4569M) travelling along toa payoh lor 2 slip road towards PIE(Changi). I slowed down, came to a stop and checked for oncoming vehicle before proceeding, suddenly I felt a huge impact from my rear and I was knocked off from my vehicle.

I understand from the paramedic that the vehicle that hit onto me was bearing the car plate number of SMC4219R.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/03/2021 21:02
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

**SINGAPORE
POLICE FORCE**

E/20210309/7032

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210309/7032

I was conveyed to TTSH for treatment. And was given 3 days MC.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this
report has been authenticated by
SingPass. No signature is required.

Date/Time:

09/03/2021 21:02

Classification Of Case: