

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 03/04/2021 14:49 (SGT)
Date of Accident 02/04/2021 17:45 (SGT)
Exact Location of Accident Upper E Coast Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ9739E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ZULKIFLI BIN ADAM
NRIC No SXXXX405B
Email Address NAZ68054@GMAIL.COM
Mobile Phone No (Phone) +65-84660414
Alternative Phone No (Home) +65-84660414

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Aerox
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
Transmission Auto
CC 155

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5120088810
Cover Note Number -

DRIVER

Name of Driver ZULKIFLI BIN ADAM
NRIC No SXXXX405B

Date Of Birth	17/01/1968
Occupation	Outdoor
Date Of Driving Pass	14/11/2006
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84660414
Alt. Phone Number	(Home) +65-84660414
Email Address	NAZ68054@GMAIL.COM
Address	BLK 673 CHOA CHU KANG CRESCENT #02-387
Address complement	-
Postcode	680673
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SJQ1588G
Insurance Company of Other Vehicle Owned by Driver	NTUC Income Insurance Co-operative Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT.

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	SLM9784B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG BOK KENG
NRIC No	SXXXX084H

Contact Number	(Phone) +65-92286090
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ2634G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	ZULKIFLI BIN ADAM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ9739E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

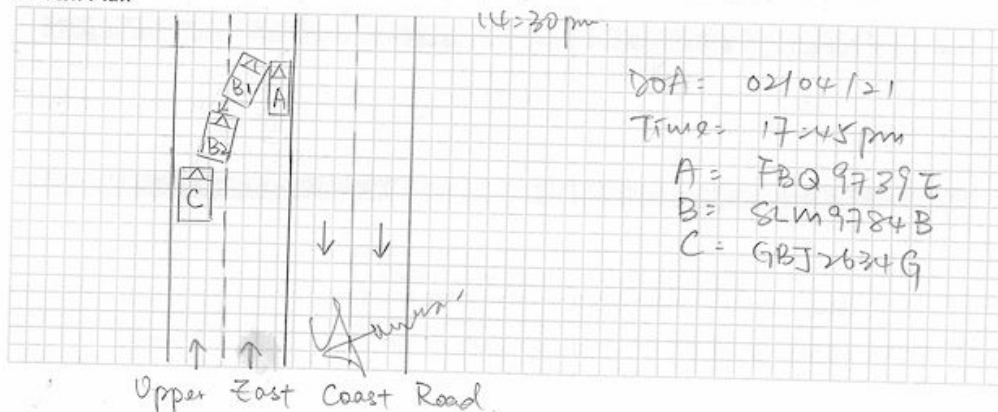
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, 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.

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


Please refer to the attached police report.

Handwritten area for describing the circumstances of the accident, consisting of multiple horizontal lines for text entry.

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

08/04/21
14:30pm


Witnessed by Reporting Centre Personnel

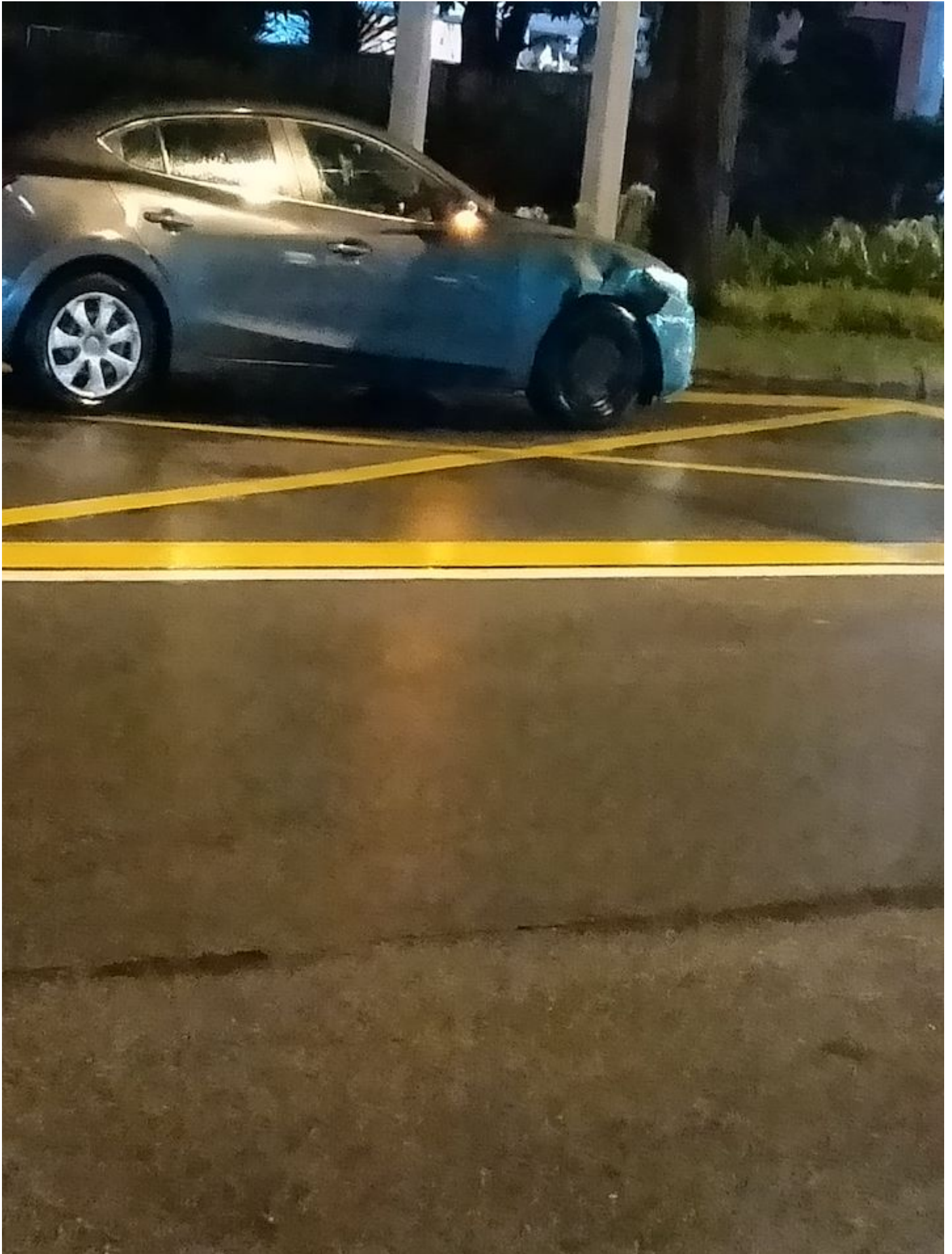
















 SINGAPORE POLICE FORCE		 T/20210403/2046		1 of 3		
Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129 Tel No: 1800-4880999				Report No. T/20210403/2046		
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 03/04/2021 13:28		Vide Report No.:		Station Diary No.: 37		
Informant's Particulars						
Name of Informant: ZULKIFLI BIN ADAM		Address: APT BLK 673 CHOA CHU KANG CRESCENT #02-387 SINGAPORE 680673				
ID Type / ID No.: NRIC NO / S6805405B		Contact No.: Home/Office:		Mobile: 84660414		
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 53	Date of Birth: 17/01/1968		Type of Informant: Rider		
Race: Malay		Language:		Institution / School Name:		
Occupation: GRAB FOOD RIDER		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:		
General Information of the Accident						
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/04/2021 17:45	Type of Location:		
Location: UPPER EAST COAST ROAD						
Weather:		Road Surface:		Road Speed Limit:		
Traffic Flow:		Traffic Control:		Traffic Volume:		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No		
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ9739E	Motorcycle	YAMAHA	AEROX GDR155R CVT	Silver		0
GBJ2634G	Van					0
SLM9784B	Car					0
Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date		

**SINGAPORE
POLICE FORCE**

T/20210403/2046

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Report No. T/20210403/2046




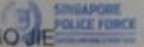
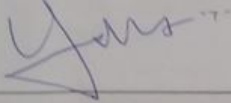

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ9739E	NTUC Income Insurance Co-Operative Limited	5120088810	01/12/2020	19/01/2022

Brief Details.

On the 02/04/2021 at about 1745hrs, I was riding FBQ9739E along Upper East Coast Road towards Bedok Road direction before Jalan Tua Kong Junction. I was on the left lane however there was a vehicle SLM9784B that was not moving hence, I moved to the right lane and suddenly the said vehicle tried to make a u turn from no where and a van that was behind the said vehicle horned at the said vehicle as I was near by however its right front fender still collided into my left front fender. I still managed to control my vehicle. After which, the said vehicle then reversed and hit onto the said van GBJ2634G. No one was injured at that point of time and police and ambulance attended to all parties and all parties then left scene. However, I felt unwell after that and went to see a doctor and was given 3 days of MC.

 SINGAPORE POLICE FORCE		 T/20210403/2046
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CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch plan		
<p>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.</p>		
Signature Of Officer Recording The Report: F /  Sgt 3 LIM HAO JIE  SN 156		Signature Of Informant: 
Signature Of Interpreter: Not applicable 		Date/Time: 03/04/2021 13:28
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390		Classification Of Case:
Authentication Stamp NP158		