

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 27/05/2021 15:43 (SGT)
Date of Accident 26/05/2021 15:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TWRDS CHANGI BEFORE TAMPINES AVE 5
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ8023Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AZRIL BIN OTHMAN
NRIC No SXXXX453C
Email Address dlazie@hotmail.sg
Mobile Phone No (Phone) +65-87176401
Alternative Phone No +65-87176401

VEHICLE PARTICULARS

Manufacturer Kia
Model KIA / CERATO FORTE 1.6(M) EX ABS D/AB 2WD 4DR
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 Private car
Transmission Manual
CC 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5113398516-01
Cover Note Number -

DRIVER

Name of Driver AZRIL BIN OTHMAN
NRIC No SXXXX453C

Date Of Birth	21/05/1990
Occupation	Indoor
Date Of Driving Pass	15/10/2016
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87176401
Alt. Phone Number	+65-87176401
Email Address	dlazie@hotmail.sg
Address	BLK 225 #02-197 TAMPINES STREET 23
Address complement	-
Postcode	521225
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 - Head on collision
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?	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210526/7011;

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	FBN4811C
Vehicle Manufacturer	Honda
Vehicle Model	HONDA / CBF190X MANUAL
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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	AZRIL BIN OTHMAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJQ8023Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**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 willful 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. 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

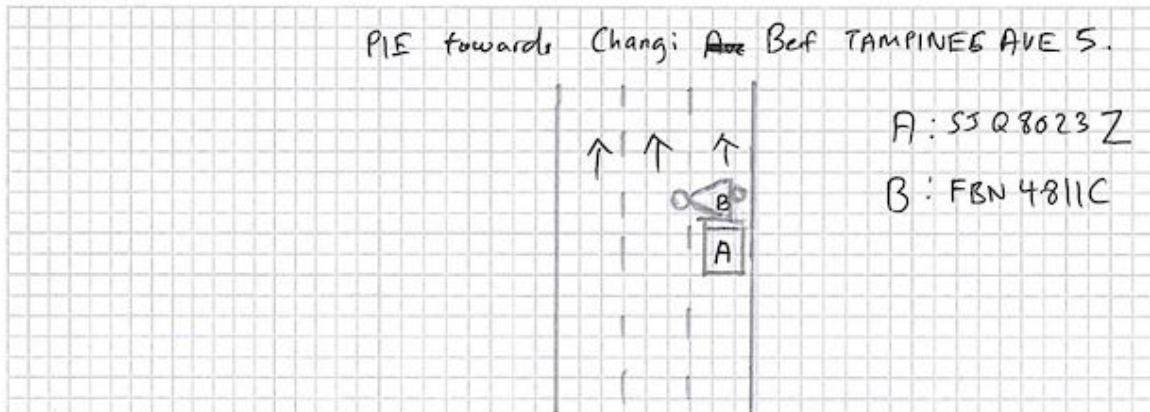
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
Personnel

Sketch Plan

→ REFER TO POLICE REPORT ←

We declare the foregoing particulars are true in every respect.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

 Accident report **SV0L215R0009**



















**SINGAPORE
POLICE FORCE**



T/20210526/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210526/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/05/2021 18:32		Vide Report No.: E/20210526/0100		Station Diary No.:	
Informant's Particulars					
Name of Informant: AZRIL BIN OTHMAN			Address: 225 TAMPINES STREET 23 #02-197 SINGAPORE 521225		
ID Type / ID No.: NRIC NO / S9017453C			Contact No.: Home/Office: Mobile: 87176401		
Nationality: SINGAPORE CITIZEN			Email: DLAZIE@HOTMAIL.SG		
Sex: Male	Age: 31	Date of Birth: 21/05/1990	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Warehouse agent			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/05/2021 15:30	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN4811C	Motorcycle	HONDA	Cbf190	White	Slightly Damaged	1
SJQ8023Z	Car	KIA	CERATO FORTE 1.6(M) EX ABS D/AB 2WD 4DR	Gold		0



**SINGAPORE
POLICE FORCE**



T/20210526/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20210526/7011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ8023Z	NTUC Income Insurance Co-Operative Limited	5113398516-01	27/11/2020	26/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AZRIL BIN OTHMAN	ID No.	S9017453C
Related Vehicle	SJQ8023Z (Car)	Contact No.	87176401
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	26/05/2021	Date	26/05/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was travelling home on lane 1 along PIE(towards changi airport) before tampines ave 5 exit at about 1530hrs, traffic was heavy and im maintaining my safety distancing. This bike vehicle no. FBN4811C all of a sudden sway and bang onto the railing and i apply an emergency brake but the motor bike hit directly onto the front of my vehicle. And then i alight and check with the rider she was consious and suffering abrasions. She apologise due to your self skid and we both exchange contacts. TP came to the scene and after i move off i felt unwell due to the accident at my neck and back, i went to clinic to consult doctor at INTEmedical clinic(Kovan) and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20210526/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210526/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
26/05/2021 18:32

Classification Of Case: