

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 witholding 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 lee, 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 Date of Accident **Exact Location of Accident** Additional Location Information

27/05/2021 10:10 (SGT) 25/07/2020 07:25 (SGT) Singapore SELETAR EXPRESSWAY

Singapore

Country/State of Loss

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

FBR5097U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No

No AZELI BIN DZULKIFLI SXXXX521B

lee71\_roy@hotmail.sg (Phone) +65-93884695 +65-93884695

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant

Honda

HONDA / NSS300A

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

Private use

No - Claiming third party Motorcycle

Auto 300

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

NTUC Income Insurance Co-operative Ltd Comprehensive No

5118272544

DRIVER

Name of Driver NRIC No

AZELI BIN DZULKIFLI SXXXX521B

Accident report SV0L215R0003

Page 1 of 19

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender

Mobile Number Alt. Phone Number **Email Address** Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/202101216/7042;

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

**GBH6088S** 

Nissan

NISSAN / NV350 PANEL VAN 2.5 5MT 5DR

Commercial vehicle

C Accident report SV0L215R0003

Page 2 of 19

08/08/1971

17/07/1989

31 YEARS

+65-93884695

(Phone) +65-93884695

lee71\_roy@hotmail.sg

BLK 368 #02-807 WOODLANDS AVENUE 1

Indoor

Male

730368

Side Swipe

Clear

Dry

No

Yes

Yes

Yes

No

Yes Traffic Police

No

(Phone) +65-65470000

10 Ubi Avenue 3 Singapore 408865

(Fax) +65-65474900

Yes

No

Name of Driver Contact Number 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

Address

Address Complement

Post Code Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

AZELI BIN DZULKIFLI BLK 368 #02-807 WOODLANDS AVENUE 1

730368

49

FBR5097U

No Yes

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willul misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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' law yers/faw (firms, the Monetary Authority of Singapore and any relevant government agencylauthority (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 vohicle(s) involved in this accident and the Insurers' lawyers/few firms, maylare 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 GA to their third party service providers or egents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  IDAC KAKI BUKIT (VAC)

unable to sketch.

Can't re cal.

FBR 50974

23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Emall: vackb@vicom.com.sg

Policyholder's Signature / Date &

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

b Diag

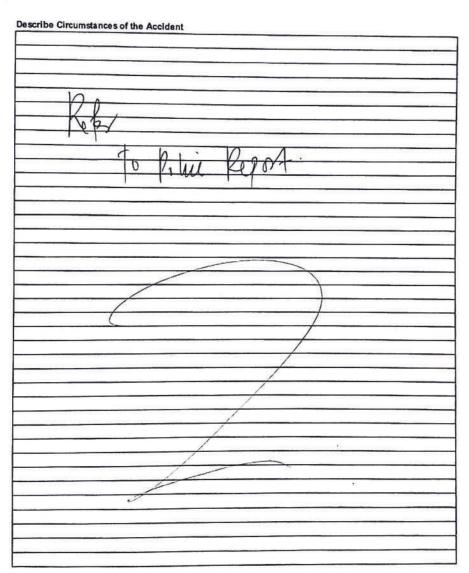
Witnessed by Reporting Centre

X

2 7 MAY 2021

Sketch Plan

0.000.00



### Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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@vicon.com.sg

Witnessed by Reporting Centre

2 7 MAY 2021





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

1 of 3 Report No. T/20201216/7042

Normant's Particulars  Name of Informant: AZELI BIN DZULKIFLI  D Type / ID No.: SINGAPORE 730368  D Type / ID No.: Home/Office: SINGAPORE 730368  Contact No.: Home/Office: Mobile: 93884695  Nationality: SINGAPORE CITIZEN  Sex: Age: Date of Birth: O8/08/1971 Rider Race: Malay  Occupation: Building maintenance worker  Driving Licence Information: Class:  Date of Expiry:  Type of Location:  SELETAR EXPRESSWAY  Weather:  Road Surface:  Traffic Control:  Traffic Volume:  Type of Collision:  Traffic Control:  Traffic Volume:  Anyone conveyed ambulance: Yes  Details: of Vehicle livolved  Wehicle No: Type Make Model Color Conditio Na of FBR5097U Motorcycle HONDA NSS300A Silver  0  0	6/12/2020	Report Ma 18:37	ide:		Vide F	Report No.:			St	ation Diary No.
Name of Informant: AZELI BIN DZULKIFLI AZELI B	nformant	Particul	ars	N. S. SEC.	655	6 miles	4 - 4 - 4 - 4	ST ME	<b>B</b>	
D Type / ID No.: NRIC NO / 57125521B  Contact No.: NRIC NO / 57125521B  Email: radz77@yahoo.com  Sex:	Name of Inf	ormant:			APT B	LK 368 WOO	DLANDS AVE	ENUE 1	#02-	807
Sex: Age: Date of Birth: Rider Race: Language: English Malay Doccupation: Building maintenance worker  Driving Licence Information: Class: Date of Expiry:  Driving Licence Information: Date of Expiry:  Driving Licence Information: Date of Expiry:  Type of Location: Selectant: Sel			1B		Conta	ct No.: /Office:		lobile: 9	3884	695
Male 49 08/08/1971 Rider  Race: Language: English  Occupation: Building maintenance worker  Driving Licence Information: Class: Date of Expiry:  Type of Accident:  Expressway (SLE)  Traffic Flow:  Traffic Flow:  Traffic Control:  Traffic Volume:  Type of Collision:  Date of Expiry:  Date of Exp			:N		radz7	7@yahoo.com	1			
Malay Occupation: Building maintenance worker  Driving Licence Information: Class:  Date of Expiry:  Type of Local Expressway  Accident: Accident: No Drink Date/Time of Accident: Accident: 25/07/2020 07:25  Road Speed Limit: Traffic Flow:  Traffic Flow: Traffic Control:  Traffic Volume:  Type of Collision:  Date of Expiry:  Type of Local Expressway  (SLE)  Policie Flow: Traffic Control:  Date of Expiry:  Type of Local Expressway  Type of Condition:  Date of Expiry:  Type of Local Expressway  Accident:  Traffic Flow:  Traffic Control:  Traffic Volume:  Anyone conveyed ambulance: Yes  Details of Vehicle Involved  Vehicle No: Type Make Model Color: Conditio No of FBR5097U Motorcycle HONDA NSS300A Silver  Date of Expiry:  Date of Expiry:  Date of Expiry:  Type of Cocality Condition:  Date of Expiry:  Date of Expiry	The second second		120000000000000000000000000000000000000		Rider		T.			PAGE AND PARTICULARY
Building maintenance worker  Class: Date of Expiry:  Date	Race:				Englis	:h		stitutio	n/Sc	thool Name:
Type of Accident:  Injury Attended by Police  Drink Drive: Accident: 25/07/2020 07:25  Location:  SELETAR EXPRESSWAY  Weather: Road Surface: Road Speed Limit: Traffic Flow: Traffic Control: Traffic Volume:  Type of Collision: Anyone conveyed ambulance: Yes  Details of Vehicle Involved Vehicle No. Type Make Model Color Conditio No of FBR5097U Motorcycle HONDA NSS300A Silver 0	Occupation Building ma	i: aintenanc	e worke	ır			rmation: D	ate of E	Expiry	<b>:</b>
Traffic Flow:  Traffic Control:  Traffic Volume:  Type of Collision:  Anyone conveyed ambulance: Yes  Petails of Vehicle Involved  Vehicle No. Type Make Model Color Conditio No of FBR5097U Motorcycle HONDA NSS300A Silver 0	Accident:	- 1				No	25/07/2020	07.25		(022)
Traffic Flow:  Type of Collision:  Anyone conveyed ambulance: Yes  Petalls of Vehicle Involved  Vehicle No. Type Make Model Color Conditio No of FBR5097U Motorcycle HONDA NSS300A Silver 0	Location: SELETAR	EXPRES	SWAY		TDd		25/07/2020		Road	No.
Details of Vehicle Involved  Vehicle No. Type Make Model Color Conditio No of FBR5097U Motorcycle HONDA NSS300A Silver 0	Location: SELETAR	EXPRES	SWAY		Li executi	Surface:	25/07/2020			Speed Limit:
Vehicle No.     Type     Make     Model     Color     Conditio     No or       FBR5097U     Motorcycle     HONDA     NSS300A     Silver     0	Location: SELETAR Weather:		SWAY		Li executi	Surface:	25/07/2020		Traffi	Speed Limit:
Vehicle No.     Type     Make     Model     Color     Conditio     No or       FBR5097U     Motorcycle     HONDA     NSS300A     Silver     0	Location: SELETAR Weather: Traffic Flov	v:	SWAY		Li executi	Surface:	25/07/2020		Traffi Anyo ambi	Speed Limit: ic Volume: one conveyed by
FBR5097U Motorcycle HONDA NSS300A Silver 0	Location: SELETAR Weather: Traffic Flow	v: illision:			Traffi	Surface:	25/07/2020		Traffi Anyo ambi	Speed Limit: ic Volume: one conveyed by
GBH6088S Van 0	Location: SELETAR Weather: Traffic Flov Type of Co	v: ollision: Vehicle J	nvolve	d Make	Traffi	Surface: c Control:			Anyo ambu Yes	Speed Limit: ic Volume: one conveyed by ulance:
	Location: SELETAR Weather: Traffic Flov Type of Co	v: Vehicle I	nvolve	Make	Traffi	Surface: c Control:	Color		Anyo ambu Yes	Speed Limit: Ic Volume: Ine conveyed by lance:
Details of Vehicle Insurance	Location: SELETAR Weather: Traffic Flov Type of Co Details of Vehicle No	v: Vehicle I Type  Motor	nvolve	Make	Traffi	Surface: c Control:	Color		Anyo ambu Yes	Speed Limit: ic Volume: one conveyed by ulance: No of





T/20201216/7042

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20201216/7042

#### CONTINUATION OF REPORT

Details of V	ehicle Insurance	September 1	Street Street	and the second
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR5097U	NTUC Income Insurance Co-Operative	5118272544	21/07/2020	20/07/2021

Any Pedestrian Ir	volved: No						
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA				
Rider			AND SPECIES	<b>HEAD</b>		<b>在3.17世界的</b>	
Name	AZELI BIN DZULKIF		ID No.		S7125521B		
Related Vehicle	FBR5097U (Motorcycle)			Contact No.		93884695	
Hospital/Clinic	ospital/Clinic KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	25/07/2020	Date		08/12/2020			
No. of Days gran	ted Medical Leave	169	Degree of		Serio	us	

#### Brief Details

On the morning of 25th July 2020, I left my home at Blk 368 Woodlands Ave 1 at about 7:00AM to go to work. I walked to the carpark of Blk 371A to my motorbike number FBR5097U. I started my motorbike and left the carpark at about 7:10am. I go by my usual route, exit the carpark and into Woodlands Ave 1. Turn right into Woodlands Ave 2 and entering Seletar Expressway going towards BKE PIE. After that I have no recollection of what happened to me. The next thing I know, I woke up in the hospital ICU. I was told by my wife that I was in the ICU for about 14 days. I was told I had severe multiple injuries and underwent multiple surgeries. I still must go for a few more surgeries but that will have to wait till the external fixator on my leg is removed. I was in the hospital since 25th July and was discharged on the 8th December 2020.

The traffic police officer came to take my statement at my home on the 11th December told me that I was involved in a road traffic accident with a Grey Nissan Van GBH 6088S. That is all I remember. I do not have any video of the accident as my bike was just 4 days old and I have not had the opportunity to fix a cctv camera on my bike.





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

3 of 3 Report No. T/20201216/7042

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Authentication Stamp

NP168

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:
16/12/2020 18:37

Classification Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404