# **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 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 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 16/06/2021 11:28 (SGT) Date of Accident 15/06/2021 13:45 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG TAMPINES AVE 5 Country/State of Loss Singapore

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

Honda

Vehicle Registration Number FBS4366U

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MUHAMMAD SUFI BIN SAZALI NRIC No. S9048437J Email Address SUFISAZALI@GMAIL.COM Mobile Phone No (Phone) +65-93691016 Alternative Phone No +65-93691016

#### VEHICLE PARTICULARS

Manufacturer

Model **ADV 150** 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 Auto CC 150

#### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5121854729 Cover Note Number

#### DRIVER

Name of Driver MUHAMMAD SUFI BIN SAZALI NRIC No. S9048437J

Date Of Birth 15/12/1990 Occupation Outdoor Date Of Driving Pass 13/08/2020 Driving experience 10 MONTHS Gender Male Mobile Number (Phone) +65-93691016 Alt. Phone Number +65-93691016 Email Address SUFISAZALI@GMAIL.COM Address BLK 608A #08-302 Address complement **TAMPINES NORTH DRIVE 1** Postcode 521608 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 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name NURUL NADIAH BINTI AZMAN Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Tampines Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005871999 Alt. Police Station Phone No (Fax) +65-65871699 Police Station Address 6 Tampines Ave 4 Singapore 529682 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN. 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** 

SJF5153J

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA YOK HONG
NRIC No	S1252974J
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?	-
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?	-

## SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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. 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 lodgment 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)
  - (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 16 06 2011

Driver's Signature

1230114 (If driver is not the policyholder)

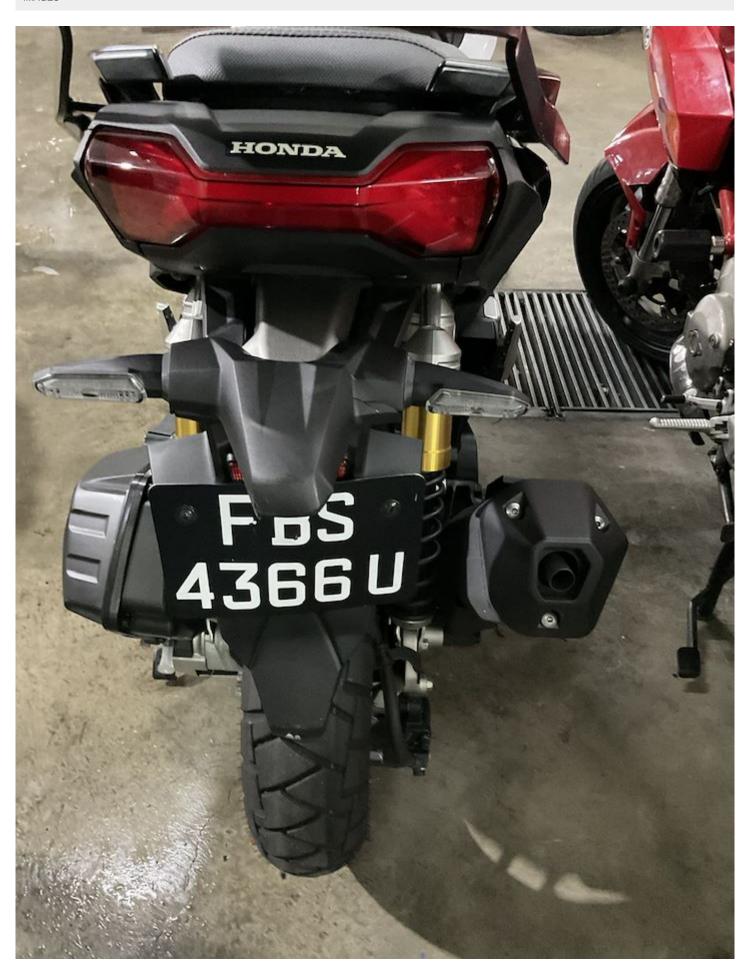
Date & Time:

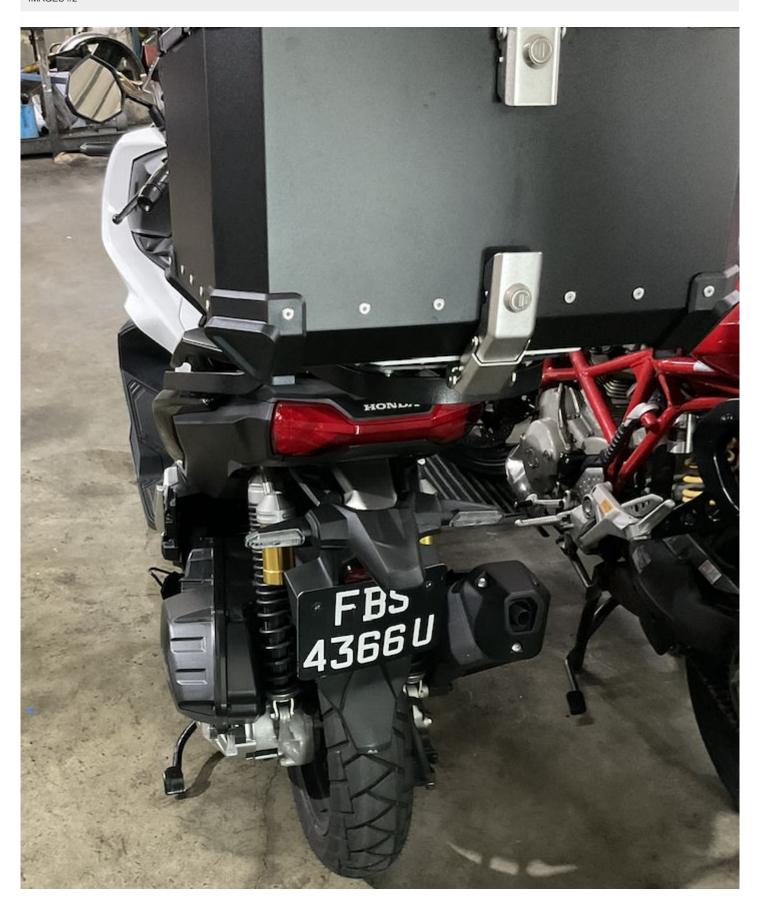
ting Centre Personnel's Signature

IKHSAM

NRIC/FIN NO .: SOGKS95

		A 100000(61)	
		A-FB54366U B-53F51535	
	, 8		
DESCRIBE CIRCUMSTANCES	T T TEN	MPINES AVE S	
	eport T/2021 to 2	.0210615 2095,	
Note: O TUNO			
LARATION  declare the foregoing particu	ilars are true in every respect.		A.

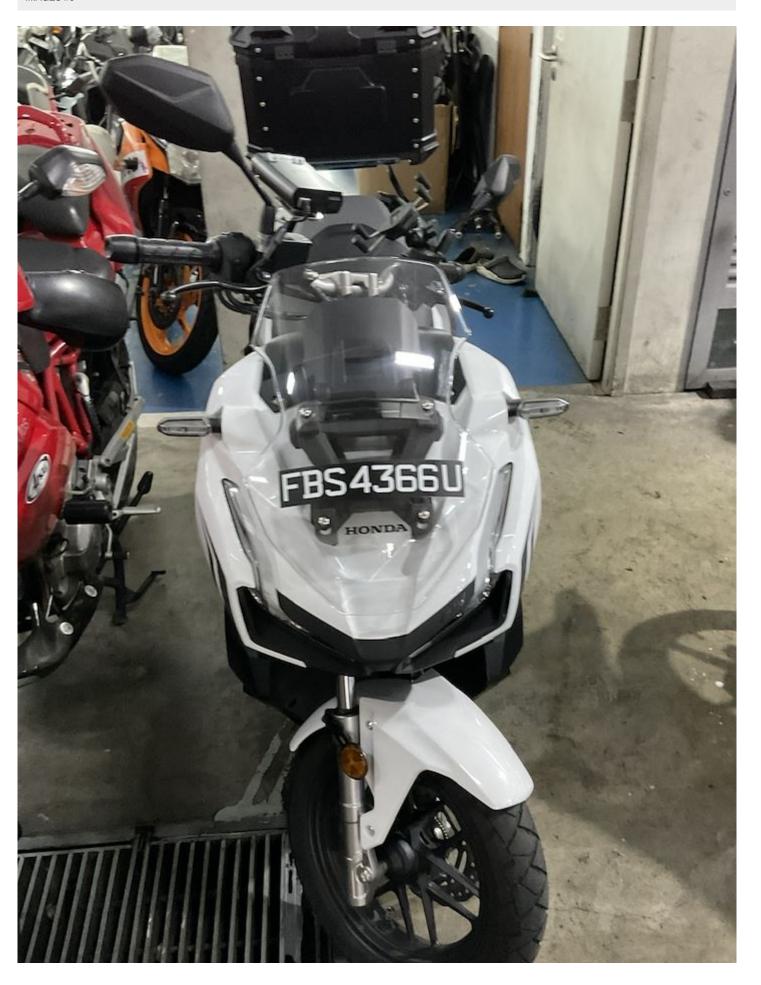














T/20210615/2095

2 of 3

Report No. T/20210615/2095

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999 CONTINUATION OF REPORT

#### Brief Details.

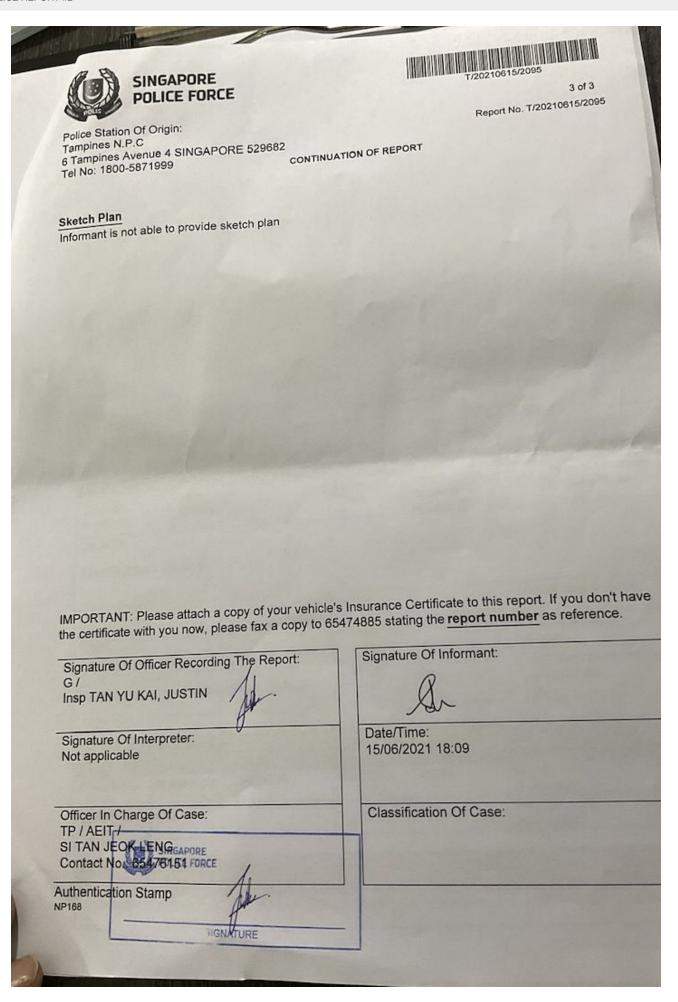
On 15/06/2021 at about 1345hrs, I was riding my motorcycle bearing plate no. FBS4366U along Tampines Ave 5 with my pillion (Nurul Nadiah Binti Azman, HP: 9229 0406). I met with an accident at the junction of Tampines Ave 5 (towards Tampines Ave 8) and Tampines Street 71. There was another rider parking at the bus stop (Bus stop no. 75139). I saw that the rider signalled me to slow down as there was a big rock along the road. I managed to pass by the obstacle and started to slow down and stopped for the rider to pick the big rock. I did turn on my hazard light. A vehicle bearing plate no. SJF5153J hit my motorcycle from the rear.

My pillion and I were given 3 days of MC each from Changi General Hospital. I suffered from back pain and my pillion suffered from back pain and numbness of her left hand. My motorcycle tail light damaged and rear guard was cracked. I observed that the vehicle (SJF51543J) has slight dent with slight scratch at the front bumper of the car.

I did exchange my particulars with the vehicle driver. No one was conveyed to hospital via ambulance. No government property was damaged.

I would to state that I did not have any video recording. This motorcycle, is my own personal motorcycle.

I am lodging this police report as requested by my insurance company.







1 of 3 Report No. T/20210615/2095

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

	F A TRAFFIC e Report M 21 18:09		Vide Report No.:	Station Diary No.: 53	
Informan	t's Particu	lars			
	Informant: MAD SUFI	BIN SAZALI	Address: APT BLK 608A TAMPINES NO SINGAPORE 521608	ORTH DRIVE 1 #08-302	
ID Type /	ID No.: / S904843	37J	Contact No.: Home/Office:	Mobile: 93691016	
Nationali	ty: ORE CITIZ	EN	Email:	S. F. and P. S.	
Sex: Male	Age: 30	Date of Birth: 15/12/1990	Type of Informant: Rider	To an all Aleman	
Race: Malay Occupation: FIRE FIGHTER			Language:	Institution / School Name:	
		See at all broken	Driving Licence Information: Class: 2B,3,4	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/06/2021 13:45	Type of Location: Straight Road	
Location: TAMPINES A Weather:	VENUE 5	Road Surface:		Road Speed Limit:	
Clear		Dry		Traffic Volume:	
Traffic Flow: Dual Carriage	Way	Traffic Control: Not Controlled		Light	
Type of Collision: Between Moving Vehicles - Head To Rear			The state of the s	Anyone conveyed by ambulance: No	

Vehicle No.	ehicle Involve	Make	Model	Color	Condition	No of Passenger
FBS4366U	Motorcycle	HONDA	ADV150A	White	Slightly Damaged	1
SJF5153J	Car				Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBS4366U	NTUC Income Insurance Co-Operative Limited	5121854729	19/04/2021	18/04/2022	