

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 10/02/2021 15:50 (SGT)
Date of Accident 05/02/2021 18:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information BUKIT BATOK WEST AVENUE 5
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ7050H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SULAIMAN BIN MD SAB
NRIC No S1369467B
Email Address SULZULSUL55@GMAIL.COM
Mobile Phone No (Phone) +65-94698331
Alternative Phone No (Home) +65-94698331

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Fz16st
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

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5119044973 (TP)
Cover Note Number -

DRIVER

Name of Driver SULAIMAN BIN MD SAB
NRIC No S1369467B
Date Of Birth 12/09/1959
Occupation Outdoor

Date Of Driving Pass	04/09/1979
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94698331
Alt. Phone Number	(Home) +65-94698331
Email Address	SULZULSUL55@GMAIL.COM
Address	APT BLK 289E BUKIT BATOK STREET 25 #07-160
Address complement	-
Postcode	654289
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 - Major/Minor Rd
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	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

REFER TO 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	FBB9397L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	KANG KEE CHUAN
NRIC No	S1562708E

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	SULAIMAN BIN MD SAB
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBJ7050H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

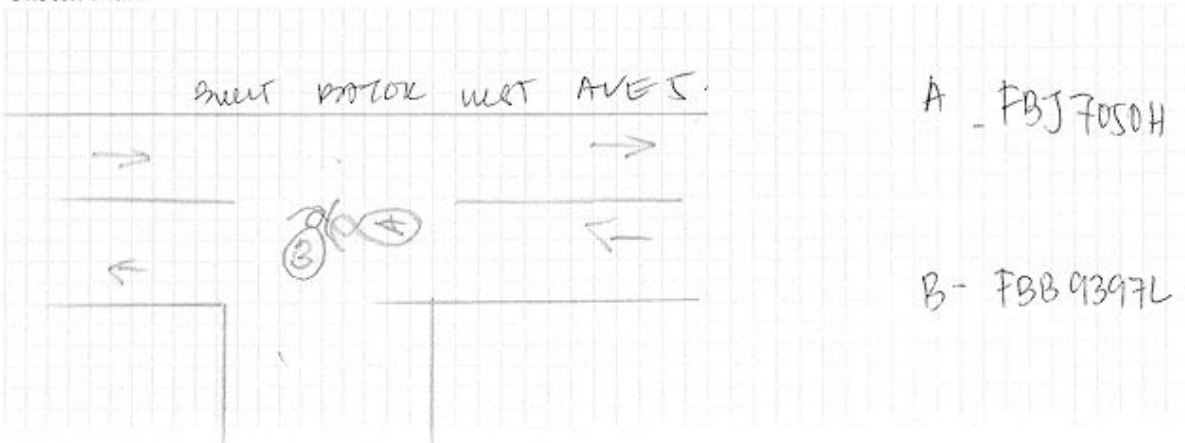
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6560 6732
Email: vac@singnet.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Refn to police Report.

We declare the foregoing particulars are true in every respect.

are

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

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6560 6722
Email: vacbb@singnet.com.sg

Witnessed by Reporting Centre
Personnel



































SINGAPORE
POLICE FORCE



T/20210208/2043

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

1 of 3
Report No. T/20210208/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2021 12:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SULAIMAN BIN MD SAB			Address: 289E BUKIT BATOK STREET 25 #07-160 NATURE VIEW SINGAPORE 654289		
ID Type / ID No.: NRIC NO / S1369467B			Contact No.: Home/Office: Mobile: 94698331		
Nationality: SINGAPORE CITIZEN			Email:		
Sex:	Age: 61	Date of Birth: 12/09/1959	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/02/2021 18:50	Type of Location: Straight Road
Location: BUKIT BATOK WEST AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ7050H	Motorcycle	YAMAHA	FZ16ST	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ7050H	NTUC Income Insurance Co-Operative Limited	5119044973	16/09/2020	15/09/2021



SINGAPORE
POLICE FORCE



T/20210208/2043

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

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Report No. T/20210208/2043

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SULAIMAN BIN MD SAB	ID No.	S1369467B
Related Vehicle	FBJ7050H (Motorcycle)	Contact No.	94698331
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE MENTIONED DATE AND TIME

SULAIMAN BIN MD SAB WAS RIDING HOME AFTER HIS GRABFOOD DELIVERY SHIFT. AS HE WAS RIDING ON A STRAIGHT ROAD AT AROUND 30-40KM/H NEAR BBDC, A MOTORBIKE RIDER CAME OUT OF A CARPARK. HE WAS NOT ABLE TO REACT ACCORDINGLY IN TIME AS THE MOTORBIKE RIDER THAT CAME OUT FROM THE CARPARK DID NOT STOP TO OBSERVE ONCOMING TRAFFIC FIRST BEFORE EXITING THE CARPARK. RIDER SULAIMAN WAS CONVEYED TO NTFH AND WAS HOSPITALIZED FOR 3 DAYS AND ISSUED A 31 DAYS MC DUE TO THE ACCIDENT. MR SULAIMAN'S FAMILY FINANCIAL STATUS HAS BEEN AFFECTED DUE TO THIS ACCIDENT BECAUSE HE IS NOT ABLE TO WORK FOR 31 DAYS.

THAT'S ALL



SINGAPORE
POLICE FORCE



T/20210208/2043

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

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Report No. T/20210208/2043

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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.

Signature Of Officer Recording The Report:
TP /
SC TOH CHIN XIONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/02/2021 12:01

Officer In Charge Of Case:
TP / GIT /
Staff Sgt TAN JUN YAN
Contact No.: 65476311

Classification Of Case:



Authentication Stamp
NP168

Signature: