

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 14/07/2021 18:01 (SGT)
Date of Accident 03/07/2021 13:20 (SGT)
Exact Location of Accident Grange Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG2610R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD FAISAL BIN HAMZAH
NRIC No S8852174I
Email Address MDAIHAMZAH88@GMAIL.COM
Mobile Phone No (Phone) +65-87529075
Alternative Phone No (Home) +65-87529075

VEHICLE PARTICULARS

Manufacturer Yamaha
Model T135
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 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5120433753
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD FAISAL BIN HAMZAH
NRIC No S8852174I

Date Of Birth	28/12/1988
Occupation	Indoor
Date Of Driving Pass	25/12/2020
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87529075
Alt. Phone Number	(Home) +65-87529075
Email Address	MDFAIHAMZAH88@GMAIL.COM
Address	APT BLK 224 TAMPINES ST 23 #04-231
Address complement	-
Postcode	521224
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	GBG1816X
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	MUHAMMAD FAISAL BIN HAMZAH
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBG2610R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

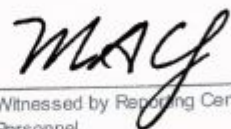
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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

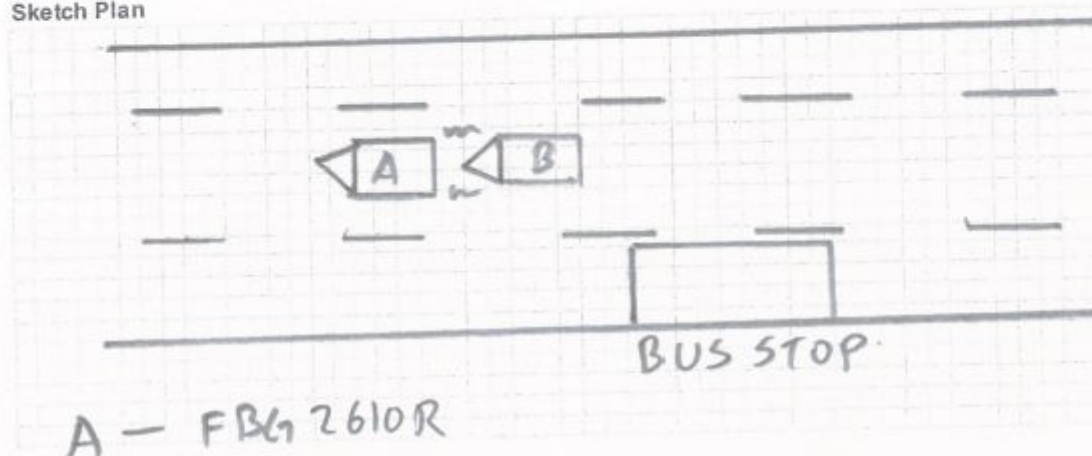
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


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

I WAS TRAVELLING ALONG GRANGE ROAD, I WAS ON A COMPLETE STOP WHILE WAITING FOR THE TRAFFIC, WHEN CAR (GBG1816X) HIT MY BIKE (F8G2610R) FROM MY REAR, CAUSING AN IMPACT TO MY BIKE AND I FALL DOWN FROM MY BIKE.

Declaration

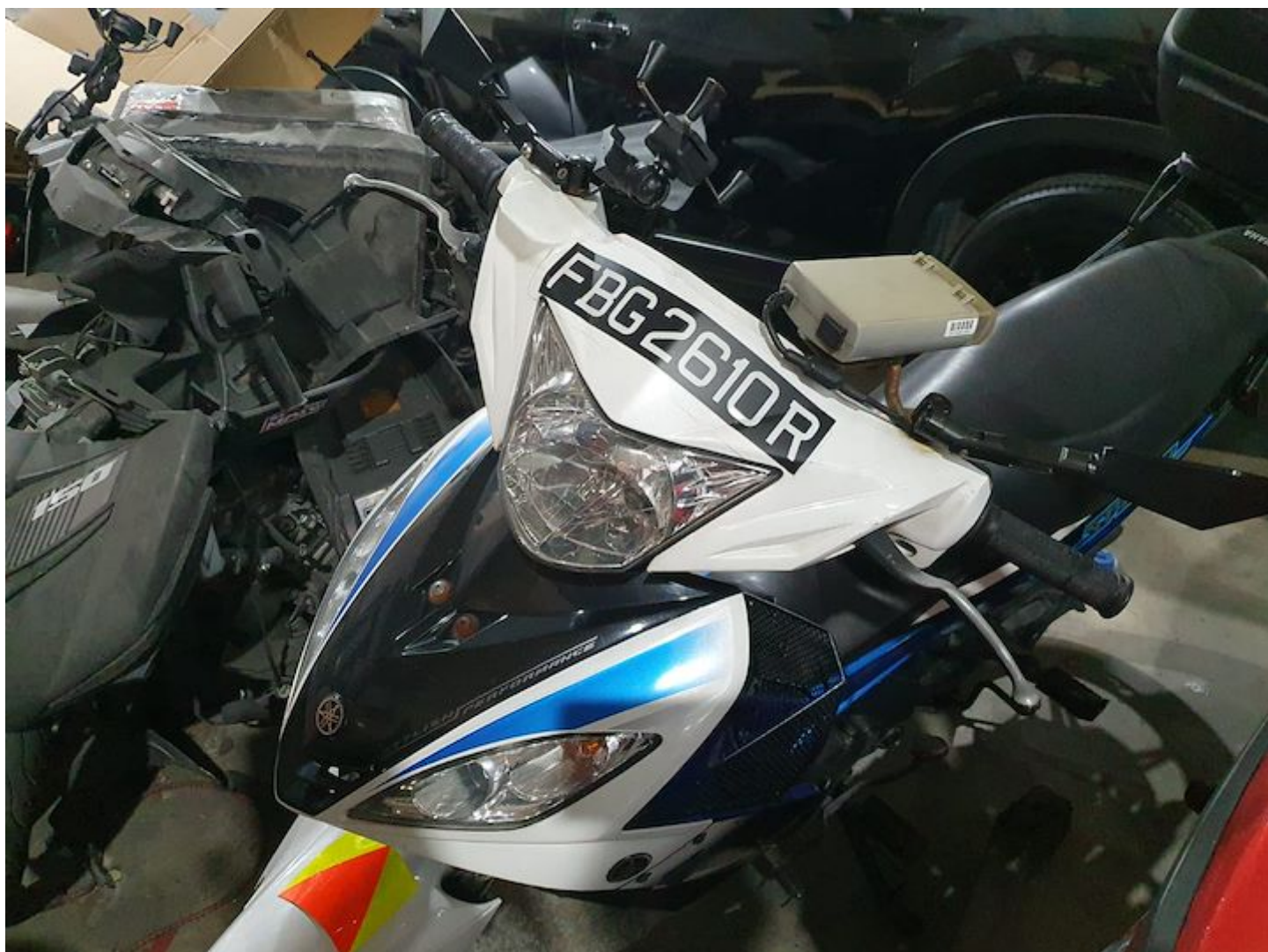
We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel















**SINGAPORE
POLICE FORCE**



G/20210704/7011

1 of 2

POLICE REPORT (NP299)

Report No. G/20210704/7011

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 04/07/2021 12:47	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD FAISAL BIN HAMZAH	Address APT BLK 224 TAMPINES STREET 23 #04-231 SINGAPORE 521224	
ID Type / ID No. NRIC NO / S8852174I	Contact No. Home/Office: Mobile: 87529075	
Nationality SINGAPORE CITIZEN	Email Address mdfaihamzah88@gmail.com	
Occupation Building technician	Sex Male	Age 32
Institution/School Name	Date of Birth 28/12/1988	Race Malay
Date/Time Of Incident 03/07/2021 13:20 - 03/07/2021 14:30	Location Of Incident APT BLK 224 TAMPINES STREET 23 #04-231 SINGAPORE 521224	

Brief details.

I was travelling along Grange Road on 03/07/2021 around 1320hrs, I was on a complete stop waiting for the traffic to move on, I suddenly felt I an impact on my rear of my bike, causing to my bike and me to fall down. After which I realised the car behind me had collided on my bike rear. After the accident, I went to see a doctor at True Medical Clinic and was given 3 days MC.

Subjects Involved

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: 04/07/2021 12:47
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20210704/7011

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210704/7011

Victim			
Person Name	MUHAMMAD FAISAL BIN HAMZAH		
ID Type	NRIC NO	ID No	S8852174I
Gender	Male	Age	32
Race	Malay	Language	English
Occupation	Building technician	Address Type	
Address	APT BLK 224 TAMPINES STREET 23 #04-231 SINGAPORE 521224	Mobile No	87529075
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD FAISAL BIN HAMZAH (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.Date/Time:
04/07/2021 12:47

Classification Of Case:



**SINGAPORE
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Not applicable

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