# **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.

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   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 17/06/2021 14:45 (SGT) Date of Accident 16/06/2021 15:15 (SGT) Exact Location of Accident Singapore Additional Location Information **BIDEFORD ROAD** Country/State of Loss Singapore

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

Ktm

Vehicle Registration Number FBM3975A

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner AFIF FAIQ BIN SAMSUL BAHROM NRIC No. S8810484F Email Address FAIQAFIF10@GMAIL.COM Mobile Phone No (Phone) +65-91690074 Alternative Phone No +65-91690074

#### VEHICLE PARTICULARS

Manufacturer

Model **390 DUKE** Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Motorcycle Transmission Manual CC 390

#### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5119693592 Cover Note Number

#### DRIVER

Name of Driver AFIF FAIQ BIN SAMSUL BAHROM NRIC No. S8810484F

Date Of Birth 29/03/1988 Occupation Outdoor Date Of Driving Pass 28/12/2010 Driving experience 10 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-91690074 Alt. Phone Number +65-91690074 Email Address FAIQAFIF10@GMAIL.COM Address BLK 610A TAMPINES NORTH DRIVE 1 #04-440 Address complement Postcode 521610 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 - Change/cross lane 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? Nο 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 **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? Nο 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? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMR5284R Vehicle Manufacturer Mercedes

Private car

# Accident report SN07216H0008

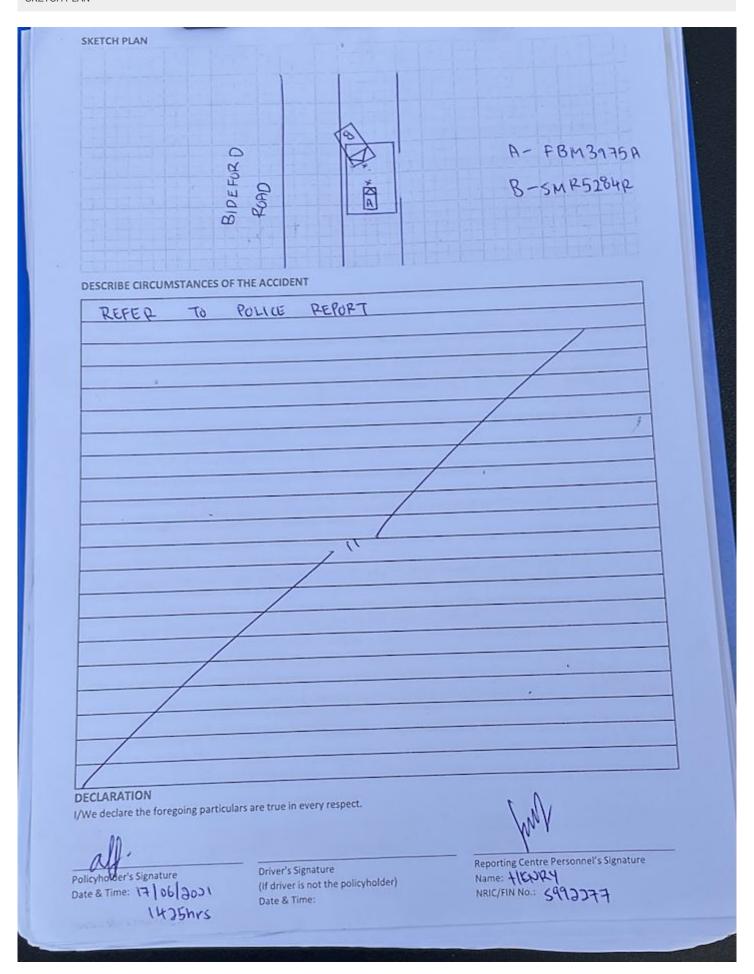
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	NG SEOK YEE
NRIC No	S1654189C
Contact Number	(Phone) +65-83366598
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	AFIF FAIQ BIN SAMSUL BAHROM
Address	BLK 610A TAMPINES NORTH DRIVE 1 #04-440
Address Complement	-
Post Code	521610
Approximate Age Years Old	33
Injuries Sustained	FRACTURE BETWEEN RIGHT HAND THUMB AND PALM
Injured person in which vehicle?	FBM3975A
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No



#### SKETCH PLAN

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- 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
- (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: 17 04 2021

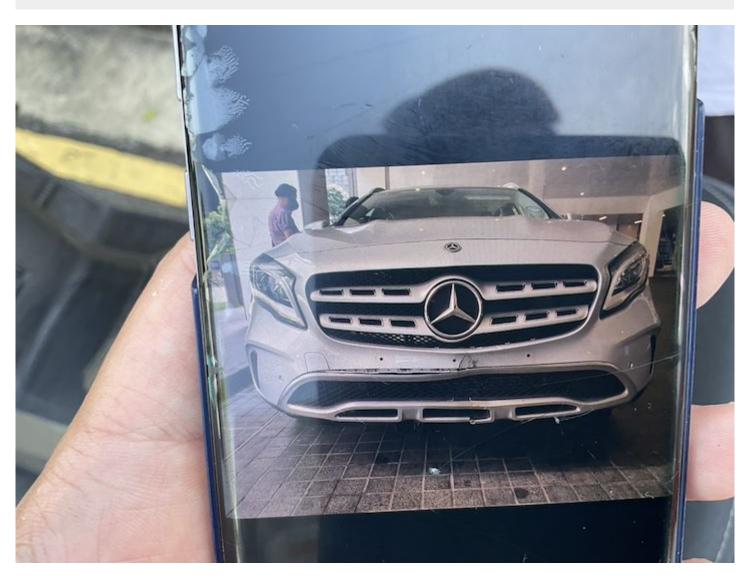
(425hrs

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

Reporting Centre Personnel's Signature

Name: HENRY

NRIC/FIN NO.: 5992277



























POLICE REPO	RT (NP299) CONTINUATION	ON OF REPO	RT	Report No. G/2021061
ambulance also proceeded to le	arrived to check on my well being ave the area.	ı. After exchar	nging	car particulars with the car drive
Subjects Involve	ed			
Suspect	lu o	ANGES V	1200	Continues of the second
Person Name Gender	Ng Seok Yee			
Gender	Female			
Victim			- (2)	TO THE R. P. LEWIS CO., LANSING
Person Name	AFIF FAIQ BIN SAMSUL BAH		2/350	
ID Type	NRIC NO	ID No		S8810484F
Gender	Male	Age	12.11	33
Race	Malay	Language		English
Occupation	Despatch worker	Address		610A TAMPINES NORTH DRIVE 1 #04-440 SINGAPOR 521610
Mobile No	91690074	Is Informant A Victim?		Yes
	59,			
Person Name	Afif faiq			
Gender Address	Male 610A Tampines North Drive 1 SINGAPORE 521610			91690074
Person Name	AFIF FAIQ BIN SAMSUL BAHR	OM (Informan	t)	
Signature Of Of	ficer Recording The Report:	Sign	ature	Of Informant:
Not applicable		The identity of the person making this report has been authenticated by Singpass No signature is required.		
Signature Of Int Not applicable	erpreter.	Date/Time: 17/06/2021 12:34		
Officer In-Charg	e Of Case:	Class	ificati	on Of Case:
	Stamp			

