

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 13/07/2021 11:40 (SGT)
Date of Accident 08/06/2021 14:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information SIMS AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK9600C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SITI KHATIJAH BINTE MOHAMED IBRAHIM
NRIC No S7803195F
Email Address Amran866@gmail.com
Mobile Phone No (Phone) +65-98732214
Alternative Phone No +65-98732214

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb400sf
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 Manual
CC 400

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5108463631-02
Cover Note Number -

DRIVER

Name of Driver AMRAN BIN MOHAMED NOR
NRIC No S7325085D

Date Of Birth	16/07/1973
Occupation	Indoor
Date Of Driving Pass	04/10/1995
Driving experience	25 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90063914
Alt. Phone Number	-
Email Address	Amran866@gmail.com
Address	BLK 866 #02-237 TAMPINES STREET 83
Address complement	-
Postcode	520866
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	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 POLICE REPORT AND SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	EMAIL TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA88Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AMRAN BIN MOHAMED NOR
Address	BLK 866 #02-237 TAMPINES STREET 83
Address Complement	-
Post Code	520866
Approximate Age Years Old	47
Injuries Sustained	SPRAINED NECK AND SHOULDER.MULTIPLE ABRASION.
Injured person in which vehicle?	FBK9600C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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:

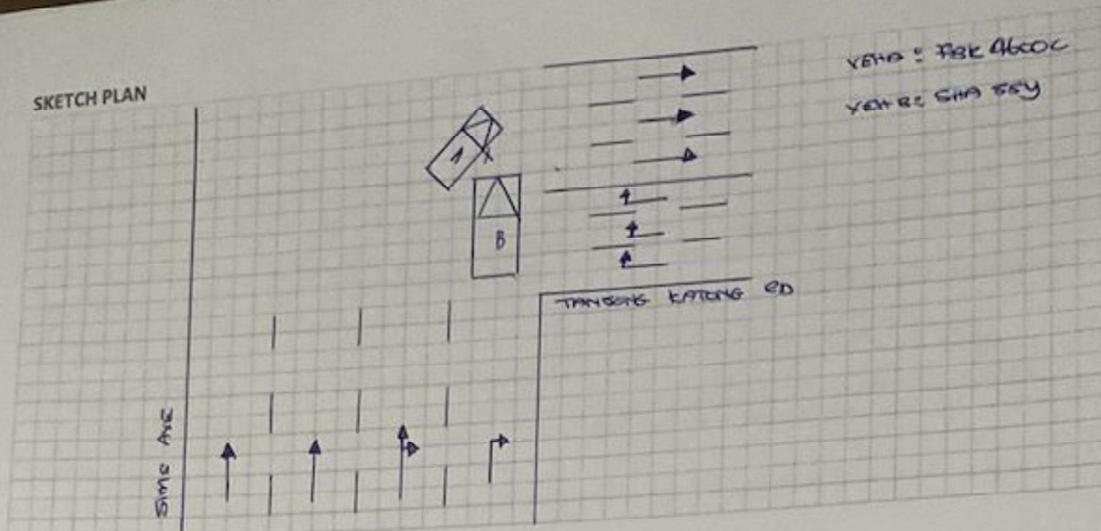
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) 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' 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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/05/2021 1130hrs

Reporting Centre Personnel's Signature
Name: AHMAD JAYAN
NRIC/FIN No.: 807057447

SKETCH PLAN



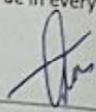
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

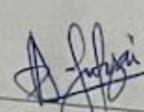
As per Police Report

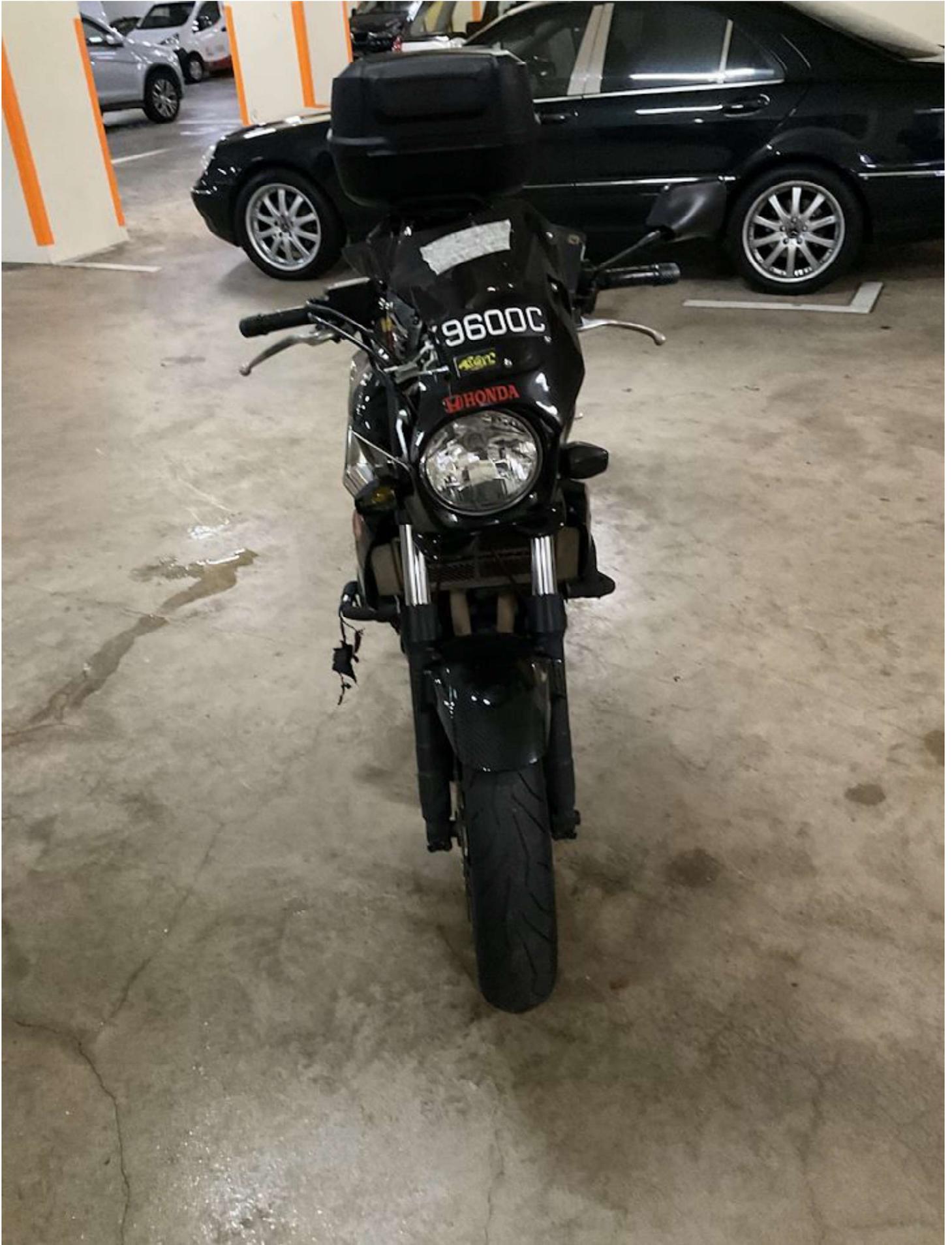
DECLARATION

I/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: 13/07/2024 1130023


Reporting Centre Personnel's Signature
Name: AHMAD SYAFIQ
NRIC/FIN No.: S190574143












**SINGAPORE
POLICE FORCE**


T/20210609/2040

1 of 3

Report No. T/20210609/2040

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
09/06/2021 14:52

Vide Report No.:

Station Diary No.:
72

Informant's Particulars

Name of Informant:
AMRAN BIN MOHAMED NOR

Address:
APT BLK 866 TAMPINES STREET 83 #02-237 SINGAPORE
520866

ID Type / ID No.:
NRIC NO / S7325085D

Contact No.:
Home/Office: Mobile: 90063914

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 47 16/07/1973

Type of Informant:
Driver

Race:
Malay

Language:

Institution / School Name:

Occupation:
GRAB FOOD

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/06/2021 14:00	Type of Location:
Location: SIMS AVENUE				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK9600C	Motorcycle					
SHA88Y	TAXI					0
						0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

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



T/20210609/2040

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Report No. T/20210609/2040

CONTINUATION OF REPORT

Driver Name	AMRAN BIN MOHAMED NOR	ID No.	S7325085D
Related Vehicle	FBK9600C (Motorcycle)	Contact No.	90063914
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/06/2021	Date Discharge	09/06/2021
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

On 08/06/2021 at about 1400hrs, I was riding along the second lane of Sims avenue and wanted to make a right turn to Tanjong Katong however as I was turning right, I felt an impact from my right which was caused by a taxi which was on the first lane after which I fell onto the road. Shortly later the taxi driver came towards me to help me out and subsequently ambulance came and conveyed me to Raffles hospital which I was given a total of 7 days Hospitalization/Post Hospitalization leave. On 09/06/2021 I was discharged and on the way back, I received a call from traffic police IO Ismail whom advise me to lodge a report in regards to the accident. I wish to further state that I did not manage to get the contact details of the taxi driver.



SINGAPORE POLICE FORCE



T/20210609/2040

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Report No. T/20210609/2040

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

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:
G /
Sgt 3 NG JUNJIE, EDWIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/06/2021 14:52

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RASHIDAH BINTE AZMAN
Contact No.: 65476216

Classification Of Case:

Authentication Stamp
NP168

 SINGAPORE POLICE FORCE
SIGNATURE