

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 22/07/2021 18:57 (SGT)
Date of Accident 18/07/2021 23:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information YISHUN AVE 11
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH3847M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner DANISH AMANI BIN SUBTU
NRIC No T0002066J
Email Address danish_amani@hotmail.com
Mobile Phone No (Phone) +65-96802534
Alternative Phone No +65-96802534

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
Transmission Auto
CC 153

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5122512524
Cover Note Number 10/06/21 - 09/06/22

DRIVER

Name of Driver DANISH AMANI BIN SUBTU
NRIC No T0002066J

Date Of Birth	25/01/2000
Occupation	Indoor
Date Of Driving Pass	18/07/2018
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-96802534
Alt. Phone Number	+65-96802534
Email Address	danish_amani@hotmail.com
Address	BLK 603 YISHUN ST 61 #04-341
Address complement	-
Postcode	760603
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 - U-Turn
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	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 POLICE REPORT

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	INSURED WILL EMAIL TO NTUC
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8178H
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	DANISH AMANI BIN SUBTU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	FBH3847M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

1. VEHICLE NO.: FBH3847M
 2. INSURER CO: NTUC
 3. ACCIDENT
 DATE & TIME: 18/7/21 23:30

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Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

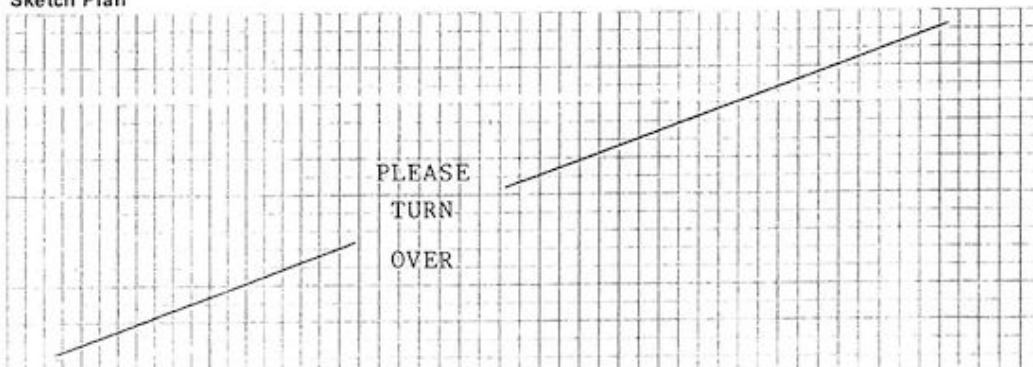
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Pain
 Policyholder's Signature / Date & Time

(YS) ong
 Driver's Signature (if driver is not the policyholder) / Date & Time

(YS) ong 22/7/21
 Witnessed by Reporting Centre Personnel

Sketch Plan























**SINGAPORE
POLICE FORCE**



T/20210722/7023

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

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Report No. T/20210722/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2021 15:34		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: DANISH AMANI BIN SUBTU			Address: 603 YISHUN STREET 61 #04-341 SINGAPORE 760603		
ID Type / ID No.: NRIC NO / T0002066J			Contact No.: Home/Office: Mobile: 96802534		
Nationality: SINGAPORE CITIZEN			Email: DANISH_AMANI@HOTMAIL.COM		
Sex: Male	Age: 21	Date of Birth: 25/01/2000	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: unemployed			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/07/2021 23:30	Type of Location: Bend
Location: 18 july around 11.30pm along yishun ave 11				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBH3847M	Motorcycle	YAMAHA	FZ16 Fazer	Black	Seriously Damaged	0
SHC8178H	Car	HYUNDAI		Blue	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210722/7023

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

Report No. T/20210722/7023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH3847M	NTUC Income Insurance Co-Operative Limited	5122512524	10/06/2021	09/06/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	DANISH AMANI BIN SUBTU		ID No.	T0002066J
Related Vehicle	FBH3847M (Motorcycle)		Contact No.	96802534
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	SHC8178H (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Rider				
Name	DANISH AMANI		ID No.	T0002066J
Related Vehicle	NIL		Contact No.	96802534
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/07/2021		Date	19/07/2021
No. of Days granted Medical Leave	04		Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20210722/7023

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Report No. T/20210722/7023

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

CONTINUATION OF REPORT

Brief Details.

i was onmyway back home along yishun ave 11 from Jems T junction towards yishun park. i was on the right side of the lane. when a taxi from the bus stop came into my lane as he decide to do a U turn. front of my bike hit his right front side. i own a class 2B and 2A



**SINGAPORE
POLICE FORCE**

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



T/20210722/7023

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Report No. T/20210722/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable


Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
22/07/2021 15:34

Classification Of Case:

 **Khoo Teck Puat Hospital**
National Healthcare Group

Khoo Teck Puat Hospital
90 Yishun Central
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Website: www.ktph.com.sg

MEDICAL CERTIFICATE **REPRINT** **KHANE212044102**

NAME : DANISH AMANI B SUBTU
NRIC : T0002066J

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named attended Examination/Treatment from **19 Jul 2021 22:09** to **20 Jul 2021 00:19**
The above named is unfit for duty for a period of **4** day(s), from **19 Jul 2021** to **22 Jul 2021** inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks :

20 Jul 2021	Iype Thomas Timothy (65005F)	A&E P3c	
Date	Issuing Doctor	Location	Doctor's Signature