

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	15/07/2021 17:42 (SGT)
Date of Accident	14/07/2021 18:15 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	Bukit Timah Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ2271H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD SYAHMI RAZALI
NRIC No	T0100351D
Email Address	syahmi01@gmail.com
Mobile Phone No	(Phone) +65-97284100
Alternative Phone No	(Home) +65-97284100

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Y125
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	125

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5112052459-01
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD SYAHMI RAZALI
NRIC No	T0100351D

Date Of Birth	08/01/2001
Occupation	Outdoor
Date Of Driving Pass	06/06/2019
Driving experience	2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97284100
Alt. Phone Number	(Home) +65-97284100
Email Address	syahmi01@gmail.com
Address	BLK 466B #11-323
Address complement	SEMBAWANG DRIVE
Postcode	752466
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Van vehicle hit my motorbike from behind

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	Not Provided
Was there any audio recorded?	No

SKETCH PLANIMPORTANT NOTICE

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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' 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.

MUHAMMAD SYAHMI RAZALI

15-07-2021 12:37:34 AM

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

FBQ2271H

GBG6849T

Van vehicle hit my motorbike from behind

Declaration

I/We declare the foregoing particulars are true in every respect.

MUHAMMAD SYAHMI RAZALI

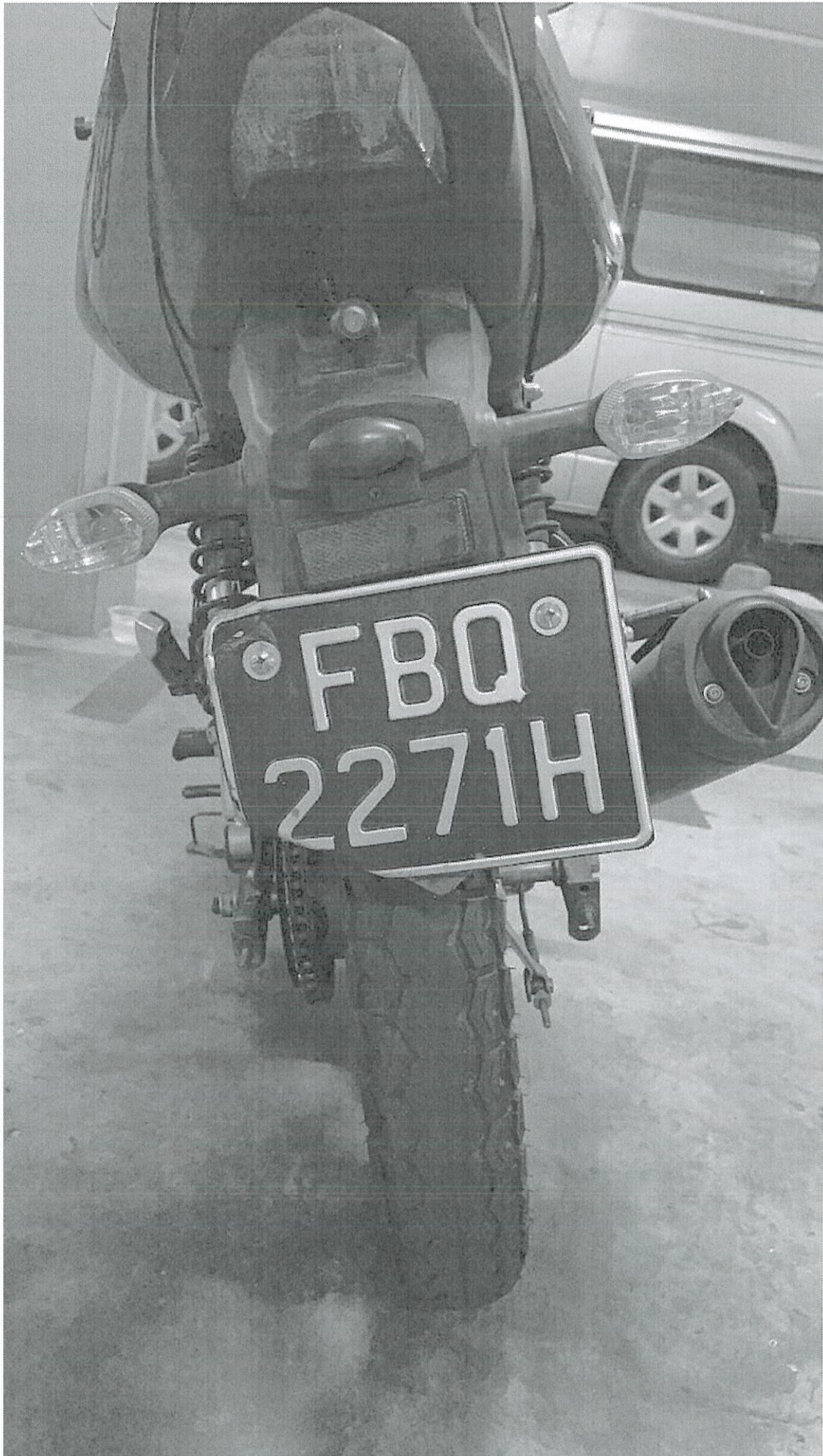
15-07-2021 12:37:34 AM

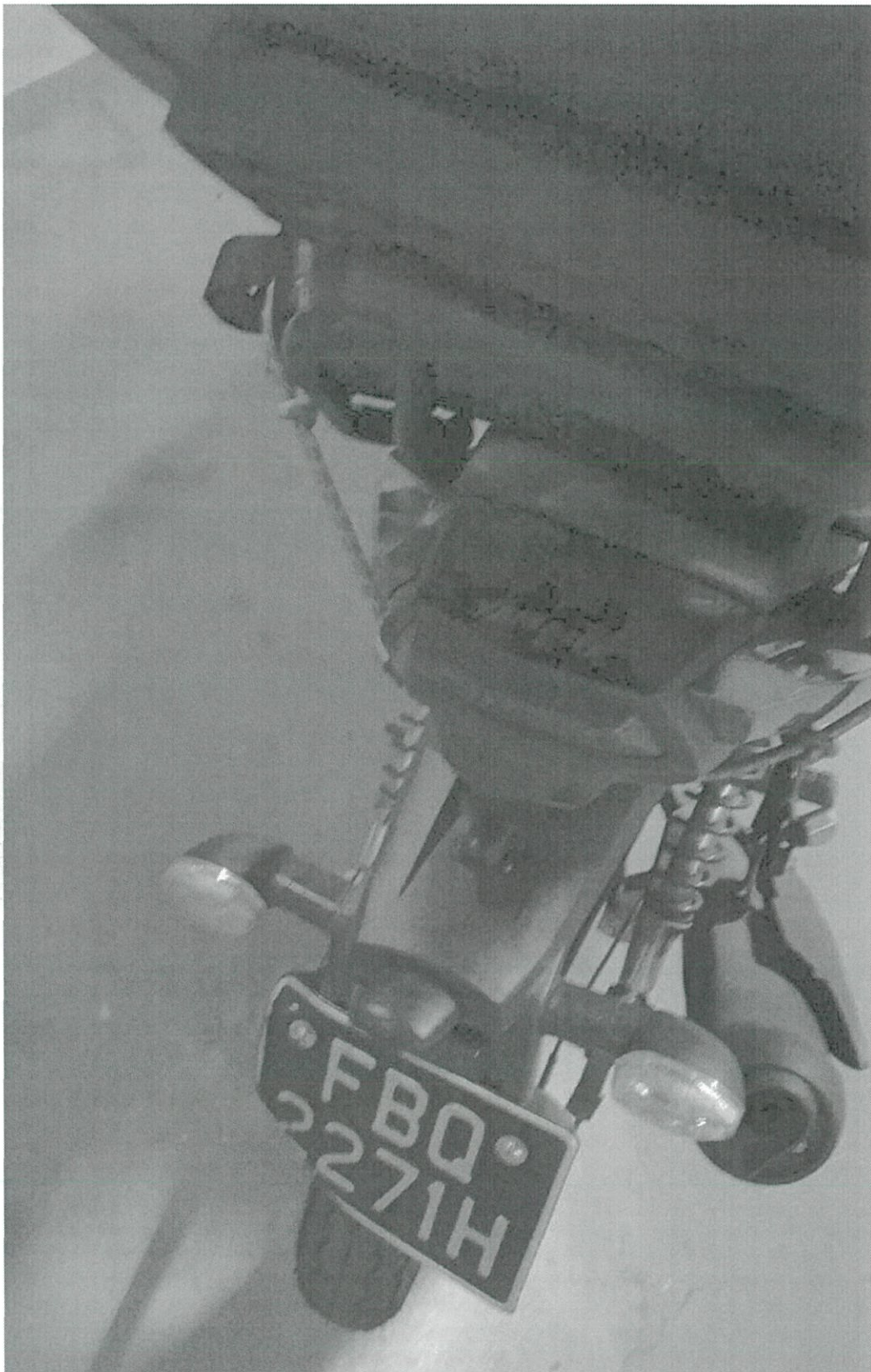
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting
Centre Personnel



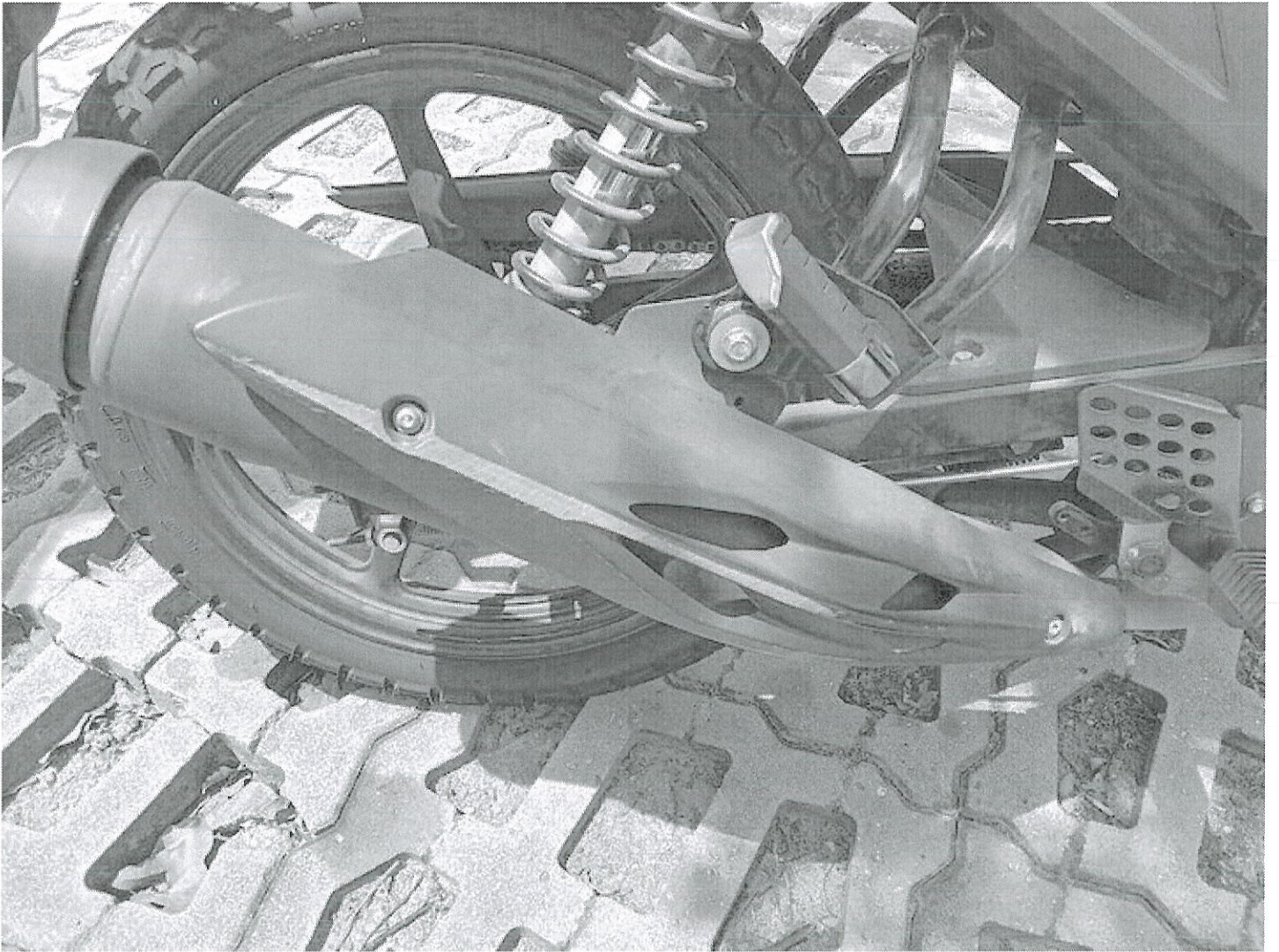




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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550026G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN07217F000X Vehicle Registration No: FBQ2271H
Name (as shown in NRIC) : MUHAMMAD SYAHMI RAZALI NRIC/FIN/Passport No : T0100351D
(*~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 466B #11-323 SEMBAWANG DRIVE Singapore (752466)
Contact (Tel) : _____ Mobile No. : 97284100
Email Address : syahmi01@gmail.com
Date of Accident : 14/07/2021 Time of Accident : 18:15
Place of Accident : Bukit Timah Rd, Singapore
Insurance Company : NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Change claim type from Reporting Only to 3rd Party Claim

Policyholder / Driver's Signature
Date: 27 July 2021

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: 8993561
Date: _____

