

## 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	16/08/2021 18:10 (SGT)
Date of Accident	02/08/2021 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BUKIT MERAH
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP7672G

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ALI BIN BUANG
NRIC No	S1135852G
Email Address	SOUMOTOR@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96512003
Alternative Phone No	+65-96512003

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400
Variant	CB400A
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	399

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver	ALI BIN BUANG
NRIC No	S1135852G

Date Of Birth  
Occupation  
Date Of Driving Pass  
Driving experience  
Gender  
Mobile Number  
Alt. Phone Number  
Email Address  
Address

Address complement  
Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

04/11/1955

Indoor

08/06/1990

31 YEARS AND 2 MONTHS

Male

(Phone) +65-96512003

+65-96512003

SOUMOTOR@HOTMAIL.COM

BLK 8 JALAN RUMAH TINGGI

#10-471

150008

Yes

-

No

-

-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collided into Motorcyclist

Clear

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

Queenstown Neighbourhood Police Centre

Police Station Phone No

(Phone) +65-18004719999

Alt. Police Station Phone No

(Fax) +65-64715299

Police Station Address

No. 3 Queensway #01-03 Singapore 149073

Was notice of intended Prosecution given?

No

If yes, against whom?

-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO THE SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?

No

Was there any video captured by Car Camera?

No

Was there any audio recorded?

No

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number

SNA7914X

Vehicle Manufacturer

-

Vehicle Model

-

Vehicle Variant

-

Vehicle Colour

-

Vehicle Category

Private car



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  
 Gender  
 Phone No  
 Address  
 Address Complement  
 Post Code  
 Approximate Age Years Old  
 Injuries Sustained  
 Injured person in which vehicle?  
 Were seat belts worn?  
 Was this injured conveyed to hospital by ambulance?

ALI BIN BUANG

FBP7672G

No

Yes

SKETCH PLAN

IMPORTANT NOTICE

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6. The 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.
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 firms/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 firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

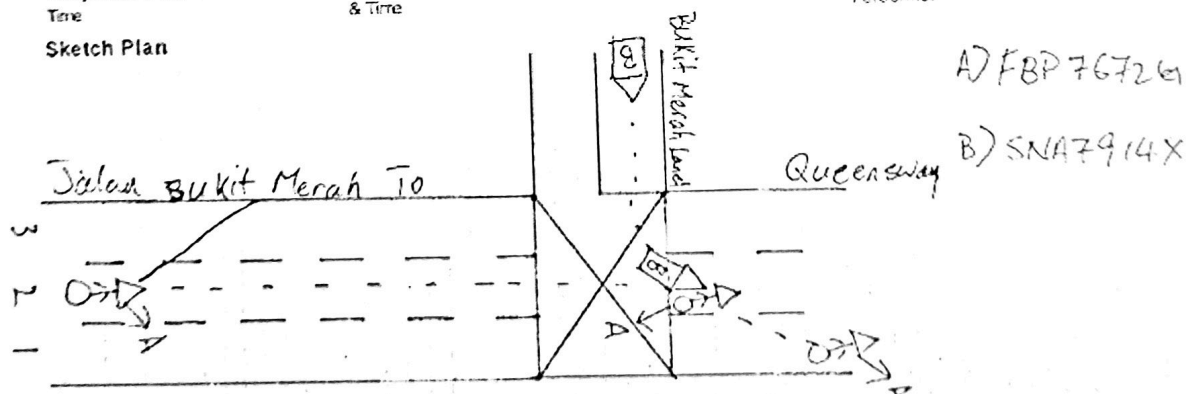
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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


LICENSE PLATE: CONTACT NUMBER: LOCATION:	ACCIDENT DATE & TIME: E-MAIL ADDRESS:
<p style="font-size: 1.2em;">Refer Police report</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third Party
<input checked="" type="checkbox"/> Claim OD/TP at other workshop	
<input type="checkbox"/> Reporting Only	

**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

  
 Witness (Reporting Centre Personnel)



**SINGAPORE  
POLICE FORCE**



T/20210806/2058

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20210806/2058

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/08/2021 16:35	Vide Report No.: D/20210802/0041	Station Diary No.: 35
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<b>Informant's Particulars</b>		
Name of Informant: ALI BIN BUANG		Address: APT BLK 8 JALAN RUMAH TINGGI #10-471 SINGAPORE 150008
ID Type / ID No.: NRIC NO / S1135852G		Contact No.: Home/Office: Mobile: 96512003
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 65	Date of Birth: 04/11/1955
Race: Boyanese		Type of Informant: Rider
Occupation: PSA OFFICER		Language: Institution / School Name:
Driving Licence Information: Class: 2B,2A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/08/2021 12:30	Type of Location: T-Junction
Location:  JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP7672G	Motorcycle	HONDA	CB400A	Red		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP7672G	NTUC Income Insurance Co-Operative Limited	5110235281-02	07/06/2021	06/06/2022



# SINGAPORE POLICE FORCE



T/20210806/2058

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Report No. T/20210806/2058

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ALI BIN BUANG	ID No.	S1135852G
Related Vehicle	FBP7672G (Motorcycle)	Contact No.	96512003
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	02/08/2021	Date Discharge	03/08/2021
No. of Days granted Medical Leave	44	Degree of Injury	Serious

### Brief Details.

On 2/8/2021 at about 1230hrs, I was riding my motorcycle (FBP7672G) along Jalan Bukit Merah towards Queensway (lane2). Upon reaching the junction of the mentioned road and Bukit Merah Lane 4, there was a car that drove out from Bukit Merah Lane 4 and onto Jalan Bukit Merah. As it happened suddenly, I believed that it collided to the left side of my vehicle and I fell to the ground. I stayed on the ground till ambulance and traffic police arrived. While waiting I can recall that there was a male malay rider who helped me sit down and supported me before ambulance arrival. I was then conveyed by ambulance to NUH, conscious. I wish to state that I am unaware of the details of the vehicle that collided me. I can only recall that that the driver was a Chinese man in his 30s and there. I was warded at NUH on the same day and was discharged the next day. I was also given 44 days MC. There was no camera installed on my motorcycle.

SINGAPORE  
POLICE FORCE



T/20210806/2058

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Report No. T/20210806/2058

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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:

D /

Sgt 3 MUHAMMAD RAYMIE RAHMAT BIN  
SUOD

Signature Of Informant:

*[Handwritten signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

06/08/2021 16:35

Officer In Charge Of Case:

TP / GIT /

SI CHONG GUAN FATT

Contact No.: 65476083

Classification Of Case:

SN 49

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

*[Handwritten signature]*  
SIGNATURE





# SINGAPORE POLICE FORCE



T/20210816/2030

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

1 of 3

Report No. T/20210816/2030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/08/2021 12:19	Vide Report No.: T/20210806/2058	Station Diary No.: 18
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**Informant's Particulars**

Name of Informant: ALI BIN BUANG			Address: APT BLK 8 JALAN RUMAH TINGGI #10-471 SINGAPORE 150008	
ID Type / ID No.: NRIC NO / S1135852G			Contact No.: Home/Office: Mobile: 96512003	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 65	Date of Birth: 04/11/1955	Type of Informant: Rider	
Race: Boyanese			Language:	Institution / School Name:
Occupation: PSA OFFICER			Driving Licence Information: Class: 2B,2A Date of Expiry:	

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/08/2021 12:30	Type of Location: T-Junction
Location:  JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP7672G	Motorcycle	HONDA	CB400A	Red		0
SNA7914X	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP7672G	NTUC Income Insurance Co-Operative Limited	5110235281-02	07/06/2021	06/06/2022



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



T/20210816/2030

2 of 3

Report No. T/20210816/2030

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider		ID No.	S1135852G
Name	ALI BIN BUANG	Contact No.	96512003
Related Vehicle	FBP7672G (Motorcycle)	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		
Date Treatment	02/08/2021	Date Discharge	03/08/2021
No. of Days granted Medical Leave	44	Degree of Injury	Serious

### Brief Details.

I wish to add that the car that collided into me was SNA7914X. Facts refer to vide report T/20210806/2058.



**SINGAPORE  
POLICE FORCE**



T/20210816/2030

3 of 3

Report No. T/20210816/2030

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

**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:

D /

Sgt 2 LEE MING RUI ERVIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI CHONG GUAN FATT

Contact No.: 65476083

Signature Of Informant:

Date/Time:

16/08/2021 12:19

Classification Of Case:

Authentication Stamp

NP 168

SINGAPORE  
POLICE FORCE

SN 45

SIGNATURE