

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 13/09/2021 17:31 (SGT)
Date of Accident 07/09/2021 11:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information JALAN BUKIT MERAH OPPOSITE ALEXANDRA MALL
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR2014D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD ASHAARI BIN YUNOS
NRIC No SXXXX256E
Email Address atokashaari@gmail.com
Mobile Phone No (Phone) +65-80234412
Alternative Phone No +65-80234412

VEHICLE PARTICULARS

Manufacturer Lambretta
Model V200
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 169

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5121120531
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD ASHAARI BIN YUNOS
NRIC No SXXXX256E

Date Of Birth	22/07/1988
Occupation	Outdoor
Date Of Driving Pass	14/09/2011
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-80234412
Alt. Phone Number	+65-80234412
Email Address	atokashaari@gmail.com
Address	BLK 986C BUANGKOK CRESCENT, #08-94
Address complement	-
Postcode	533986
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	Side Swipe
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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO 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 1

Vehicle Registration Number	SMA6828T
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 MUHAMMAD ASHAARI BIN YUNOS
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? FBR2014D
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

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- 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 yers/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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

CITY AUTO PTE LTD

Blk 8 Sin Ming Road

#01-58/60/62 Sin Ming Ind Est

Singapore 575643

Tel: 6453 1235 Fax: 6453 7944

(Claims Section)

J.M.U.
Policyholder's Signature / Date & Time

J.M.U.
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer Police Report No. F/20210910/ 7033

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)
Witnessed by Reporting Centre Personnel



























**SINGAPORE
POLICE FORCE**



F/20210910/7033

1 of 2

POLICE REPORT (NP299)

Report No. F/20210910/7033

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 10/09/2021 14:19	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD ASHAARI BIN YUNOS	Address 986C BUANGKOK CRESCENT #08-94 SINGAPORE 533986	
ID Type / ID No. NRIC NO / S8826256E	Contact No. Home/Office:	Mobile: 80234412
Nationality SINGAPORE CITIZEN	Email Address ATOKASHAARI@GMAIL.COM	
Occupation Technical/Engineering services manager (eg shipyard manager)	Sex Male	Age 33
Institution/School Name	Date of Birth 22/07/1988	Race Malay
Date/Time Of Incident 07/09/2021 11:45 - 07/09/2021 12:00	Location Of Incident 986C BUANGKOK CRESCENT #08-94 SINGAPORE 533986	

Brief details.

I was riding along Jalan bukit merah, opp alexandra central mall on 7th sep 2021 at about 11.45pm. I was on the left most lane and suddenly a car came to my lane and hit me. I was swerve to the left and hit the curb and fall motionless. My right shoulder was very painful therefore I dare not move. There are witnesses and 1 of them did made a statement and it handled by IO Jofiliano Bin Mohamded Ali of traffic police department investigation branch (T/20210907/7017) case number. The car number that hit me is SNA

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/09/2021 14:19
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20210910/7033

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210910/7033

6828T. My bike number is FBR 2014D. I've made a report previously but did not input the car driver plate number and my bike number plate. My report number is F/20210908/7065.

Subjects Involved			
Victim			
Person Name	MUHAMMAD ASHAARI BIN YUNOS		
ID Type	NRIC NO	ID No	S8826256E
Gender	Male	Age	33
Race	Malay	Language	English
Occupation	Technical/Engineering services manager (eg shipyard manager)	Address	986C BUANGKOK CRESCENT #08-94 SINGAPORE 533986
Mobile No	80234412	Is Informant A Victim?	Yes
Person Name	MUHAMMAD ASHAARI BIN YUNOS (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/09/2021 14:19
Officer In-Charge Of Case:	Classification Of Case: