

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 16/09/2021 13:52 (SGT)
Date of Accident 07/09/2021 13:20 (SGT)
Exact Location of Accident Sin Ming Dr, Singapore
Additional Location Information SIN MING DRIVE / SIN MING AUTO CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS2533S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PAS AUTO PTE LTD
Company Reg No 2XXXXX120M
Email Address fsy@pasauto.sg
Mobile Phone No (Phone) +65-92955161
Alternative Phone No +65-64523938

VEHICLE PARTICULARS

Manufacturer Honda
Model WINNER XABS
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 149

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5121221364
Cover Note Number -

DRIVER

Name of Driver AZARI BIN MOHAMAD ALI
NRIC No SXXXX536A

Date Of Birth	29/08/1977
Occupation	Outdoor
Date Of Driving Pass	30/05/2001
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92955161
Alt. Phone Number	-
Email Address	fsy@pasauto.sg
Address	BLK 330A ANCHORVALE STREET
Address complement	#06-527
Postcode	541330
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

VEH. B REVERSE AND HIT VEH. A

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGS1689Z
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	VICTOR WONG
NRIC No	SXXXX065Z
Contact Number	(Phone) +65-86843377
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	AZARI BIN MOHAMAD ALI
Gender	Male
Phone No	-
Address	BLK 330A ANCHORVALE STREET
Address Complement	#06-527
Post Code	541330
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS2533S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

Pls refer to police report attached

T/20210908/2032

Remark: Driver, Azari Bin Mohammad Ali, went ARE on 7/9/2021 8pm due arm swollen, and given MC until 15/9/2021. As such 16/9/2021 then able to lodge insurance report, when back office.

☐ Claim OD ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

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



PAS AUTO PTE LTD
Blk 32, Sin Ming Drive
#01-325 Singapore 575706
Tel: 6452 3939 Fax: 6452 7936

[Signature]



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

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.
- 3. 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.

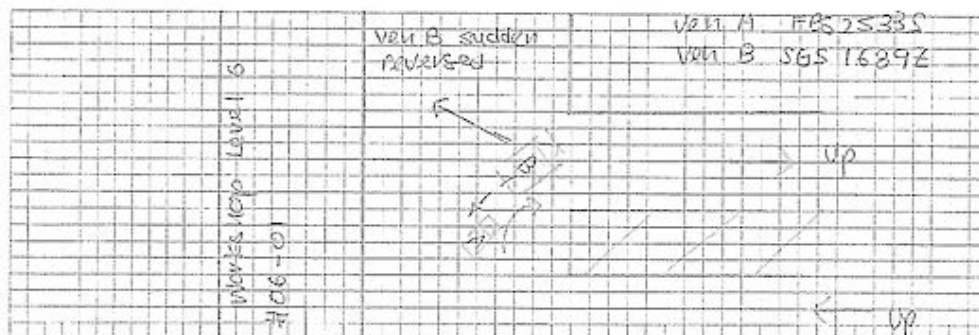
 **PAS AUTO PTE LTD**
Blk 32, Sin Ming Drive
#01-325 Singapore 575706
Tel: 6452 3938 Fax: 6452 7936

Policyholder's Signature / Date & Time

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

Witnessed by  Centre Personnel

Sketch Plan




















**SINGAPORE
POLICE FORCE**


T/20210908/2038

1 of 3

Report No. T/20210908/2038

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2021 12:42		Vide Report No.:	Station Diary No.: 37
Informant's Particulars			
Name of Informant: AZARI BIN MOHAMAD ALI		Address: APT BLK 330A ANCHORVALE STREET #06-527 SINGAPORE 541330	
ID Type / ID No.: NRIC NO / S7723536A		Contact No.: Home/Office: Mobile: 92959161 9255 5161	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 29/08/1977	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: DISPATCH RIDER		Driving Licence Information: Class: 2B,2A,2 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/09/2021 13:20	Type of Location: Roundabout
Location: SIN MING DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS2533S	Motorcycle				Slightly Damaged	0
SGS1689Z	Car				No Damage	1



**SINGAPORE
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T/20210908/2038

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210908/2038

CONTINUATION OF REPORT

Brief Details.

On 07/09/2021 at around 1320hrs, I was riding my company's motorcycle (FBS2533S) up 160 Sin Ming Drive, Autocity building at level 6 as I was making a delivery.

While riding up the slope in the building, the car in front of me (SGS1689Z) made a stop and I stopped behind the car. SGS1689Z started to move and reverse backwards. I sounded the horn at SGS1689Z but he continued to reverse. SGS1689Z then collided into my motorbike FBS2533S. My company's motorbike FBS2533S had a few cracks at the front and I also have a camera at the front that recorded the incident. I am not sure if SGS1689Z suffered any damage and I am not sure if there is an in car camera.

I did not feel any pain but at around 1700hrs, I felt pain in my right shoulder. I continued working and at night when I go home and shower, I realized that my right shoulder was swollen. At around 2100hrs, I went to Sengkang General Hospital Emergency Department to see the doctor. I was given a medical certification, stating that I am unfit for duty for 4 days from 08/09/2021 to 11/09/2021.

I am making this police report for company insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20210908/2038

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20210908/2038

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
F /
Sgt 2 JANE TAN WEN XIAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/09/2021 12:42

Officer In Charge Of Case:
TP / AEIT /
Insp BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168





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: S655500206 / 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 : SS17219G0001 Vehicle Registration No: 7BS 2533S
Name (as shown in NRIC) : PAS Auto Pte Ltd NRIC/FIN/Passport No : 20151212014
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : 64523938 Mobile No. : _____
Email Address : psy@pasauto.sg
Date of Accident : 7/9/2021 Time of Accident : 13:20
Place of Accident : Sin Ming Drive / Sin Ming Anticity
Insurance Company : NTUC

(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:

1. Was anybody injured in Accident: Yes

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: