

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 04/10/2021 10:13 (SGT)
Date of Accident 18/09/2021 10:10 (SGT)
Exact Location of Accident Bukit Timah Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBE6989H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HAMZA BIN MOHAMMAD ISKANDAR
NRIC No SXXXX141I
Email Address utauto@singnet.com.sg
Mobile Phone No (Phone) +65-97336731
Alternative Phone No (Home) +65-97336731

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Fz150i
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 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5052742734-09
Cover Note Number -

DRIVER

Name of Driver HAMZA BIN MOHAMMAD ISKANDAR
NRIC No SXXXX141I

Date Of Birth	08/12/1980
Occupation	Indoor
Date Of Driving Pass	23/07/2009
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97336731
Alt. Phone Number	(Home) +65-97336731
Email Address	utauto@singnet.com.sg
Address	APT BLK 293 CHOA CHU KANG AVE 3 #03-236
Address complement	-
Postcode	680293
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?	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	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SLM7640X
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

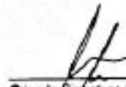
Name of injured person	HAMZA BIN MOHAMMAD ISKANDAR
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBE6989H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

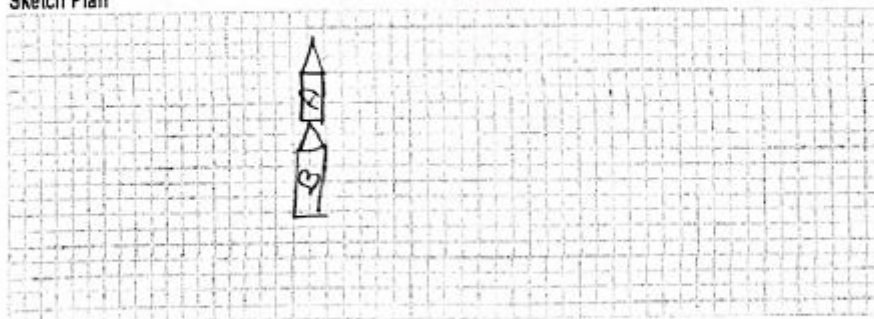
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available a/oresaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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/mass 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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



A = FBE 6989H

B = SLM 7640X

Describe Circumstances of the Accident

as per police report.

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
 Policyholder's Signature / Date & Time

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

may
 Witnessed by Reporting Centre Personnel












**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20210921/2065

1 of 3

Report No. T/20210921/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2021 16:38		Vide Report No.: E/20210918/0074		Station Diary No.: 42
Informant's Particulars				
Name of Informant: HAMZA BIN MOHAMMAD ISKANDAR		Address: APT BLK 293 CHOA CHU KANG AVENUE 3 #03-236 SINGAPORE 680293		
ID Type / ID No.: NRIC NO / S80971411		Contact No.: Home/Office: Mobile: 97336731		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 40	Date of Birth: 08/12/1980	Type of Informant: Rider	
Race: Indian		Language:	Institution / School Name:	
Occupation: ELECTRICAL TECHNICIAN		Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/09/2021 10:10	Type of Location: Uturn point
Location: BUKIT TIMAH ROAD				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE6989H	Motorcycle	YAMAHA	FZ150I	Black		0
SLM7640X	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE6989H	NTUC Income Insurance Co-Operative Limited	5052742734-09	10/02/2021	09/02/2022



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T/20210921/2065

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Report No. T/20210921/2065

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HAMZA BIN MOHAMMAD ISKANDAR	ID No.	S8097141I
Related Vehicle	FBE6989H (Motorcycle)	Contact No.	97336731
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	18/09/2021	Date Discharge	21/09/2021
No. of Days granted Medical Leave	28	Degree of Injury	Serious
Driver			
Name	John Chua	ID No.	NIL
Related Vehicle	SLM7640X (Car)	Contact No.	92483272
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 18/09/2021 at about 1010hrs I was travelling along Dunearn Road with my motorbike (FBE6989H) and wanted to make a Uturn towards Bukit Timah Road. I stopped at the stop line as there as traffic coming from the left, there was no vehicle behind me at that point of time.

While I made a check for oncoming vehicles on my left, I spotted vehicle (SLM7640X) driver namely John Chua (HP: 92483272) from my left mirror driving at a fast speed towards my direction. In a split second, the vehicle's front bumper bang onto the rear of my motorbike and I fell to the ground. I did not check for my vehicle damages as I lay on the ground till the Ambulance arrival and I was subsequently conveyed to NTFGH. My SD card handed over to the TP Officer Sgt Fizzi and I was notify by the TP to collect my motorbike from them.

I was given 28 days hospitalization leave from NTFGH from 18/09/2021 to 15/10/2021.


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T/20210921/2065

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Report No. T/20210921/2065

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
J /
Sgt 2 PRISCILLA WONG TING
HUI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID
Contact No.: 65476247

Signature Of Informant:

Date/Time:
21/09/2021 16:38

Classification Of Case:


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