

# 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 ..... 03/08/2021 19:38 (SGT)  
Date of Accident ..... 27/04/2021 07:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Loyang Drive and Loyang Lane junction  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBD9895E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HASSIM BIN SANIB  
NRIC No ..... S1537951J  
Email Address ..... nurfazirahhassim@gmail.com  
Mobile Phone No ..... (Phone) +65-96302326  
Alternative Phone No ..... +65-96302326

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... YBR125  
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 ..... 125

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5061891491-07  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HASSIM BIN SANIB  
NRIC No ..... S1537951J

Date Of Birth .....	18/01/1962
Occupation .....	Indoor
Date Of Driving Pass .....	19/05/1986
Driving experience .....	34 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96302326
Alt. Phone Number .....	+65-96302326
Email Address .....	nurfazirahhassim@gmail.com
Address .....	APT BLK 787B WOODLANDS CRESCENT
Address complement .....	#02-78
Postcode .....	S732787
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 on collision
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

#### 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 .....	SGV3381G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

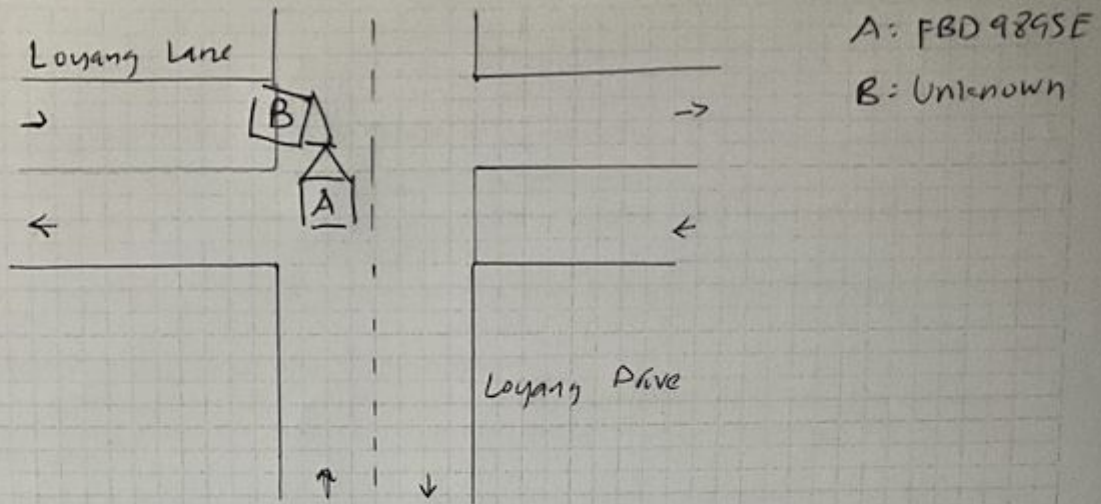
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	HASSIM BIN SANIB
Gender .....	Male
Phone No .....	(Phone) +65-96302326
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBD9895E
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: T/20210721/2025

DECLARATION

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

Policyholder's Signature

Date & Time: 03/08/2021  
1900 hrs

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: Eugene Lee  
NRIC/FIN No.: 5991882



**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgment 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' 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.

Policyholder's Signature

Date & Time: 03/08/2021  
1900 hrs

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: Eugene Kek  
NRIC/FIN No.: SFA1833



















**SINGAPORE  
POLICE FORCE**



T/20210721/2025

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210721/2025

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/07/2021 12:29	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: HASSIM BIN SANIB		Address: APT BLK 787B WOODLANDS CRESCENT #02-78 SINGAPORE 732787	
ID Type / ID No.: NRIC NO / S1537951J		Contact No.: Home/Office: Mobile: 96302326	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 18/01/1962	Type of Informant: Rider
Race: Javanese		Language: English	Institution / School Name:
Occupation: AUTO TECHNICIAN		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/04/2021 07:50	Type of Location: X-Junction
Location: LOYANG DRIVE				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
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
FBD9895E	Motorcycle	YAMAHA	YBR125	Red		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD9895E	NTUC Income Insurance Co-Operative Limited	5061891491-07	22/09/2020	21/09/2021





**SINGAPORE  
POLICE FORCE**



T/20210721/2025

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Report No. T/20210721/2025

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	HASSIM BIN SANIB	ID No.	S1537951J
Related Vehicle	FBD9895E (Motorcycle)	Contact No.	96302326
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/04/2021	Date Discharge	15/06/2021
No. of Days granted Medical Leave	113	Degree of Injury	NIL

**Brief Details.**

**ON STATED DATE AND TIME**

ON THE 27 APRIL 2021 AT ABOUT 0750, I WAS BEARING PLATE NUMBER FBD9895E. I WAS RIDING ALONG LOYANG DRIVE JUNCTION OF LOYANG LANE. I WAS AT A CROSS JUNCTION, I WENT AHEAD GOING TOWARDS COMFORT DELGRO ENGINEERING AND SUDDENLY I FELT AN IMPACT FROM THE FRONT OF MY MOTORCYCLE AND THAT WAS ALL I COULD REMEMBER, I WOKE UP ALREADY IN THE HOSPITAL. I WANTED TO MAKE A POLICE REPORT HENCE IM MAKING A POLICE REPORT AT TPHQ



SINGAPORE  
POLICE FORCE



T/20210721/2025

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Report No. T/20210721/2025

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

## 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:

TP /

SC ABU HURAIRAH BIN ABDUL TALIB

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/07/2021 12:29

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD ZICKIE BIN AHMAD  
SUYUTI

Contact No.: 65476904

Authentication Stamp

NP168

Classification Of Case:

SINGAPORE  
POLICE FORCE

Signature:



**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: S6650020G / 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 : SN072183000H Vehicle Registration No: FBD9895E  
Name (as shown in NRIC) : Hassim Bin Sanib NRIC/FIN/Passport No : S1537951J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 787B, Woodlands Crescent, #02-78 Singapore( 732787)  
Contact (Tel) : 63638747 Mobile No. : 96302326  
Email Address : nurfazirahhassim@gmail.com  
Date of Accident : 27 April 2021 Time of Accident : 0750  
Place of Accident : Along Loyang Drive Junction of Loyang Lane  
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:

- 1) Change from 'Reporting Only' to '3rd Party Claim'.
- 2) The other party's plate number is SGV3381G.
- 3) Update DOB of rider to 18/1/1962

  
Policyholder / Driver's Signature  
Date: 04 August 2021

  
Reporting Centre Personnel's Signature  
Name: Logan  
NRIC/FIN No.: S994167  
Date: 04/08/21