

## 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	24/09/2021 15:41 (SGT)
Date of Accident	07/03/2019 17:28 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	JUNCTION OF ANG MO KIO AVE 8 / ANG MO KIO CENTRAL 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FW672T

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD FATTAH NUR IRLHAM BIN AZMAN
NRIC No	S9823781Z
Email Address	ZAINALYNN281714@GMAIL.COM
Mobile Phone No	(Phone) +65-87509852
Alternative Phone No	+65-87509852

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	RXZ
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	135

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5099334992
Cover Note Number	26/03/2018 - 13/07/2019

#### DRIVER

Name of Driver	MUHAMMAD FATTAH NUR IRLHAM BIN AZMAN
NRIC No	S9823781Z

Date Of Birth	28/07/1998
Occupation	Indoor
Date Of Driving Pass	21/03/2018
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-87509852
Alt. Phone Number	+65-87509852
Email Address	ZAINALYNN281714@GMAIL.COM
Address	BLK 123 ANG MO KIO AVE 6 #12-4031
Address complement	
Postcode	560123
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 - Cross Junction
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?	No
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?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SOCIAL MEDIA LINK
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR7884H
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 FATTAH NUR IRLHAM BIN AZMAN
Gender	Male
Phone No	
Address	BLK 123 ANG MO KIO AVE 6 #12-4031
Address Complement	
Post Code	560123
Approximate Age Years Old	
Injuries Sustained	FATAL
Injured person in which vehicle?	FW672T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

NTUC Income Motor Service Centre

Report No: MT

D.O.A:

7 3 2019

Vehicle No:

Make / Model:

FW672T

Y1RXZ

Report Date: 24/9/2021 Start Time: 11:13 AM

Reporting Type:

End Time:

TP

SKETCH PLAN

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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 reasonable required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, law or court orders.

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24/9/2021 11:12

24/9/2021 11:12

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personne's Signature  
Name: Chen JunLiang  
NRIC/ Fin No: S990765

SKETCH PLAN

FAMILY MEMBER REPORTING ON BEHALF OF DECEASED  
POLICYHOLDER

JUNCTION OF ANG MO KIO AVE 8 / ANG MO KIO CENTRAL 2

Vehicle A: FW672T

Vehicle B: SLR7884H

I, MOTHER OF MY LATE SON (MUIHAMMAD FATAH NUR IRLHAM) IS REPORTING THIS ACCIDENT ON BEHALF OF MY LATE SON. POLICE INTERVIEWED ME AFTER THE ACCIDENT AND ASK SOME QUESTIONS PERTAIN TO HIS WELL BEING BEFORE THE ACCIDENT. I HAVE NO KNOWLEDGE OF HOW THE ACCIDENT HAPPENED. IT WAS ONLY TILL TWO YEARS LATER ON 23TH SEPT 2021 THAT I RECEIVED A LETTER FROM TRAFFIC POLICE ON THE TRAFFIC ACCIDENT OUTCOME. I HAVE ALSO ASKED THE TRAFFIC POLICE IO WHETHER DO I NEED TO LODGE A POLICE REPORT BUT HE INFORMED THAT IT WAS NOT NECESSARY ON MY PART.

DECLARATION

We declare the foregoing particulars are true in every respect.



24/9/2021 11:12

Policyholder's Signature  
Date & Time:

24/9/2021 11:12

Driver's Signature (if driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name: Chen JunLiang  
NRIC/ Fin No: S990765