

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 03/12/2021 16:20 (SGT)
Date of Accident 01/12/2021 15:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information Edgedale Plains (Besides Blk 682 carpark)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR2118M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JACOB EU
NRIC No S9436271G
Email Address JAC07SKY@GMAIL.COM
Mobile Phone No (Phone) +65-87821867
Alternative Phone No +65-87821867

VEHICLE PARTICULARS

Manufacturer Yamaha
Model XSR155
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 155

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5116860724-01
Cover Note Number -

DRIVER

Name of Driver JACOB EU
NRIC No S9436271G

Date Of Birth	15/09/1994
Occupation	Outdoor
Date Of Driving Pass	12/03/2020
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87821867
Alt. Phone Number	+65-87821867
Email Address	JAC07SKY@GMAIL.COM
Address	BLK 621B EDGEFIELD WALK #11-45
Address complement	-
Postcode	822621
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	Collided into Motorcyclist
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

REFER TO POLICE REPORT 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	GBL1635A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	MOHAMED YAZID BIN MOHD AKBAR
Contact Number	(Phone) +65-88179485
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	JACOB EU
Gender	Male
Phone No	(Phone) +65-87821867
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR2118M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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' 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.

Jas 03 Dec 4pm

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PK 682 Caspate

Edgedale Plains

veh A: FBR 2118M

B: GBL 1635A

Describe Circumstances of the Accident

Refer to police report attached.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

03 Dec
4pm

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



Witnessed by Reporting Centre
Personnel





















**SINGAPORE
POLICE FORCE**



T/20211202/2007

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/20211202/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2021 02:19		Vide Report No.:		Station Diary No.: 22
Informant's Particulars				
Name of Informant: JACOB EU		Address: APT BLK 621B EDGEFIELD WALK #11-45 SINGAPORE 822621		
ID Type / ID No.: NRIC NO / S9436271G		Contact No.: Home/Office: Mobile: 87821867		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 27	Date of Birth: 15/09/1994	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: FOODPANDA RIDER		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: 01/12/2021 15:00	Type of Location:
Location: EDGEDALE PLAINS				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Light		
Type of Collision: Collided while reversing			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR2118M	Motorcycle	YAMAHA	XSR155 MANUAL	Black		0
GBL1635A	Van					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR2118M	NTUC Income Insurance Co-Operative Limited	5116860724-01	21/03/2021	20/03/2022



**SINGAPORE
POLICE FORCE**



T/20211202/2007

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

2 of 3

Report No. T/20211202/2007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JACOB EU	ID No.	S9436271G
Related Vehicle	FBR2118M (Motorcycle)	Contact No.	87821867
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/12/2021	Date Discharge	02/12/2021
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	MOHAMED YAZID BIN MOHD AKBAR	ID No.	S7525953J
Related Vehicle	GBL1635A (Van)	Contact No.	88179485
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 01/12/2021 at about 3pm, I was riding my motorcycle along the service road of the mentioned location when suddenly a white coloured van started to reverse towards my direction. I sounded my motorcycle horn however the van still collided onto me and the impact caused me to fall off my motorcycle.

Traffic Police came down down to scene and my friend sent me to SKGH for medical checkup and I was given 5 days of MC.



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POLICE FORCE**



T/20211202/2007

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

3 of 3




Report No. T/20211202/2007

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 3 TAN WEI XIANG ROY 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2021 02:19
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476185	Classification Of Case:
Authentication Stamp NP168 	

I Mohamed Yazid Bin MOHD AKbar S7525953J
My vehicle GBL1635A

while reversing I hit Motorbike FBR 2118M.
I admit I am in the wrong

01 December, 2.45 pm

S7525953J
88179485

A'ZONE