# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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**

Yamaha

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

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 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 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 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) 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? Nο 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? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBL1635A Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

Vehicle Colour
Vehicle Category

Name of Driver	MOHAMED YAZID BIN MOHD AKBAR
Contact Number	(Phone) +65-88179485
Address	<del>-</del>
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 Gender Phone No	JACOB EU Male (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

### IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 wilhholding 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
- Any false reporting may be referred to the Police for Investigation.
- 6. The report will be fonviarded 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.
- B. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that :

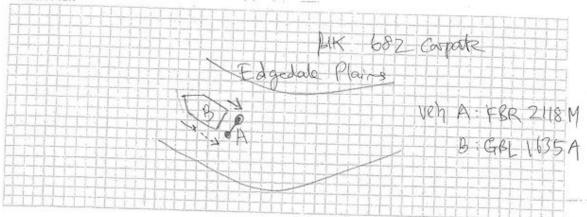
- (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handing 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
- (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 isw yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature

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

Witnessed by Reporting Centre Personnel

Sketch Plan

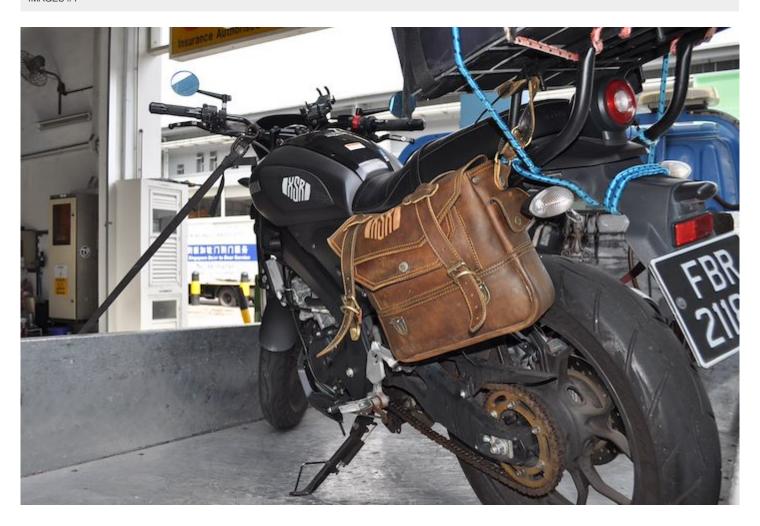


Roger to	pote report attached.	
W. A		
ation		
are the foregoing particula	rs are true in every respect.	(000)
4		(* (*)
er's Signature / Pate 2	Drhoc's Signature /V	
ier's Signature / Date & 03 Pec 4pm	Driver's Signature (If driver is not the policyholder) / Da & Time	Witnessed by Reporting Centre Personnel
(1) Vec		



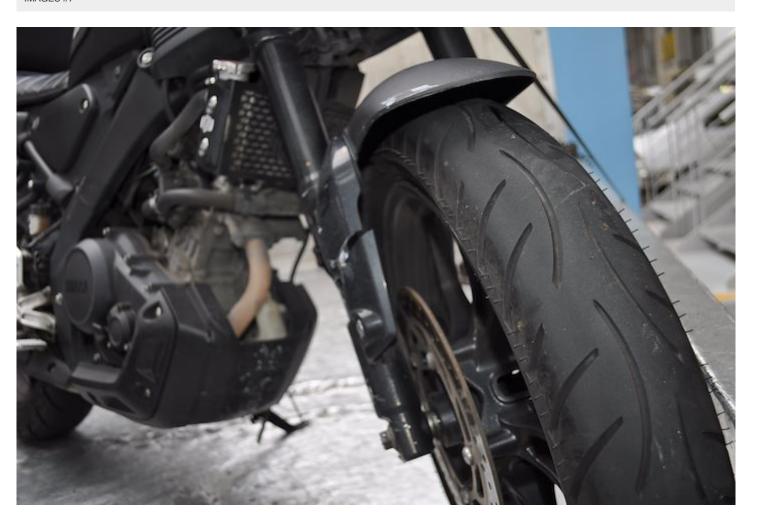




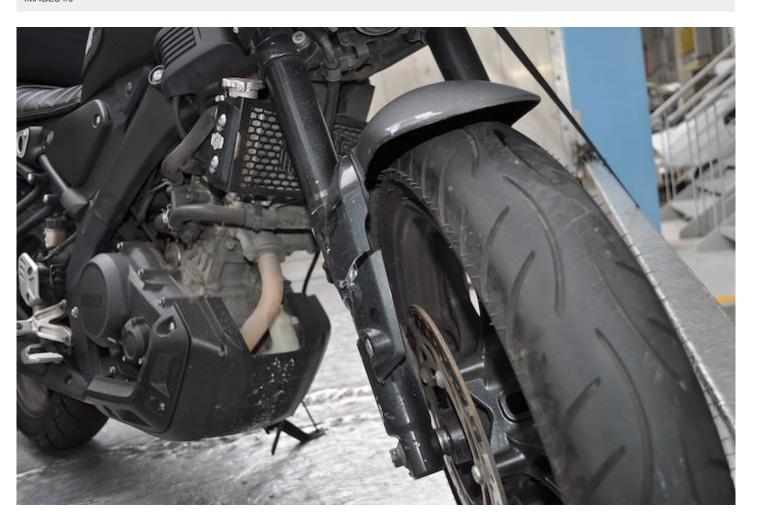
















Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 1 of 3 Report No. T/20211202/2007

Tel No: 1800-343 8999

#### REPORT OF A TRAFFIC ACCIDENT

02/12/2021 02:19		viade:	Vide Report No.:	Station Diary No.: 22	
Informa	nt's Partic	ulars		Particular designation of	
Name of Informant: JACOB EU			Address: APT BLK 621B EDGEFIELD WALK #11-45 SINGAPOR 822621		
ID Type / ID No.: NRIC NO / S9436271G			Contact No.: Home/Office:	Mobile: 87821867	
Nationality: SINGAPORE CITIZEN		ΈΝ	Email:		
Sex: Male	Age: 27	Date of Birth: 15/09/1994	Type of Informant: Rider		
Race: Chinese			Language:	Institution / School Name:	
Occupation: FOODPANDA RIDER		ER	Driving Licence Information: Class:	Date of Expiry:	

General Infor	mation 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:	
EDGEDALE F	PLAINS				
Weather: Road Surface: Dry		F	Road Speed Limit:		
		Traffic Control:		Traffic Volume: Light	
Type of Collisi Collided while			а	inyone conveyed by mbulance: lo	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBR2118M	Motorcycle	YAMAHA	XSR155 MANUAL	Black		0
GBL1635A	Van					0

Details of V	ehicle 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





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 2 of 3 Report No. T/20211202/2007

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No				
No. of Pedestria		Use of F	Pedestria	n Cross	sing: NA
Rider			Cuconia	0100	ang. TVA
Name	JACOB EU		ID No	).	S9436271G
Related Vehicle	FBR2118M (Motorcycle)			act No.	87821867
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			of ig ce & y Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/12/2021 Date Disc				/2021
No. of Days gran	ted Medical Leave   05	Degree of			
Driver		NO THE PARTY		200	
Name	MOHAMED YAZID BIN MOHD AKBAR		ID No		S7525953J
Related Vehicle	GBL1635A (Van)			ct No.	88179485
Hospital/Clinic	NIL			of g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis		NIL	
No. of Days grant	ed Medical Leave NIL	Degree o		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.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

3 of 3 Report No. T/20211202/2007

Tel No: 1800-343 8999

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 Sign	NATURE

