

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 09/12/2021 14:15 (SGT)
Date of Accident 08/12/2021 19:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG JURONG WEST CENTRAL 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBD8086E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NOOR HALIJAH BINTE MOHAMED NOOR
NRIC No S9100071G
Email Address Mexkimo91@gmail.com
Mobile Phone No (Phone) +65-87827125
Alternative Phone No +65-87827125

VEHICLE PARTICULARS

Manufacturer Yamaha
Model T135
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 130

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5122145676
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD AZIZIE BIN ABDUL
Passport No/FIN T0300204C

Date Of Birth	04/01/2003
Occupation	Outdoor
Date Of Driving Pass	29/06/2021
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87525680
Alt. Phone Number	-
Email Address	MBAZIZIE27@OUTLOOK.COM
Address	BLK 41 TELOK BLANGAH RISE
Address complement	#09-359
Postcode	S090041
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	COUSIN
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?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SLC3520M
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car

Name of Driver	SERENE TEO
Contact Number	(Phone) +65-96634177
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 AZIZIE BIN ABDUL
Gender	Male
Phone No	(Phone) +65-87525680
Address	BLK 41 TELOK BLANGAH RISE
Address Complement	#09-359
Post Code	S090041
Approximate Age Years Old	-
Injuries Sustained	ABRASIONS AND SWOLLEN LEFT THIGH
Injured person in which vehicle?	FBD8086E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	SJAMAL
Phone	(Phone) +65-80238058
Email	-

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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 09/12/2021, 1430

Reporting Centre Personnel's Signature
Name: Ignatius Lim
NRIC/FIN No.: S991237

A: FBD8086E
B: SLC3520M

A: FBD8086E
B: SLC3520M

Refer to GEARS

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

Reporting Centre Personnel's Signature
Name: Ignatius Lim
NRIC/FIN No.: S991237


**SINGAPORE
POLICE FORCE**


T/20211208/2129

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20211208/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2021 23:57	Vide Report No.: E/20211208/0114	Station Diary No.: 220
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Informant's Particulars

Name of Informant: MUHAMMAD AZIZIE BIN ABDUL HAJIS		Address: APT BLK 41 TELOK BLANGAH RISE #09-359 SINGAPORE 090041	
ID Type / ID No.: NRIC NO / T0300204C		Contact No.: Home/Office: Mobile: 87525680	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 18	Date of Birth: 04/01/2003	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: DELIVERY RIDER		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: 08/12/2021 19:20	Type of Location: T-Junction
Location: JURONG WEST CENTRAL 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD8086E	Motorcycle	YAMAHA		Purple	Seriously Damaged	0
SLC3520M	Car	TOYOTA	WISH	Grey	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**


T/20211208/2129

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20211208/2129

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD AZIZIE BIN ABDUL HAJIS	ID No.	T0300204C
Related Vehicle	FBD8086E (Motorcycle)	Contact No.	87525680
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	SERENE TEO	ID No.	NIL
Related Vehicle	SLC3520M (Car)	Contact No.	96634177
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 8/12/2021 at about 1920hrs, I was riding my motorcycle (V1: FBD8086E) on the right lane of a 2 lane road along Jurong West Central 3. I was going straight as the traffic light was green. However, V2 (SLC3520M) from the opposite direction turned right towards Jurong West Central 2. I tried to avoid V2 but to no avail. The front of my motorcycle crashed into the left passenger door of V2 and I fell off motorcycle at the junction. After that, the driver (Serene Teo) stopped her car and made a check on me. I was conveyed by ambulance to Ng Teng Fong General Hospital. I suffered abrasions on my right wrist and right leg. My left thigh is also swollen. I have a 7 days MC. My motorcycle front fender, front fork, side faring, mirror and brakes are damaged. The estimated cost damage is SGD\$1000/-.

**SINGAPORE
POLICE FORCE**

T/20211208/2129

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20211208/2129

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 NG WEI LIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time
08/12/2021 23:57

Officer In Charge Of Case:
TP / G/T /

SI MUHAMMAD ABDILLAH BIN FALDI
Contact No: 65476240

Classification Of Case:

Authentication Stamp
10/18

