

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	10/12/2021 14:20 (SGT)
Date of Accident	05/12/2021 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVENUE 10 TOWARDS ANG MO KIO AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN9351E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NABILAH BTE YAZHIB
NRIC No	S8632707D
Email Address	ZULKARNAIN.AMIN@GMAIL.COM
Mobile Phone No	(Phone) +65-97976752
Alternative Phone No	+65-97976752

VEHICLE PARTICULARS

Manufacturer	Honda
Model	FS150
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	150

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5106722744-02
Cover Note Number	-

DRIVER

Name of Driver	ZULKARNAIN BIN MOHAMED AMIN
NRIC No	S7914302B

Date Of Birth	27/05/1979
Occupation	Indoor
Date Of Driving Pass	04/09/2003
Driving experience	18 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97976752
Alt. Phone Number	-
Email Address	ZULKARNAIN.AMIN@GMAIL.COM
Address	BLK 309A ANCHORVALE ROAD #10-71
Address complement	-
Postcode	541309
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
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

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	GBD3416U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

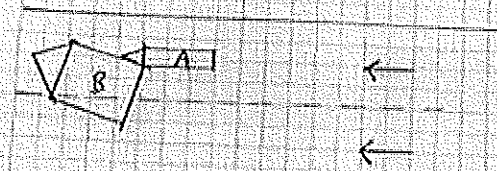
Name of Driver	NG LOONG KOON
NRIC No	S7442422H
Contact Number	(Phone) +65-97646859
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ZULKARNAIN BIN MOHAMED AMIN
Gender	Male
Phone No	(Phone) +65-97976752
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ANKLE SPRAINED, RIGHT CHEST SOAR.
Injured person in which vehicle?	FBN9351E
Were seat belts worn?	-
Was this injured-conveyed to hospital by ambulance?	No

A - FBW9351E
B - GBD34164



Ang mo kio Ave 1

Ang mo kio Ave 10

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no:
T/2021/2.10/2005

DECLARATION

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

Policyholder's Signature
Date & Time:

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

10/12/2021
1400hrs

Reporting Centre Personnel's Signature
Name: Mohd Yusoff
NRIC/FIN No.: 5099951

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 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:

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

10/12/2022
1400hrs

Mahd Yusof
6099951



SINGAPORE POLICE FORCE



T/20211210/2005

1 of 3

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

Report No. T/20211210/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2021 02:19		Vide Report No.:		Station Diary No.: 8	
Informant's Particulars					
Name of Informant: ZULKARNAIN BIN MOHAMED AMIN			Address: APT BLK 309A ANCHORVALE ROAD #10-71 SINGAPORE 541309		
ID Type / ID No.: NRIC NO / S7914302B			Contact No.: Home/Office: Mobile: 97976752		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 27/05/1979	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: LOGISTIC ASSISTANT			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/12/2021 11:00	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN9351E	Motorcycle	HONDA	RS150	Orange	Slightly Damaged	0
GBD3416U	Van	NISSAN		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/20211210/2005

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

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Report No. T/20211210/2005

CONTINUATION OF REPORT

Rider			
Name	ZULKARNAIN BIN MOHAMED AMIN	ID No.	S7914302B
Related Vehicle	FBN9351E (Motorcycle)	Contact No.	97976752
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	06/12/2021	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 5/12/2021 at about 1100hrs, I was travelling along Ang Mo Kio Avenue 10 towards Ang Mo Kio Avenue 1, on the right of 2 lanes road. Before the junction of Ang Mo Kio St 43, one silver van, GBD3416U, cut into my lane from the left of 2 lanes. I jammed my brakes to avoid collision but the right rear of the van still managed to hit onto the left front portion of my motorcycle. I fell to the right after the impact.

Ambulance and Traffic Police attended to me but I refused conveyance back then as I can still walk with some limping. However, I went to Sengkang General Hospital the next day as the pain worsen and I felt that my body was not feeling right. I was given 7 days of MC and not warded.

There was no witness to the accident. No camera installed on my motorcycle. No mechanical fault.



**SINGAPORE
POLICE FORCE**



T/20211210/2005

3 of 3

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




Report No. T/20211210/2005

CONTINUATION OF REPORT

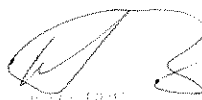
Sketch Plan

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 / Staff Sgt LIM WEI PING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2021 02:19
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436 	Classification Of Case:

Authentication Stamp
NP168


TAY CHUN KEEN

