

## 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	14/01/2022 14:42 (SGT)
Date of Accident	17/12/2021 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERANGOON NORTH AVENUE 1 & YIO CHU KANG ROAD JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ7996S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NAZRUDDIN BIN MOHAMED BALI
NRIC No	S9134144A
Email Address	SANCHEZISNAZ91@GMAIL.COM
Mobile Phone No	(Phone) +65-89232206
Alternative Phone No	+65-89232206

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	ADV 150
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	Auto
CC	150

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5115014675-01
Cover Note Number	-

### DRIVER

Name of Driver	NAZRUDDIN BIN MOHAMED BALI
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NRIC No	S9134144A
Date Of Birth	17/09/1991
Occupation	Outdoor
Date Of Driving Pass	13/05/2011
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89232206
Alt. Phone Number	+65-89232206
Email Address	SANCHEZISNAZ91@GMAIL.COM
Address	BLK 107 SERANGOON NORTH AVENUE 1 #03-677
Address complement	-
Postcode	550107
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?	Yes

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
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	SJG1001K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

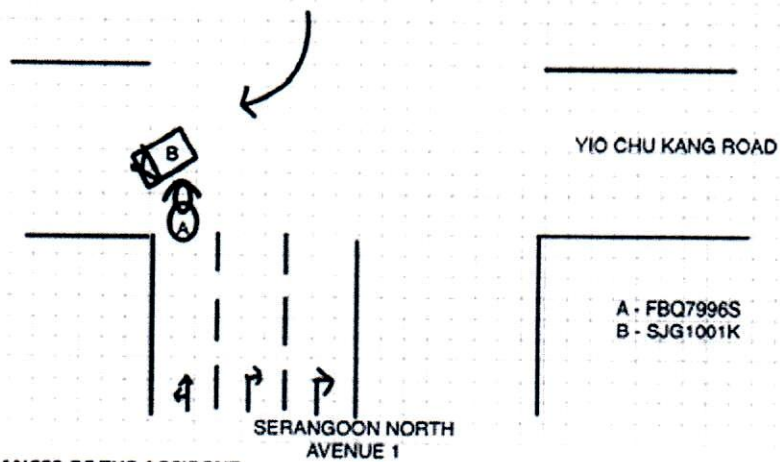
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	NAZRUDDIN BIN MOHAMED BALI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	30
Injuries Sustained	FRACTURED LEFT RIB
Injured person in which vehicle?	FBQ7996S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

[illegible]

### DECLARATION

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

Policyholder's Signature  
Date & Time: 14/01/2022

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

Reporting Centre Personnel's Signature  
Name: **GADDAFI**  
NRIC/FIN No.: **S993841**


SKETCH PLANIMPORTANT NOTICE


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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: 14/01/2022

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

  
 Reporting Centre Personnel's Signature  
 Name: GADDAFI  
 NRIC/FIN No.: S993841



**SINGAPORE  
POLICE FORCE**



F/20211218/7064

1 of 2

**POLICE REPORT (NP299)**

**Report No. F/20211218/7064**

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-2180000

Date/Time Report Made 18/12/2021 16:45	Vide Report No.	Station Diary No.
Name Of Informant NAZRUDDIN BIN MOHAMED BALI	Address 107 SERANGOON NORTH AVENUE 1 #03-677 SINGAPORE 550107	
ID Type / ID No. NRIC NO / S9134144A	Contact No. Home/Office: Mobile: 89232206	
Nationality SINGAPORE CITIZEN	Email Address SANCHEZISNAZ91@GMAIL.COM	
Occupation Delivery rider	Sex Male	Age 30
Institution/School Name	Date of Birth 17/09/1991	Race Javanese
	Language English	
Date/Time Of Incident 17/12/2021 17:30	Location Of Incident SERANGOON NORTH AVENUE 1	

**Brief details.**

On the stated date and time i vehicle FBQ7996S was traveling straight on Serangoon North ave 1 towards Philips Ave. As I approach the X-junction of Yio chu kang Road and Serangoon North ave 1 i continue to move straight as the traffic light was green in my favor. Suddenly vehicle SJG1001K who was on my opposite direction made a discretionary right turn to Yio Chu Kang Road without stopping to let me pass 1st. When I saw the said car, I quickly applied my brakes but still I collided onto the vehicle's left portion.

I was thrown off my bike and the bike and myself fell to the left side. I felt an excruciating pain on my ribs

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
18/12/2021 16:45

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20211218-7064

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. F/20211218/7064

and chest

Later TP and ambulance came and I was conveyed to SKGH A&E to seek treatment. Doctor told me that I have a fractured left rib and I was given 4 days Hospitalisation leave

The next day I developed pain on my left arm, neck, back and shoulders.

I will go and see the doctor again soon.

**Signature Of Officer Recording The Report:**  
Not applicable

**Signature Of Interpreter:**  
Not applicable

**Officer In-Charge Of Case:**

**Signature Of Informant:**

The identity of the person making this report has been authenticated by Singpass. No signature is required.

**Date/Time:**  
18/12/2021 16:45

**Classification Of Case:**