

## 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 ..... 19/01/2022 14:02 (SGT)  
Date of Accident ..... 17/01/2022 18:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BLK 416 SAUJANA ROAD OPEN SPACE CARPARK  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBR7104U

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... FURKHAN DZULKARNAIN BIN ALIAS  
NRIC No ..... S7642360A  
Email Address ..... FURKHANDZULKARNAIN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-87487643  
Alternative Phone No ..... +65-87487643

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... ADV 150  
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 ..... Auto  
CC ..... 150

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5119293412-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... FURKHAN DZULKARNAIN BIN ALIAS  
NRIC No ..... S7642360A

Date Of Birth .....	24/12/1976
Occupation .....	Outdoor
Date Of Driving Pass .....	02/12/2002
Driving experience .....	19 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-87487643
Alt. Phone Number .....	+65-87487643
Email Address .....	FURKHANDZULKARNAIN@GMAIL.COM
Address .....	BLK 418 FAJAR ROAD #02-431
Address complement .....	-
Postcode .....	670418
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 - Head on collision
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SITI JULIANA
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
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? .....	Yes
Reasons for not uploading a video of the accident .....	ADVISE OI TO SUBMIT TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	EK9988Z
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	JERRY
Contact Number .....	(Phone) +65-90467246
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 .....	FURKHAN DZULKARNAIN BIN ALIAS
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	45
Injuries Sustained .....	RIGHT THIGH BRUISED ABDOMINAL LACERATION RIGHT HAND ABRASION
Injured person in which vehicle? .....	FBR7104U
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

##### INJURED 2

Name of injured person .....	SITI JULIANA
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	RIGHT ANKLE SPRAIN
Injured person in which vehicle? .....	FBR7104U
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

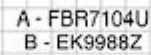
#### WITNESS DETAILS

##### WITNESS 1

Name .....	UNKNOWN
Phone .....	(Phone) +65-98349096
Email .....	-

## DECLARATION

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



## DECLARATION

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

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

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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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: 19/01/2022

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**

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



T/20220118/2008

1 of 3

Report No. T/20220118/2008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
18/01/2022 10:03

Vide Report No.:  
J/20220117/0124

Station Diary No.:  
31

**Informant's Particulars**

Name of Informant:  
FURKHAN DZULKARNAIN BIN  
ALIAS

Address:  
APT BLK 418 FAJAR ROAD #02-431 SINGAPORE 670418

ID Type / ID No.:  
NRIC NO / S7642360A

Contact No.:  
Home/Office: Mobile: 87487643

Nationality:  
SINGAPORE CITIZEN

Email:  
furkhandzulkarnain@gmail.com

Sex: Age: Date of Birth:  
Male 45 24/12/1976

Type of Informant:  
Rider

Race:  
Malay

Language: Institution / School Name:

Occupation:  
TRANSPORTER

Driving Licence Information:  
Class: 2B,2A,3 Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/01/2022 18:00	Type of Location: Car Park
Location: SAUJANA ROAD				
Weather: Sunny	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EK9988Z	Car	BMW				0
FBR7104U	Motorcycle	HONDA	ADV150A	Black	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR7104U	NTUC Income Insurance Co-Operative Limited	5119293412-01	01/10/2021	30/09/2022





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Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



T/20220118/2008

2 of 3

Report No. T/20220118/2008

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	FURKHAN DZULKARNAIN BIN ALIAS	ID No.	S7642360A
Related Vehicle	FBR7104U (Motorcycle)	Contact No.	87487643
Hospital/Clinic	NG TENG FONG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	17/01/2022	Date Discharge	17/01/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 17/01/2022 at about 1745, I was riding my motorcycle V1) FBR7104U at Blk 416 Saujana Open space carpark as I wanted to send my wife to work. A car V2) EK9988Z exited out from the parking lot no. 386. This resulted in me colliding with the car. The motorcycle was slightly damaged mostly the front part of the motorcycle. The car was damaged on the front right bumper. I was conveyed to Ng teng fong Hospital via Ambulance and was given a 3 days MC. Traffic Police was at scene. I suffered minor injuries on my arms and legs



**SINGAPORE  
POLICE FORCE**

T/20220118/2008

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20220118/2008

**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 /

Other ZULFADHLI BIN RASHID

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/01/2022 10:03

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MARIAH BINTE ZAKARIA

Contact No.: 65476433

Classification Of Case:

Authentication Stamp

NP168