

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 Report	13/08/2020 14:09
Date Of Accident	12/08/2020 14:00
Exact Location Of Accident	YISHUN AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH6150U
Insured/Policyholder	
Name Of Registered Owner	PYRO LEASING PTE. LTD.
Co Reg No	201927120G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85000420
Alternative Phone No	OFFICE-85000420

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	RENTAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116807932
Cover Note Number	17/03/2020 - 20/10/2020

Driver

Name of Driver	MUHAMMAD AKRAM BIN ABDUL KADER JILANI
NRIC No	S9621230E
Date Of Birth	13/06/1996
Occupation	INDOOR
Date Of Driving Pass	07/04/2017
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97243938
Fax Number	
Contact Number	
Email Address	ROMEOKRAM97@GMAIL.COM

Address	BLK 723 WOODLANDS AVE 6 #03-530
Postcode	730723
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT (T/20200813/2043)

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	SLH5812G
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	FRONT LEFT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SHEN CHING (CHEN XIANJUN)
NRIC/Passport Number	S8233978G
Contact Number	83369187
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD AKRAM BIN ABDUL KADER JILANI
Approximate Age	
Injuries Sustain	BRUISES ON LEFT LEG, SCRATCHES ON RIGHT LEG
Injured person in which vehicle?	FBH6150U
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 723 WOODLANDS AVE 6 #03-530
Postcode	730723

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MT/

D.O.A: 12/8/20

Vehicle No:

Make / Model:

Report Date: 13/8/2020 Start Time: 2:29 PM

Reporting Type: TP End Time: / /

SKETCH PLAN

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. The 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.

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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.



Policyholder's Signature
Date & Time:

[Signature]

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

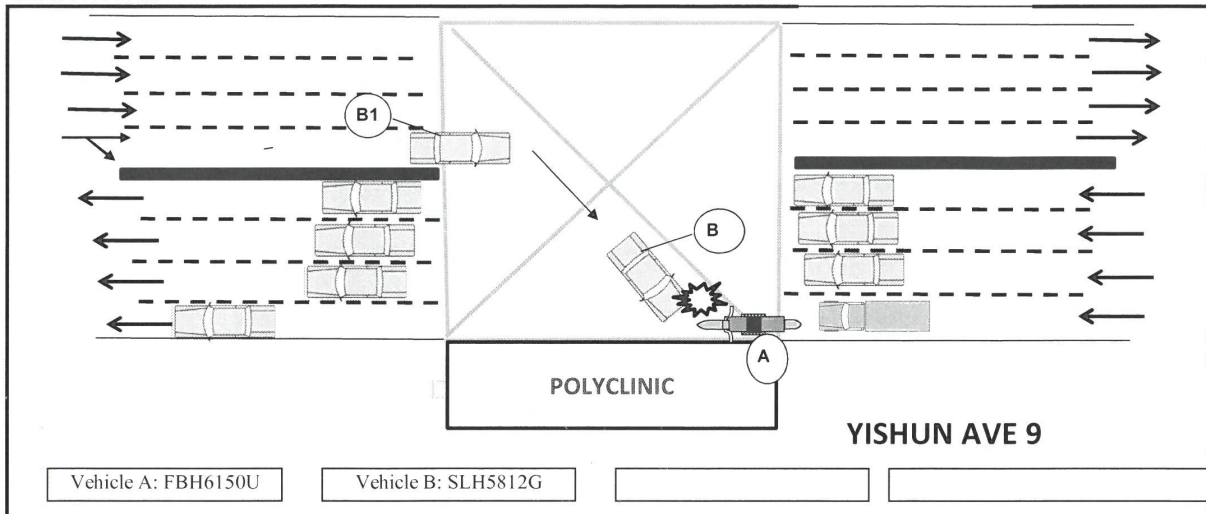
13/8/2020 14:21

[Signature]

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

Sketch Plan Pg. 2

SKETCH PLAN



REFER TO ATTACHED POLICE REPORT (T/20200813/2043)

DECLARATION

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



13/8/2020 14:21

Policyholder's Signature
Date & Time:

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

13/8/2020 14:21

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200813/2043

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20200813/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2020 13:19		Vide Report No.:		Station Diary No.: 68	
Informant's Particulars					
Name of Informant: MUHAMMAD AKRAM BIN ABDUL KADER JILANI			Address: APT BLK 723 WOODLANDS AVENUE 6 #03-530 SINGAPORE 730723		
ID Type / ID No.: NRIC NO / S9621230E			Contact No.: Home/Office: Mobile: 97243938		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 13/06/1996	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Electrical engineering technician (general)			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/08/2020 14:00	Type of Location: Straight Road
Location: YISHUN AVENUE 9				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH6150U	Motorcycle				Slightly Damaged	0
SLH5812G	Car				Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200813/2043

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

20
Report No. T/20200813/20

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD AKRAM BIN ABDUL KADER JILANI	ID No.	S9621230E
Related Vehicle	NIL	Contact No.	97243938
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	NIL

Brief Details.

On 12/08/2020 at about 1400hrs, I was riding my motorcycle registration plate (FBH6150U) along yishun avenue 9 towards Yishun Central where I had an accident with a white honda vezel (SLH5812G) outside yishun polyclinic. There was a yellow box at the entrance of Yishun polyclinic where the honda vezel was turning into yishun polyclinic.

As I was approaching the junction, I observed that a lorry had already halted right before the yellow box outside the polyclinic entrance. I rode past the lorry on its left side as there was sufficient space for me to pass through safely. As I was about to cross the junction, the white honda vezel on the sped up causing me to hit his front left bumper and fall over where I sustained bruises on both legs.

I am making this report for my own recording purpose and to make claims for my damaged bike.



**SINGAPORE
POLICE FORCE**



T/20200813/2043

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20200813/2043

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:

L /

SCCPL CHIA HE CHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/08/2020 13:19

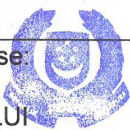
SN 130

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151



Signature:

Classification Of Case:

Singapore Police Force

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo

