

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 27/01/2022 10:44 (SGT)
Date of Accident 25/01/2022 14:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG WHAMPOA ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR9245H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ZAMBRI BIN HASAN
NRIC No S8218999H
Email Address ZAM_MAZ@COUNSELLOR.COM
Mobile Phone No (Phone) +65-82990787
Alternative Phone No +65-82990787

VEHICLE PARTICULARS

Manufacturer Yamaha
Model NMAX155
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 160

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5120011908-01
Cover Note Number -

DRIVER

Name of Driver ZAMBRI BIN HASAN
NRIC No S8218999H

Date Of Birth	07/07/1982
Occupation	Outdoor
Date Of Driving Pass	05/02/2001
Driving experience	20 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82990787
Alt. Phone Number	+65-82990787
Email Address	ZAM_MAZ@COUNSELLOR.COM
Address	BLK 468B FERNVALE LINK #17-545
Address complement	-
Postcode	792468
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	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 : T/20220126/2039 AND SKETCH PLAN

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	CB6286G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

Name of Driver	BULI
NRIC No	G2505564R
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	6

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ZAMBRI BIN HASAN
Gender	Male
Phone No	(Phone) +65-82990787
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SUFFERED LEFT ELBOW CONTUSION AND RIGHT RIB FRACTURE
Injured person in which vehicle?	FBR9245H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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:

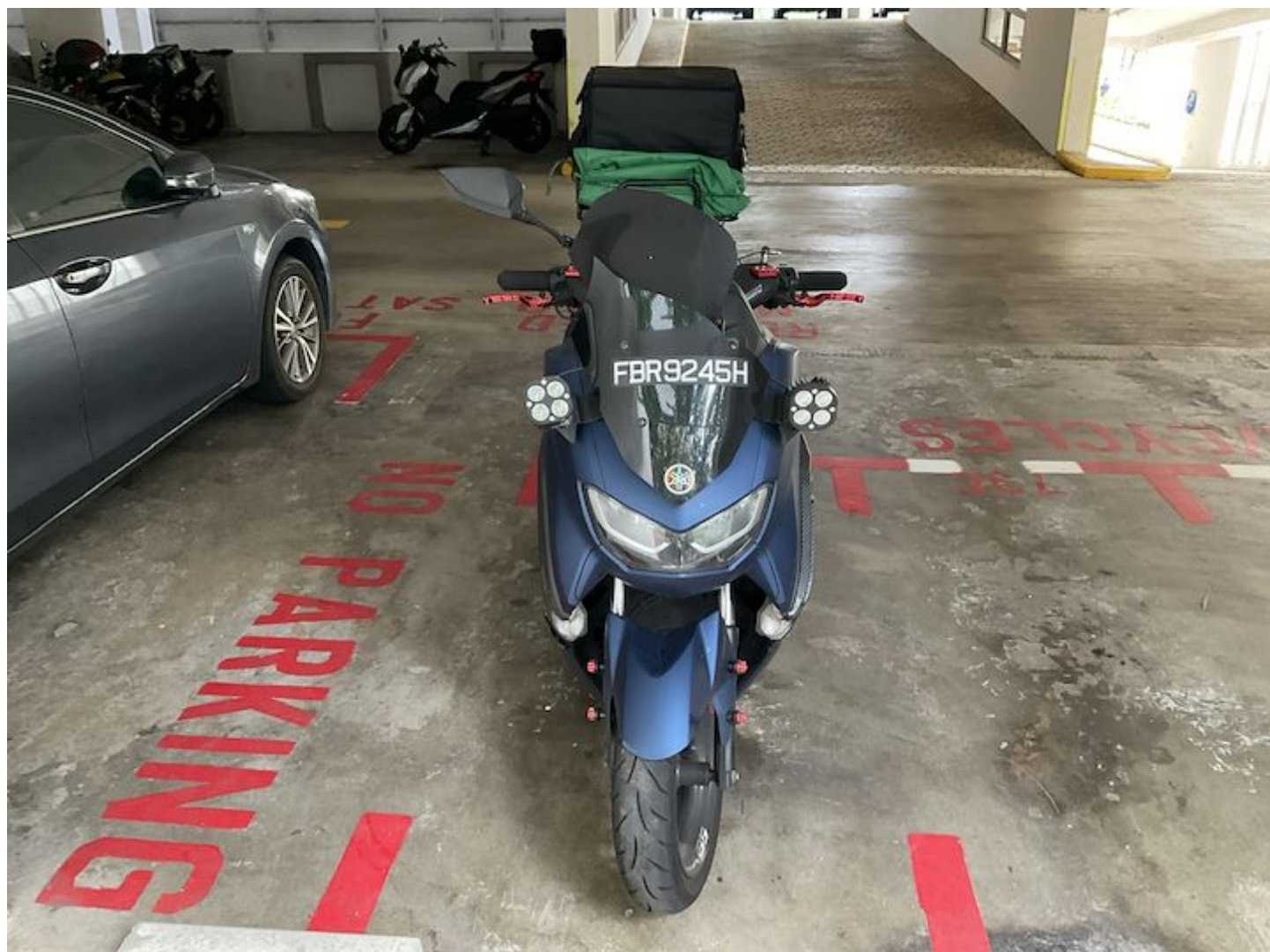
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 27/01/2022
1130HRS

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

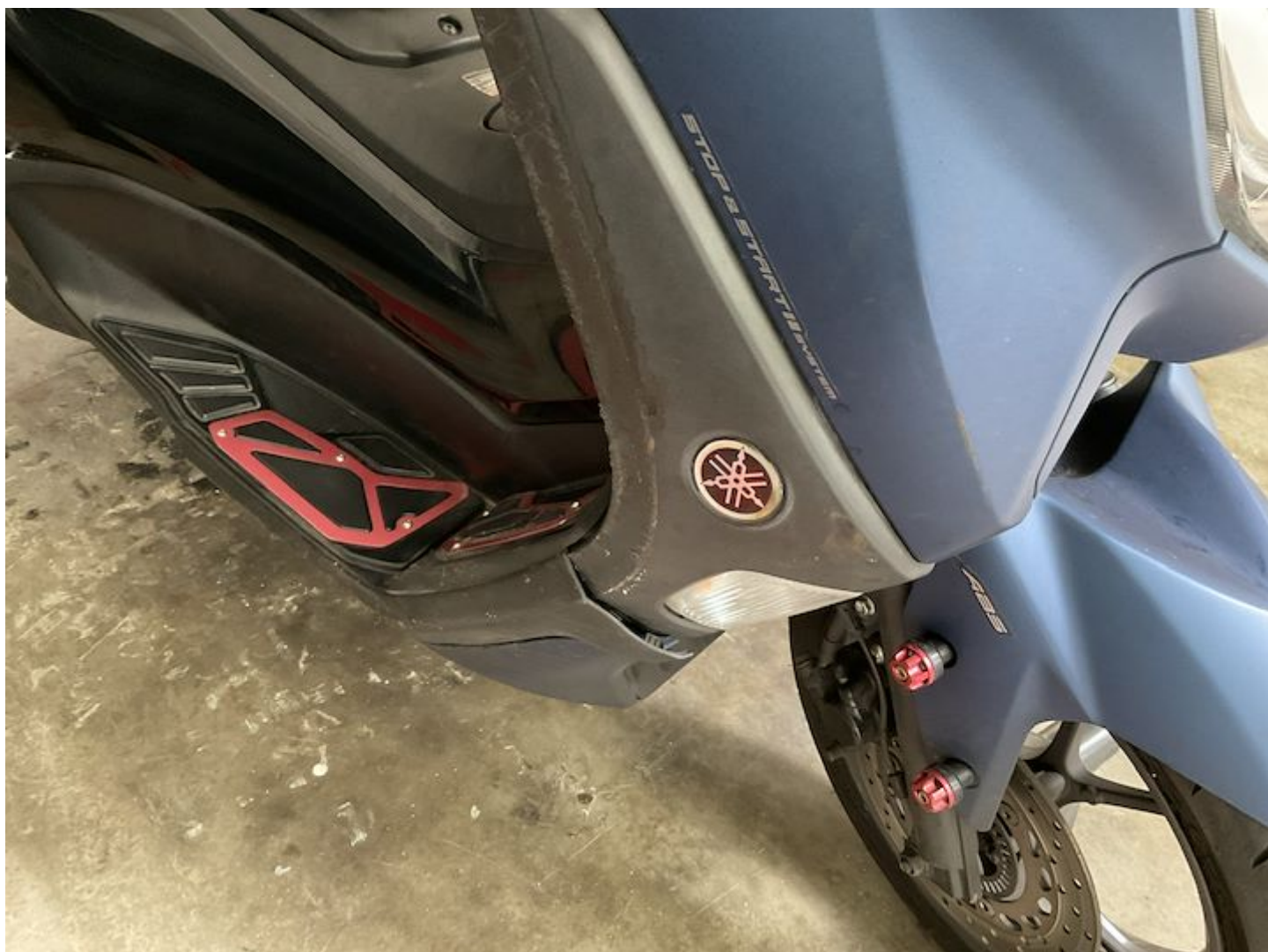
Reporting Centre Personnel's Signature
Name: VINCENT SOH
NRIC/FIN No.: S991138





















SINGAPORE POLICE FORCE



T/20220126/2039

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

1 of 4

Report No. T/20220126/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2022 12:53	Vide Report No.:	Station Diary No.: 70
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Informant's Particulars			
Name of Informant: ZAMBRI BIN HASAN		Address: APT BLK 468B FERNVALE LINK #17-545 SINGAPORE 792468	
ID Type / ID No.: NRIC NO / S8218999H		Contact No.: Home/Office: Mobile: 82990787	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 07/07/1982	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: GRAB RIDER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/01/2022 14:05	Type of Location: Straight Road
Location: WHAMPOA ROAD				
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 - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB6286G	Bus/Coach/Minibus (School Children)					0
FBR9245H	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



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

Report No. T/20220126/2039

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR9245H	NTUC Income Insurance Co-Operative Limited	5120011908-01	25/11/2021	24/11/2022

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Buli	ID No.	G2505564R
Related Vehicle	CB6286G (Bus/Coach/Minibus (School Children))	Contact No.	NIL
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
Rider			
Name	ZAMBRI BIN HASAN	ID No.	S8218999H
Related Vehicle	FBR9245H (Motorcycle)	Contact No.	82990787
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

On 25/01/2022 at about 1405hrs, I was riding my motorbike bearing registration plate number FBR9245H along Whampoa road. Infront of me, there were one school bus bearing registration plate number CB6286G and it was driving at the left side.

The school bus approaching the Blk 111 -112 Whampoa Road carpark, the bus did not signal and just make a right turn. I then did not manage in time and collided with the bus

I fall off from my motorbike to the side of the road and my motorbike was stuck under the bus. The driver came out from the bus and asked me if I am fine. I told him that I unable to tell him currently and he went back to the bus and drove forward in order for him to remove my motorbike from his bus.

We then exchange particular, and I asked him to drove off as I saw there were still school kids inside the bus.



**SINGAPORE
POLICE FORCE**



T/20220126/2039

Police Station Of Origin:
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545025
Tel No: 1800-343 8999

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Report No. T/20220126/2039

CONTINUATION OF REPORT

I went to SKGH and given 7 days of MC. I had suffered left elbow contusion and right rib fracture.

**SINGAPORE
POLICE FORCE**

T/20220126/2039

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

Report No. T/20220126/2039

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 /
Sgt 3 ONG RONG HUI EDMUND

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/01/2022 12:53

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168

