

# 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 ..... 06/05/2022 18:00 (SGT)  
Date of Accident ..... 29/04/2022 18:45 (SGT)  
Exact Location of Accident ..... Jurong West, Singapore  
Additional Location Information ..... JURONG WEST AVENUE 2  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBK7862B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD NAZRUL BIN SAPR  
NRIC No ..... S9923113J  
Email Address ..... MDNAZRULBS@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97493375  
Alternative Phone No ..... (Home) +65-97493375

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Cb400sf  
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 ..... 0

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5124179974  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SAPRI BIN MASOT  
NRIC No ..... S7026868Z

Date Of Birth .....	05/08/1970
Occupation .....	Outdoor
Date Of Driving Pass .....	09/09/1992
Driving experience .....	29 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97493375
Alt. Phone Number .....	-
Email Address .....	MDNAZRULBS@GMAIL.COM
Address .....	484 JURONG WEST AVENUE 1 #04-107 SINGAPORE 640484
Address complement .....	-
Postcode .....	640484
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 to Rear
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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 .....	XD9198Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	SAPRI BIN MASOT
Gender .....	Male
Phone No .....	(Phone) +65-97493375
Address .....	484 JURONG WEST AVENUE 1 #04-107 SINGAPORE 640484
Address Complement .....	-
Post Code .....	640484
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBK7862B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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

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5. **Any false reporting may be referred to the Police for investigation.**
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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")

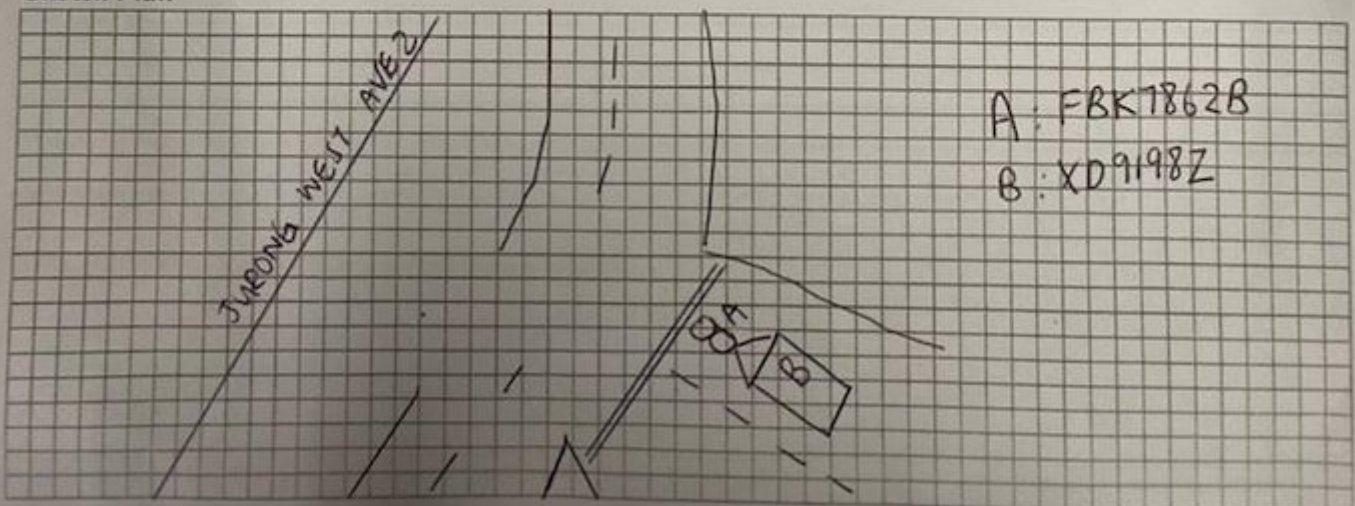
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

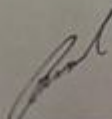


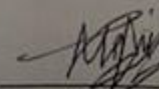
**Describe Circumstances of the Accident**


Handwritten text in the center of the lined area: REFER TO POLICE REPORT

**Declaration**

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

  
Witnessed by Reporting Centre Personnel





























**SINGAPORE  
POLICE FORCE**



T/20220429/7044

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3  
Report No. T/20220429/7044

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SAPRI BIN MASOT	ID No.	S7026868Z
Related Vehicle	FBK7862B (Motorcycle)	Contact No.	87253752
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 2B,2A Date of Expiry: NIL
Date	29/04/2022	Date	29/04/2022
No. of Days granted Medical Leave	06	Degree of	Serious

**Brief Details.**

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING MOTOR PLATE FBK7862B WAS STATIONARY AT THE TRAFFIC LIGHT WAITING IT TO TURN GREEN.

SUDDENLY, VEHICLE B, BEAR LORRY PLATE, XD9198Z BANG ONTO THE REAR PORTION OF MY VEHICLE.

I FLEW FORWARD AND LANDED ONTO THE GROUND. WHILE MY BIKE LEFT SIDE LAND ONTO THE GROUND.

AFTER THE ACCIDENT, I SUFFERED PAIN ON MY HEAD, NECK, SHOULDER, HIP, LOWER BACK AND MULTIPLE PAINS ON MY BODY.

SO I WENT TO THE NEARBY CLINIC LOCATED AT JURONG EAST UNIHEALTH 24-HR CLINIC TO CONSULT A DOCTOR. I RECEIVED 6 DAYS OF MC.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220429/7044

3 of 3

Report No. T/20220429/7044

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

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

Date/Time:  
29/04/2022 21:11

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20220429/7044

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20220429/7044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/04/2022 21:11		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SAPRI BIN MASOT			Address: 484 JURONG WEST AVENUE 1 #04-107 SINGAPORE 640484		
ID Type / ID No.: NRIC NO / S7026868Z			Contact No.: Home/Office: Mobile: 87253752		
Nationality: SINGAPORE CITIZEN			Email: MDNAZRULBS@GMAIL.COM		
Sex: Male	Age: 51	Date of Birth: 05/08/1970	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: FITTER			Driving Licence Information: Class: 2B,2A		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/04/2022 18:45	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBK7862B	Motorcycle				Seriously Damaged	0
XD9198Z	Lorry				Slightly Damaged	0