

# 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 ..... 19/05/2022 14:48 (SGT)  
Date of Accident ..... 10/05/2022 15:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE(TUAS) AT CLEMENTI AVENUE 6 ENTRANCE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBF9625H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... UNIQUE MOTORSPORTS PTE. LTD  
Company Reg No ..... 200907910H  
Email Address ..... UNIQUE.DAPHNE@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96300043  
Alternative Phone No ..... +65-96300043

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Glh125  
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 ..... Manual  
CC ..... 125

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... 5110358789-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD AZHAR BIN JAAFAR  
NRIC No ..... S1754140D

Date Of Birth .....	04/04/1966
Occupation .....	Outdoor
Date Of Driving Pass .....	23/01/1985
Driving experience .....	37 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96300043
Alt. Phone Number .....	-
Email Address .....	ABJ4466@GMAIL.COM
Address .....	BLK 13 HOLLAND DRIVE #10-66
Address complement .....	-
Postcode .....	271013
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - Major/Minor Rd
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? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
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 .....	SKE514C
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	SIM
Contact Number .....	(Phone) +65-91918823
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

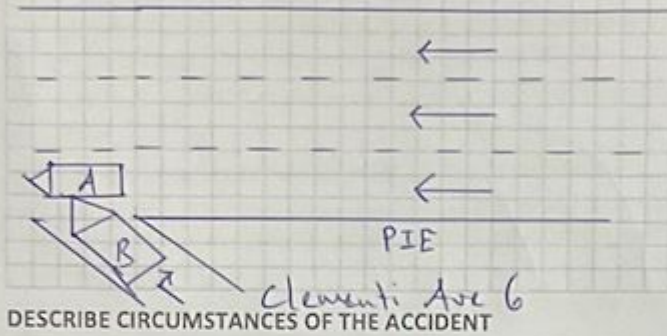
## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MUHAMMAD AZHAR BIN JAAFAR
Gender .....	Male
Phone No .....	(Phone) +65-96300043
Address .....	BLK 13 HOLLAND DRIVE #10-66
Address Complement .....	-
Post Code .....	271013
Approximate Age Years Old .....	-
Injuries Sustained .....	ABRASION - LEFT ARM, LEFT AND RIGHT ELBOW, LEFT KNEE, LEFT TOES, RIGHT FINGERS FRACTURE - LEFT INDEX TOE TENDON - RIGHT RING FINGER
Injured person in which vehicle? .....	FBF9625H
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

A - FBF962SH  
B - SKES14C

Tugs



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report:  
D/2022 0512/7041

**UNIVERSAL MOTORSPORTS PTE LTD**  
**DECLARATION**  
GST Reg No: 200907910H  
We declare the foregoing particulars are true in every respect.  
48 Toh Guan Road East, #02-140  
Enterprise Hub, Singapore 608586  
Tel / Fax: 6515 4978 / 6515 4979

Policyholder's Signature  
Date & Time:

17/05/2022  
1415hrs

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

17/05/2022  
1415hrs

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

Mohd Yusoff  
S099951

**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 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 (a) 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.

**UNIQUE MOTORSPORTS PTE LTD**  
**GST Reg. No. 200907910H**  
 48 Toh Guan Road East, #02-140  
 Enterprise Hub, Singapore 608586  
 Tel / Fax: 6515 4978 / 6515 4979

Policyholder's Signature

Date & Time:

19/05/2022  
 1415 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

19/05/2022  
 1415 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Mohd Yunus  
 8099951



















**SINGAPORE  
POLICE FORCE**



D/20220512/7041

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20220512/7041

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 12/05/2022 20:19	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD AZHAR BIN JAAFAR	Address APT BLK 13 HOLLAND DRIVE #10-66 SINGAPORE 271013	
ID Type / ID No. NRIC NO / S1754140D	Contact No. Home/Office:	Mobile: 96300043
Nationality SINGAPORE CITIZEN	Email Address abj4466@gmail.com	
Occupation Despatched Rider	Sex Male	Age 56
Institution/School Name	Date of Birth 04/04/1966	Race Malay
Date/Time Of Incident 10/05/2022 15:35 - 10/05/2022 15:50	Location Of Incident PIE 29KM	

**Brief details.**

I was on motorcycle FBF9625H (belong to Unique Motorsports) riding on Toh Tuck Flyover (PIE 28km) moving toward Toh Guan Exit (PIE 30km). I was riding on the last lane at an average speed of 65km to 70km. I was hit by a car SKE514C.

This incident happen from 3.35pm to 3.50pm. I was hit by this car on the left side of my motorcycle. From my knowledge, this car was exiting from Clementi Ave 6 towards Toh Tuck Flyover. I felt an impact on my left and was flung from 3rd to middle lane. I was conscious all along with the help of other kind

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/05/2022 20:19
Officer In-Charge Of Case:	Classification Of Case:

**SINGAPORE  
POLICE FORCE**

D/20220512/7041

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220512/7041

Samaritans until the paramedic arrive to give me first aid. The ambulance drove me to Ng Teng Fong General Hospital A&E. Investigation Officer in Charge is Vilton from Traffic Police.

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:  
12/05/2022 20:19

Classification Of Case: