

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	06/06/2022 17:45 (SGT)
Date of Accident	05/06/2022 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOR MARZUKI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP9084R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NOOR ALIF BIN JUMAIN
NRIC No	S9911023F
Email Address	NOOR.ALIFJ@GMAIL.COM
Mobile Phone No	(Phone) +65-83664415
Alternative Phone No	(Office) +65-83664415

VEHICLE PARTICULARS

Manufacturer	Ktm
Model	DUKE 200
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	200

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5123052965
Cover Note Number	-

DRIVER

Name of Driver	NOOR ALIF BIN JUMAIN
NRIC No	S9911023F

Date Of Birth	09/04/1999
Occupation	Indoor
Date Of Driving Pass	08/07/2021
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83664415
Alt. Phone Number	(Office) +65-83664415
Email Address	NOOR.ALIFJ@GMAIL.COM
Address	23 EUNOS CRESENT #11-3019 S400023
Address complement	-
Postcode	-
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 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?	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	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 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	SJG3827G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NOOR ALIF BIN JUMAIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBP9084R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN


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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

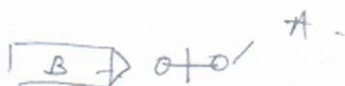
Sketch Plan

 6/6/22 4:07pm

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



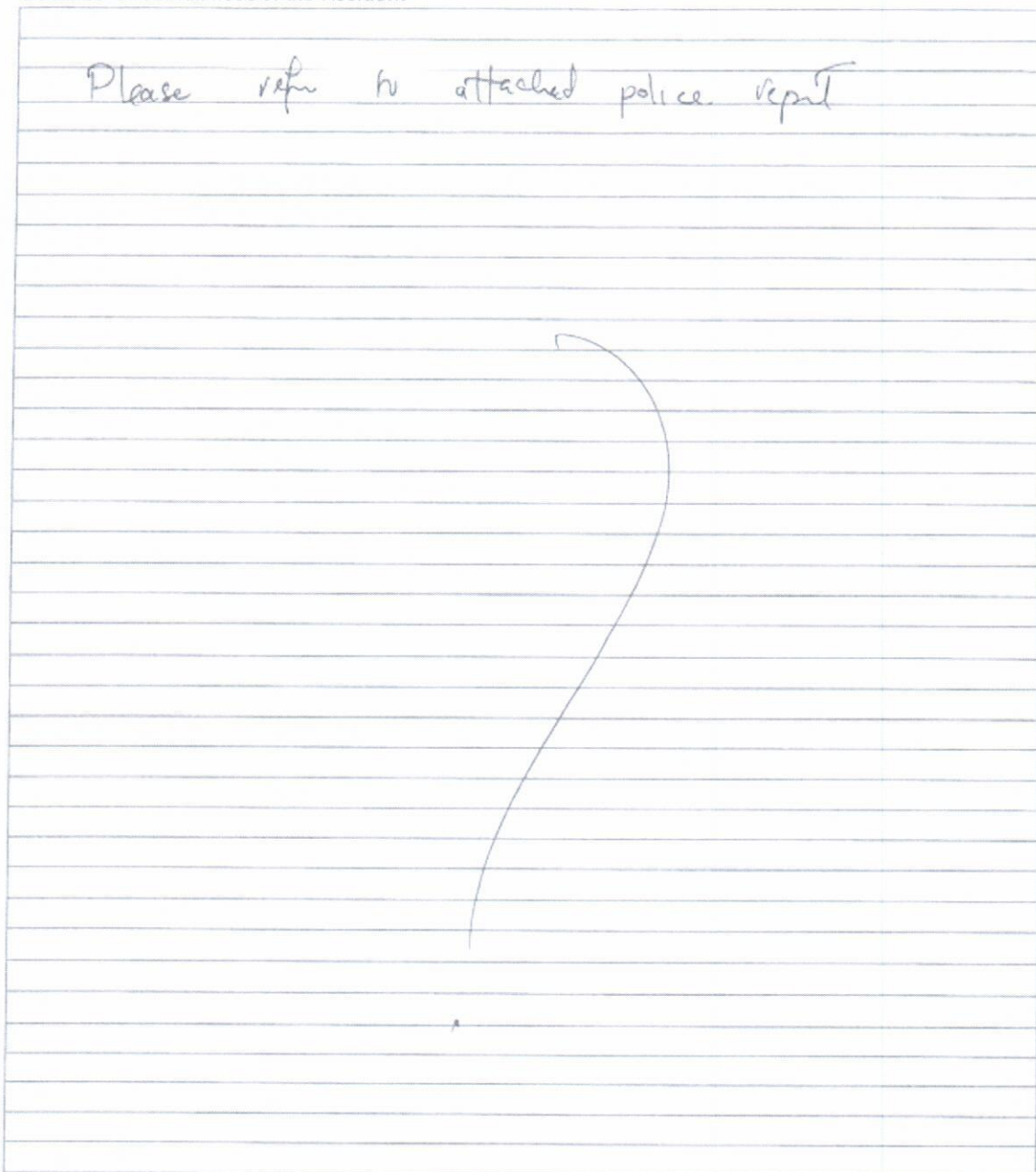
Witnessed by Reporting Centre
Personnel



A: FBP 9084R
B: SJG 3827G

Describe Circumstances of the Accident

Please refer to attached police report



Declaration

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



Policyholder's Signature / Date & Time



6/6/22 4:07pm

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



Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220605/7016

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

1 of 3

Report No. T/20220605/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2022 17:36		Vide Report No.: G/20220605/0145		Station Diary No.:	
Informant's Particulars					
Name of Informant: NOOR ALIF BIN JUMAIN			Address: 23 EUNOS CRESCENT #11-3019 SINGAPORE 400023		
ID Type / ID No.: NRIC NO / S9911023F			Contact No.: Home/Office: Mobile: 83664415		
Nationality: SINGAPORE CITIZEN			Email: NOOR.ALIFJ@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 09/04/1999	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B Date of Expiry: 09/04/2064		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/06/2022 14:00	Type of Location: X-Junction
Location: LORONG MARZUKI				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBP9084R	Motorcycle	KTM	200 DUKE	Orange		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP9084R	NTUC Income Insurance Co-Operative Limited	5123052965	23/07/2021	17/09/2022



**SINGAPORE
POLICE FORCE**



T/20220605/7016

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

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Report No. T/20220605/7016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NOOR ALIF BIN JUMAIN	ID No.	S9911023F
Related Vehicle	FBP9084R (Motorcycle)	Contact No.	83664415
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: 09/04/2064
Date	05/06/2022	Date	05/06/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 5th June 2022 at about 2pm, I was before the stop line of Lor Marzuki towards Sims Ave East. My vehicle was in a stationary position while I waited for the traffic to clear on Sims Ave East. Suddenly there was an impact from the back that hit me, causing me to jerk my head and body and caused me to fall off my bike on my right.

I was conveyed to Changi General Hospital with head, neck, lower back and leg injuries. I was given 5 days mc

Car that hit me bears the plate of SJG3827G
Driver name Ng Kuan Shin
Driver IC S7420145H

Road is dry traffic is light weather is clear



**SINGAPORE
POLICE FORCE**



T/20220605/7016

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

3 of 3

Report No. T/20220605/7016

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 /
THABAGESH JEYATHESH
Contact No.: 65476178

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

Date/Time:
05/06/2022 17:36

Classification Of Case: