

File

SN0722C8000E / Income Insurance Limited
ENTRY DATE & TIME: 08/12/2022 15:45 (SGT)
SUBMITTED BY: Md Shan Kasmelr Bin Abdullah
VERSION: 1 (08/12/2022 15:45 (SGT))



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 Actual 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	08/12/2022 15:45 (SGT)
Reported by	Both
Date of Accident	08/12/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF BUKIT TIMAH ROAD AND WHITLEY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBT4775S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RACHMAT HIDAYAT BIN EDY JUJU
NRIC No	S8034544E
Email Address	rachmathidayatejs@gmail.com
Mobile Phone No	(Phone) +65-88343307
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Xmax
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	300

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126121038

DRIVER

Name of Driver	RACHMAT HIDAYAT BIN EDY JUJU
NRIC No	S8034544E
Date Of Birth	14/11/1980
Occupation	Outdoors

Date Of Driving Pass	17/12/2007
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-88343307
Alt. Phone Number	-
Email Address	rachmathidayatejs@gmail.com
Address	BLK 870 #10-300
Address complement	WOODLANDS STREET 81
Postcode	730870
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 8TH DECEMBER 2022 AT ABOUT 0830HRS, I WAS TRAVELLING ON BUKIT TIMAH ROAD TOWARDS WOODLANDS BEFORE THE JUNCTION OF STEVENS ROAD. WHILE I WAS MAKING A RIGHT TURN INTO WHITLEY ROAD, LORRY XE5275E HIT AGAINST THE LEFT REAR OF MY MOTORCYCLE AND CAUSED ME TO FELL. I TOOK PHOTOS OF THE VEHICLES AND EXCHANGED PARTICULARS WITH THE OTHER PARTY.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE5275E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	RAJENDRAN THIRUSUNAN
Work Permit No	G8428111K
Contact Number	(Phone) +65-91419849
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	RACHMAT HIDAYAT BIN EDY JUJU
Gender	Male
Phone No	(Phone) +65-88343307
Address	BLK 870 #10-300
Address Complement	WOODLANDS STREET 81
Post Code	730870
Approximate Age Years Old	42
Injuries Sustained	ABRASIONS ON LEFT KNEE, LEFT SHIN, LEFT FOREARM
Injured person in which vehicle?	FBT4775S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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 lodging 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 be 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 be 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 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 use in one of the above Purposes.

Policyholder's Signature / Date & Time

08/12/2022

Sketch Plan 1530HRS

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

Witnessed by Reporting Centre Personnel
(Name as at NICED card)

MD SHAN KASMEIR BIN ABDULLAH

REFER TO SKETCH
ATTACHED

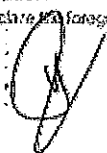
SKETCH PLAN #2

Describe Circumstance of the Accident

Refer to Circumstance of Accident

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

08/12/2022
1530HRS

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

Witnessed by Reporting Centre Personnel
(Name as in IRRICID card)

MD SHAN KASMEIR BN ABDULLAH 2

