

## 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	13/01/2023 12:04 (SGT)
Reported by	Both
Date of Accident	21/12/2022 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LEONIE HILL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBD711L

#### INSURED/POLICYHOLDER

Is company?

No

Name Of Registered Owner

MOHD SYAFIQ BIN MOHD JAWAHIR

NRIC No

S9330754B

Email Address

fiqjayh@gmail.com

Mobile Phone No

(Phone) +65-93381519

Alternative Phone No

-

#### VEHICLE PARTICULARS

Manufacturer

Yamaha

Model

T135

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

130

#### INSURANCE COMPANY

Name of Insurance Company

Income Insurance Limited

Policy Number / Cover Note Number

5120348339-01

#### DRIVER

Name of Driver

MOHD SYAFIQ BIN MOHD JAWAHIR

NRIC No

S9330754B

Date Of Birth

19/08/1993

Occupation

Indoor



Date Of Driving Pass	16/12/2020
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-93381519
Alt. Phone Number	-
Email Address	fiqjayh@gmail.com
Address	BLK 415 #11-99 BEDOK NORTH AVENUE 2
Address complement	-
Postcode	460415
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 - U-Turn
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
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?	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 SKETCH PLAN / POLICE REPORT

#### 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	SNE7360Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-	
Vehicle Category	Private car	
Name of Driver	TAY CHEE SENG	
NRIC No	S1786755E	
Contact Number	(Phone) +65-96918833	10/05/09
Address	-	
Address complement	-	
Postcode	-	
Insurance Company Name	-	10/05/09
Nature Of Damage	-	10/05/09
Details of property damaged in accident	-	10/05/09
No. Of Passenger (Including Driver)	-	10/05/09

INJURED PERSONS DETAILS

10/05/09

INJURED 1		
Name of injured person	MOHD SYAFIQ BIN MOHD JAWAHIR	
Gender	Male	
Phone No	-	
Address	-	
Address Complement	-	
Post Code	-	
Approximate Age Years Old	-	10/05/09
Injuries Sustained	-	10/05/09
Injured person in which vehicle?	FBD711L	10/05/09
Were seat belts worn?	-	10/05/09
Was this injured conveyed to hospital by ambulance?	Yes	10/05/09
NAME OF DRIVER		10/05/09
ADDRESS OF DRIVER		10/05/09



# SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time 13/01/2023 / 11:52

Report No. MT/

D.O.A. 23/12/2022

Vehicle No. F80711L

Reporting Type:

Time 11:00 hrs

## SKETCH PLAN

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### 8. Consent under the Personal Data Protection Act (PDPA)

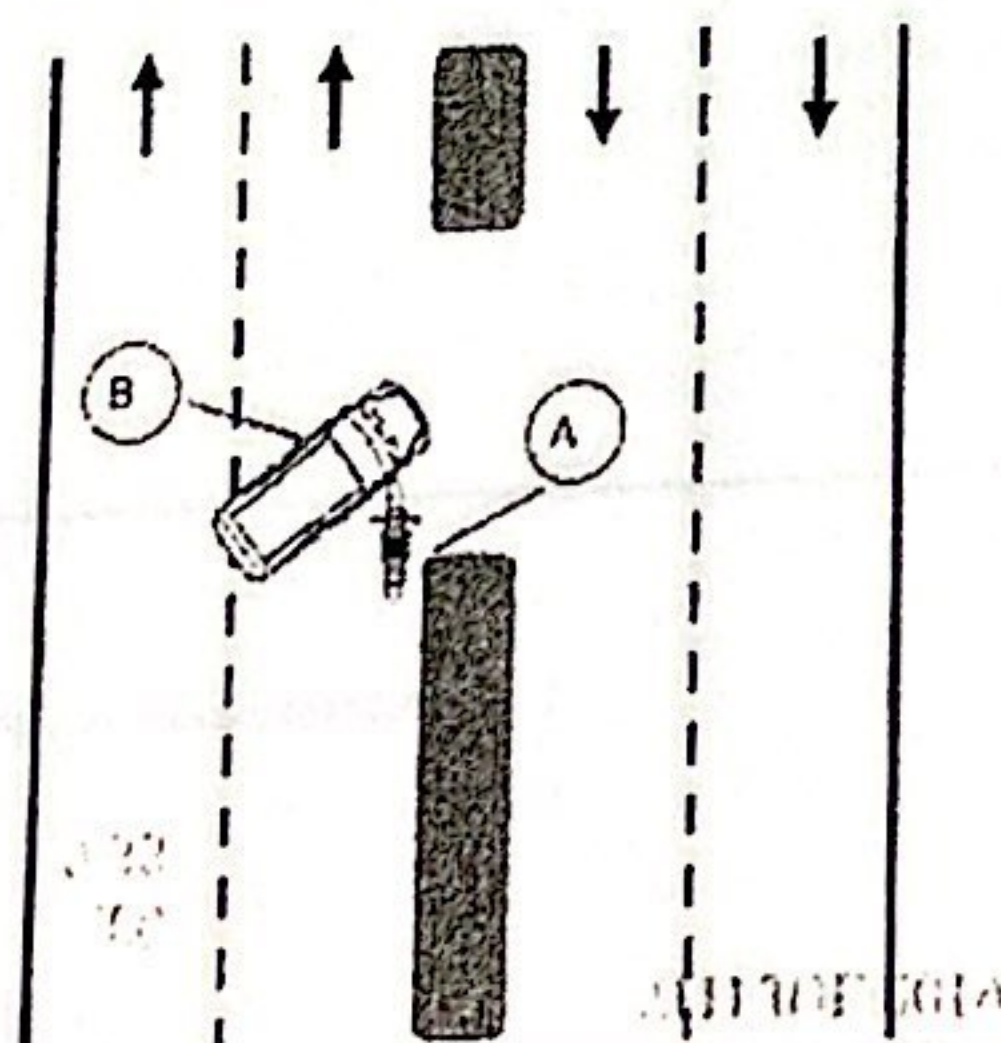
I understand, acknowledge, agree and consent that:

- (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.

13 01 23 11:52  
Policyholder's Signature / Date & Time  
Sketch Plan

13 01 23 11:52  
Driver's Signature (if driver is not the policyholder) / Date & Time

Tang Chun Kiet (S098825)  
Customer Care Executive  
Motor Service Centre  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



Vehicle A: F80711L

Vehicle B: SNE7360Y




Describe Circumstances of the Accident


Refer to Police Report

Declaration

We declare the foregoing particulars are true in every respect

 13 01 23 11:52  
Policyholder's Signature / Date & Time

13 01 23 11:52  
Driver's Signature (If driver is not the policyholder) / Date & Time

Tang Chun Kiet (S098825)  
Customer Care Executive   
Motor Service Centre  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)