

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	
Address	-	1770300
Address complement	-	
Postcode	-	
Insurance Company Name	-	
Nature Of Damage	-	1791700
Details of property damaged in accident	-	1753800
No. Of Passenger (Including Driver)	-	

INJURED PERSONS DETAILS

Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

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

Report No. MT/

D.O.A. 21/12/2022

Vehicle No: FBD711L

Reporting Type:

Time 11:00 hrs

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 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 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 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:

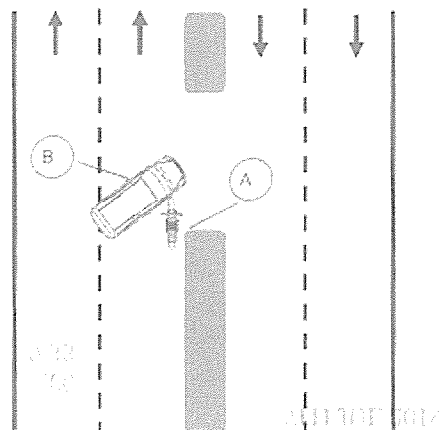
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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
13/01/23 / 11:52

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

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

Sketch Plan



Vehicle A: FBD711L

Vehicle B: SNE7360Y

Describe Circumstances of the Accident

Refer to Police Report


1. 09/01/23 11:52
2. 09/01/23 11:52
3. 09/01/23 11:52

1. 09/01/23 11:52


09/01/23 11:52
09/01/23 11:52

Declaration

I/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)