

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 14:58 (SGT)
Reported by	Both
Date of Accident	06/01/2023 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BOON LAY WAY.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBU921H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HUM GAU LIANG
NRIC No	S6869941Z
Email Address	Gllum9854@gmail.com
Mobile Phone No	(Phone) +65-84065122
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX
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	160

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129567072

DRIVER

Name of Driver	HUM GAU LIANG
NRIC No	S6869941Z
Date Of Birth	03/12/1968
Occupation	Outdoor

Date Of Driving Pass	08/11/2017
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84065122
Alt. Phone Number	-
Email Address	Glhum9854@gmail.com
Address	BLK 651B #14-362 JURONG WEST STREET 61
Address complement	-
Postcode	642651
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
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	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND 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	PA4590S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HUM GAU LIANG
Gender	Male
Phone No	(Phone) +65-84065122
Address	BLK 651B #14-362 JURONG WEST STREET 61
Address Complement	-
Post Code	642651
Approximate Age Years Old	54
Injuries Sustained	-
Injured person in which vehicle?	FBU921H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

Describe Circumstance of the Accident:

Refer to police report T/20230106/2090

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

Policyholder's Signature / Date & Time: 13/1/2023 2:14:30 PM

Driver's Signature (if driver is not the policyholder) / Date & Time: 13/1/2023 2:14:30 PM

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): Muhammad Nizam B. Ali

1993500

2

SKETCH PLAN

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- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.**
- 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.
- 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.
- 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 one or more of the above Purposes.

[Signature]
13/11/2023
@ 1430h

[Signature]
13/11/2023
@ 1430h

[Signature]
Muhammad Rizwan
B. Arif
549388

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan:



**SINGAPORE
POLICE FORCE**



T/20230106/2090

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 3

Report No. T/20230106/2090

CONTINUATION OF REPORT

Details of Person involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HUM GAU LIANG	ID No.	S6869941Z
Related Vehicle	FBU921H (Motorcycle)	Contact No.	84065122
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/01/2023	Date Discharge	06/01/2023
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 06/01/2023 at about 1200hrs, I was riding my motorcycle bearing registration number FBU921H along Boon Lay Way towards Jurong East Central before Jurong River on a 3-lane road. I was on the second lane intending to change lane to the first lane. I checked my blind spot and signaled to the right before I drove to the right. One van from the first lane suddenly sped up and changed lane to the left when I felt a collision from the rear while I was on the second lane. I fell off my bike and landed on my left side. A passerby observed the accident and called for Police. There is no camera installed on my motorcycle. I was unable to check my motorcycle for any damages as it was towed away by Traffic Police. I was conveyed to Ng Teng Fong General Hospital by ambulance and was diagnosed with some abrasion on my left knee. I received 7-days of sick leave for 06/01/2023 to 12/01/2023.


**SINGAPORE
POLICE FORCE**


T/20230106/2090

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No: T/20230106/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2023 18:08		Vide Report No.:		Station Diary No.: 109
Informant's Particulars				
Name of Informant: HUM GAU LIANG		Address: APT BLK 651B JURONG WEST STREET 61 #14-362 SINGAPORE 642651		
ID Type / ID No.: NRIC NO / S6869941Z		Contact No.: Home/Office: Mobile: 84065122		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 54	Date of Birth: 03/12/1968	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: DELIVERY RIDER		Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/01/2023 12:00	Type of Location: Straight Road
Location: BOON LAY WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBU921H	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Silver	Slightly Damaged	0
PA4590S	Van				Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBU921H	NTUC Income Insurance Co-Operative Limited	5129567072	13/08/2022	11/08/2023	

**SINGAPORE
POLICE FORCE**

T/20230106/2090

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No: T/20230106/2090

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

D /

SGT 2 SAIYIDAH BINTE ABDUL
WAHID

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
06/01/2023 18:08Officer In Charge Of Case:
TP / GIT /
STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Classification Of Case:

NP168