

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	17/02/2023 15:00 (SGT)
Reported by	Driver
Date of Accident	14/02/2023 08:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE(BKE) before Mandai Rd Exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL2584G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Harneis Hadir
NRIC No	S7045667B
Email Address	sienrah@mail.com
Mobile Phone No	(Phone) +65-90404477
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	RV
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
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	Income Insurance Limited
Policy Number / Cover Note Number	5133340687

DRIVER

Name of Driver	Haiqal Anwar Bin Harneis
NRIC No	S9720386E
Date Of Birth	19/06/1997
Occupation	Indoor

Date Of Driving Pass	04/09/2020
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83880700
Alt. Phone Number	-
Email Address	Terratorxd@gmail.com
Address	80E LORONG MELAYU SINGAPORE
Address complement	-
Postcode	416992
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Wet

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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to 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	GBD9394J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Subramaniyan Namachivayan
Passport No/FIN	G8654345T
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	Haiqal Anwar Bin Harneis
Gender	Male
Phone No	(Phone) +65-83880700
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	25
Injuries Sustained	Pain on left foot and knee, abrasions on both hands.
Injured person in which vehicle?	FBL2584G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes


Describe Circumstance of the Accident

Refer to Police Report


Declaration

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

Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date
& Time 17/02/2023 1450hrs



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

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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

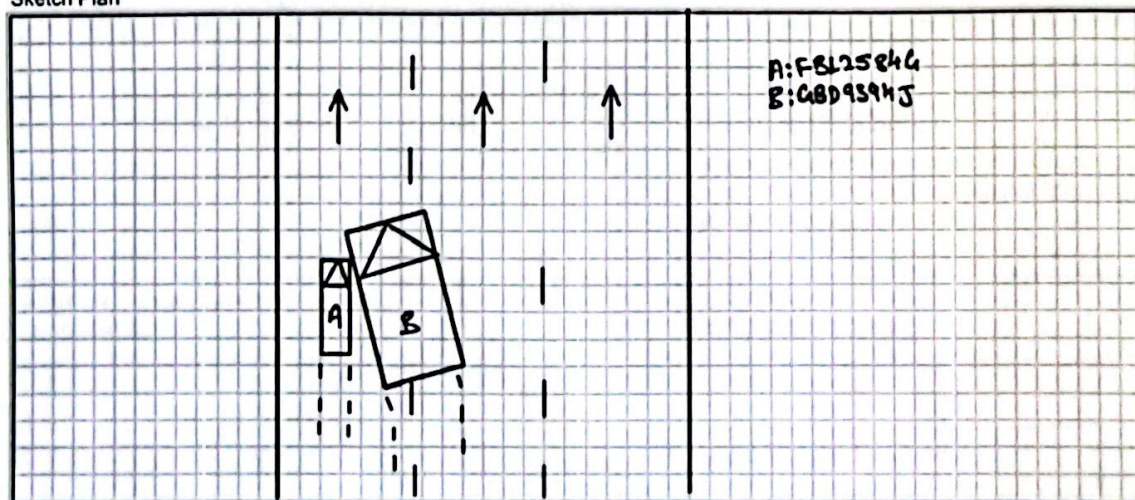
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

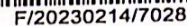
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 17/02/2023 1450hrs

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

Sketch Plan





POLICE REPORT (NP299)

Report No. F/20230214/7028

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 14/02/2023 10:33	Vide Report No.	Station Diary No.
Name Of Informant HAIQAL ANWAR BIN HARNEIS	Address 80E LORONG MELAYU SINGAPORE 416992	
ID Type / ID No. NRIC NO / S9720386E	Contact No. Home/Office: Mobile: 83880700	
Nationality SINGAPORE CITIZEN	Email Address TERRATORXD@HOTMAIL.COM	
Occupation Mechanical engineer	Sex Male	Age 25
	Date of Birth 19/06/1997	Race Malay
Institution/School Name	Language English	
Date/Time Of Incident 14/02/2023 08:25 - 14/02/2023 09:00	Location Of Incident 821 UPPER THOMSON ROAD SINGAPORE 787104	

I was in 3rd lane travelling at 60-70km/h approximately, preparing to exit at mandai road about 2 min ahead. Lorry GBD 9394 J cut in front of me right after indicating, prompting me to ebrake. My motorcycle, FBL 2584 G, skidded but was not able to stop in time. Lorry hit my motorcycle from the right side, causing me to fall over on my left, with my left foot pinned under the bike.

Subjects Involved	
Victim	
Person Name	HAIQAL ANWAR BIN HARNEIS

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/02/2023 10:33
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20230214/7028

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230214/7028

ID Type	NRIC NO	ID No	S9720386E
Gender	Male	Age	25
Race	Malay	Language	English
Occupation	Mechanical engineer	Address	80E LORONG MELAYU SINGAPORE 416992
Mobile No	83880700	Is Informant A Victim?	Yes
Person Name	HAIQAL ANWAR BIN HARNEIS (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
14/02/2023 10:33

Classification Of Case: