

## 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 .....	15/03/2023 16:32 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	14/03/2023 16:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	1 JOO KOON ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBM3382K
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TENGKU MUHAMMAD ALIF ZUL HAQIM BIN TENGKU ABDUL MALEK
NRIC No .....	S9710044F
Email Address .....	ALIFZULHAQIM@GMAIL.COM
Mobile Phone No .....	(Phone) +65-87498809
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Cb400x
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 .....	0

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5122208454-02

#### DRIVER

Name of Driver .....	TENGKU MUHAMMAD ALIF ZUL HAQIM BIN TENGKU ABDUL MALEK
NRIC No .....	S9710044F

Date Of Birth .....	20/03/1997
Occupation .....	Indoor
Date Of Driving Pass .....	30/04/2021
Driving experience .....	1 YEAR AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87498809
Alt. Phone Number .....	-
Email Address .....	ALIFZULHAQIM@GMAIL.COM
Address .....	741 TAMPINES STREET 72 #04-74
Address complement .....	-
Postcode .....	520741
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 .....	Hit and run / Vandalism / Damaged whilst parked
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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

#### REFER TO ATTACHED

#### 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 .....	TRB9716K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	JIN SHUIWANG
Passport No/FIN .....	G2477149R
Contact Number .....	(Phone) +65-68634527
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

Accident report SY03233F0001

I was having a lesson at ever safe academy when the accident happen. A staff called my vehicle number to notified that my bike has been knock down by reversing trailer. When I reached the location of my parked vehicle, the driver have ~~bring~~ my bike. A witness whom work around ~~there~~ Pickup there inform me that the trailer have knock my bike while reversing.


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

Witnessed by Reporting Centre  
Personnel

## SKETCH PLAN

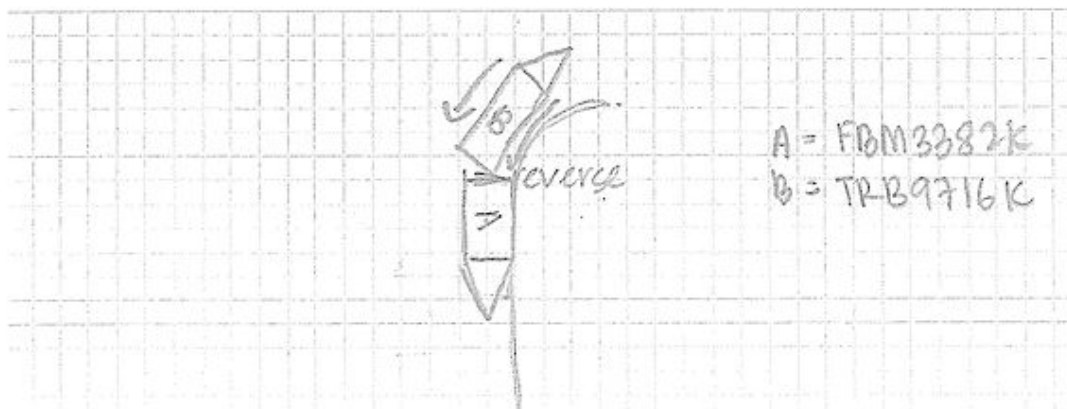
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

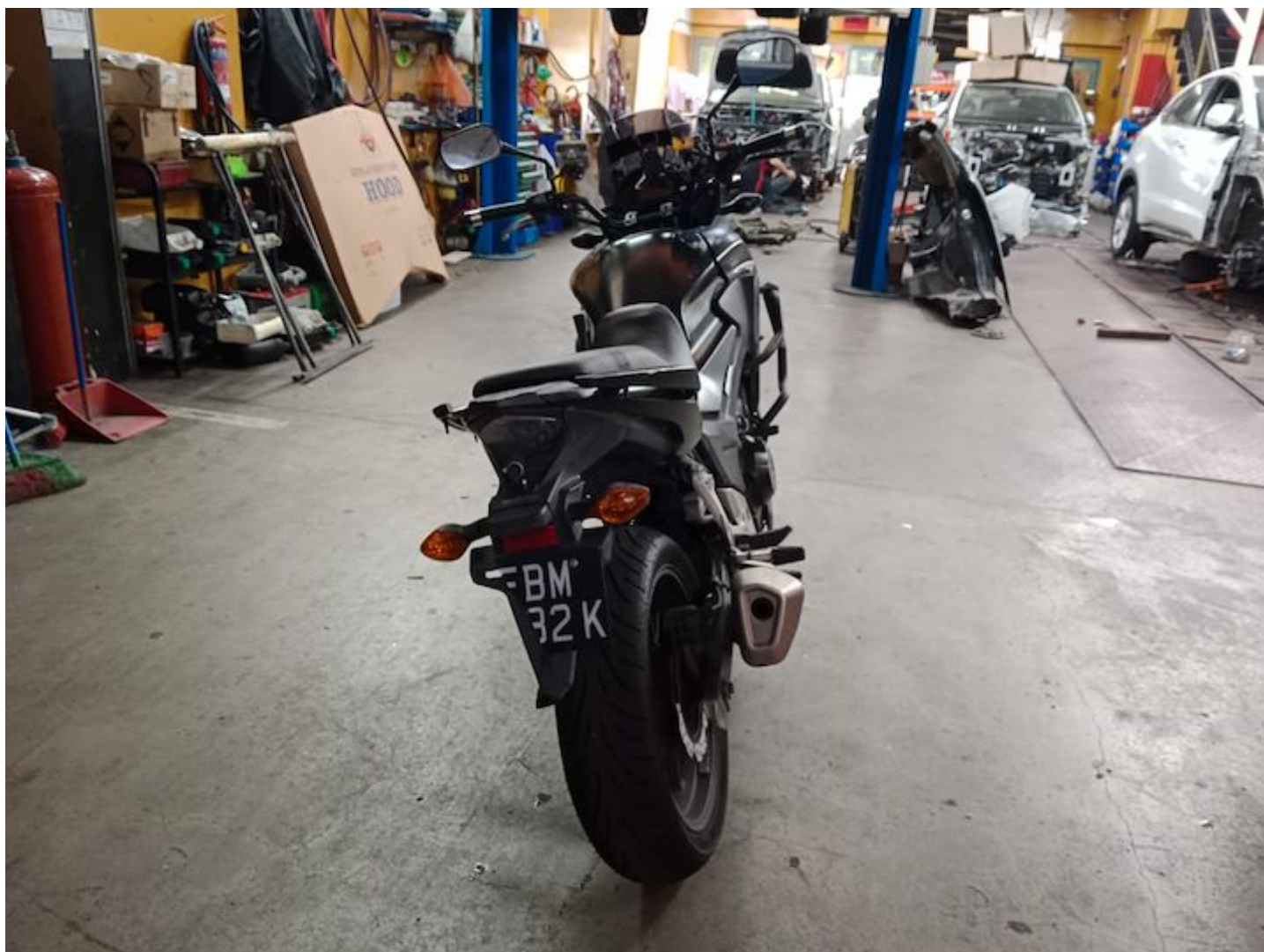
Sketch Plan













































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SY03233F0001 Vehicle Registration No: FBM3382K  
 Name (as shown in NRIC): TENGGU MUHAMMAD ALIF ZUL H AQIM BIN TENGGU ABDULMALEK NRIC/FIN/Passport No: SXXXX044F  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 741 TAMPINES STREET 72 #04-74 Singapore (520741)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 87498809  
 Email Address: ALIFZULHAQIM@GMAIL.COM  
 Date of Accident: 14/03/2023 Time of Accident: 16:30  
 Place of Accident: 1 JOO KOON ROAD  
 Insurance Company: Income Insurance Limited

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

CHANGE DETAILS

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\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

*DAVIDA*  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: