

SK0U235T0005 / KAN FOOK SING MOTOR WORKSHOP [533758]  
ENTRY DATE & TIME: 29/05/2023 11:03 (SGT)  
SUBMITTED BY: Eunice Lim Siew Choo  
VERSION: 1 (29/05/2023 11:03 (SGT))



## 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	29/05/2023 11:03 (SGT)
Reported by	Actual Driver
Date of Accident	28/05/2023 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	97 FRANKEL AVENUE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR7875C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD ALIF BIN ABDUL RAHMAN
NRIC No	S9600801E
Email Address	AKIDNORDIN.55@GMAIL.COM
Mobile Phone No	(Phone) +65-88145717
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Gdr155a
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	160

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119416237-02

### DRIVER

Name of Driver	NOOR AKID BIN NORDIN
NRIC No	S9638731H
Date Of Birth	28/10/1996
Occupation	Outdoor



Accident report SK0U235T0005

Date Of Driving Pass	28/01/2016
Driving experience	7 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91812132
Alt. Phone Number	-
Email Address	AKIDNORDIN.55@GMAIL.COM
Address	478C YISHUN ST 44 #03-161 S.763478
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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)	0
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 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	SNJ9295M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

# SKETCH PLAN

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### IMPORTANT NOTICE

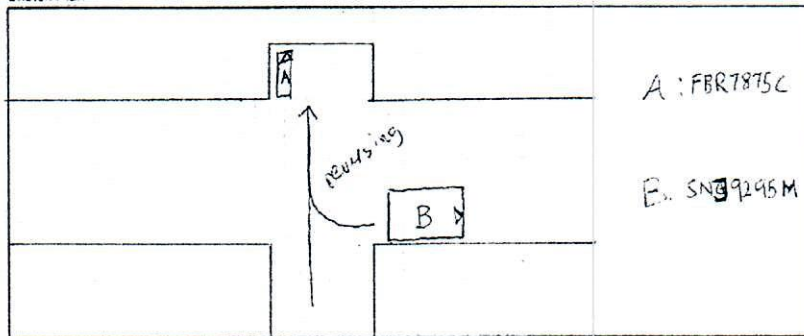
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies 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 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 insurers) who have insured vehicle(s) involved in this accident (all insurers) 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 based 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 (Name as in NRIC Card)

Sketch Plan



SKETCH PLAN #2

**Describe Circumstance of the Accident**

I parked my bike stationary to take my food delivery order next door. Just a few steps away the car SM92ASM reversed and bang my bike. He quickly came out of the car and said sorry that he did not see my bike. He quickly picked up my bike and shift it forward and said he wanted to settle things this. After discussion he ended up saying to claim insurance instead because he did not agree to ~~that~~ So now my bike there is a bit of damage and after the incident I have difficulty starting my bike and the bike keeps on dying now and then.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy please check your policy for more information

**Declaration**

(We declare the foregoing particulars are true in every respect)

Policyholder Signature, Date & Time

Driver Signature (If driver not the policyholder) Date & Time

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

