

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 First Submission	14/08/2024 16:28 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/08/2024 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI RD - BUKIT TIMAH RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP8839L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AIMAN HADI BIN AZHRIN
NRIC No	TXXXX282E
Email Address	aimanazhrin@gmail.com
Mobile Phone No	(Phone) +65-96404762
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	MT15 MANUAL
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	155
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	MLERG551111006050
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5146867973

DRIVER

Name of Driver	AIMAN HADI BIN AZHRIN
NRIC No	TXXXX282E
Date Of Birth	25/05/2004
Occupation	Indoor
Driving Pass Date	08/08/2023
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-96404762
Alt. Phone Number	-
Email Address	aimanazhrin@gmail.com
Address	BLK 762 CHOA CHU KANG NORTH #07-251
Address complement	-
Postcode	680762
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	Side Swipe
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 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	SHB239Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AIMAN HADI BIN AZHRIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBP8839L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-55/60/62 Sin Ming Ind Est
Singapore 575843
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

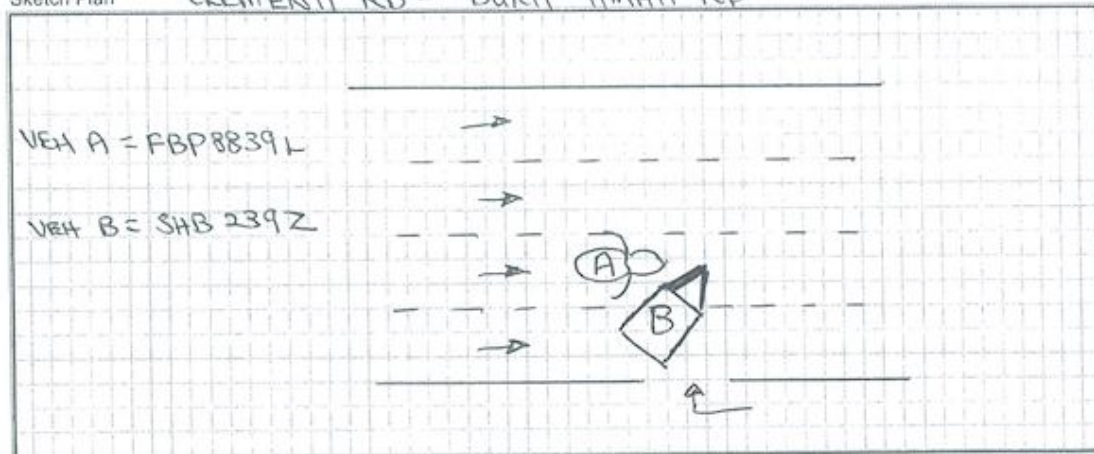
Policyholder's Signature / Date & Time

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

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

Sketch Plan

CLEMENTI RD - BUKIT TIMAH RD



Describe Circumstance of the Accident

Please refer to Police Report : T/20240812 / 7024

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

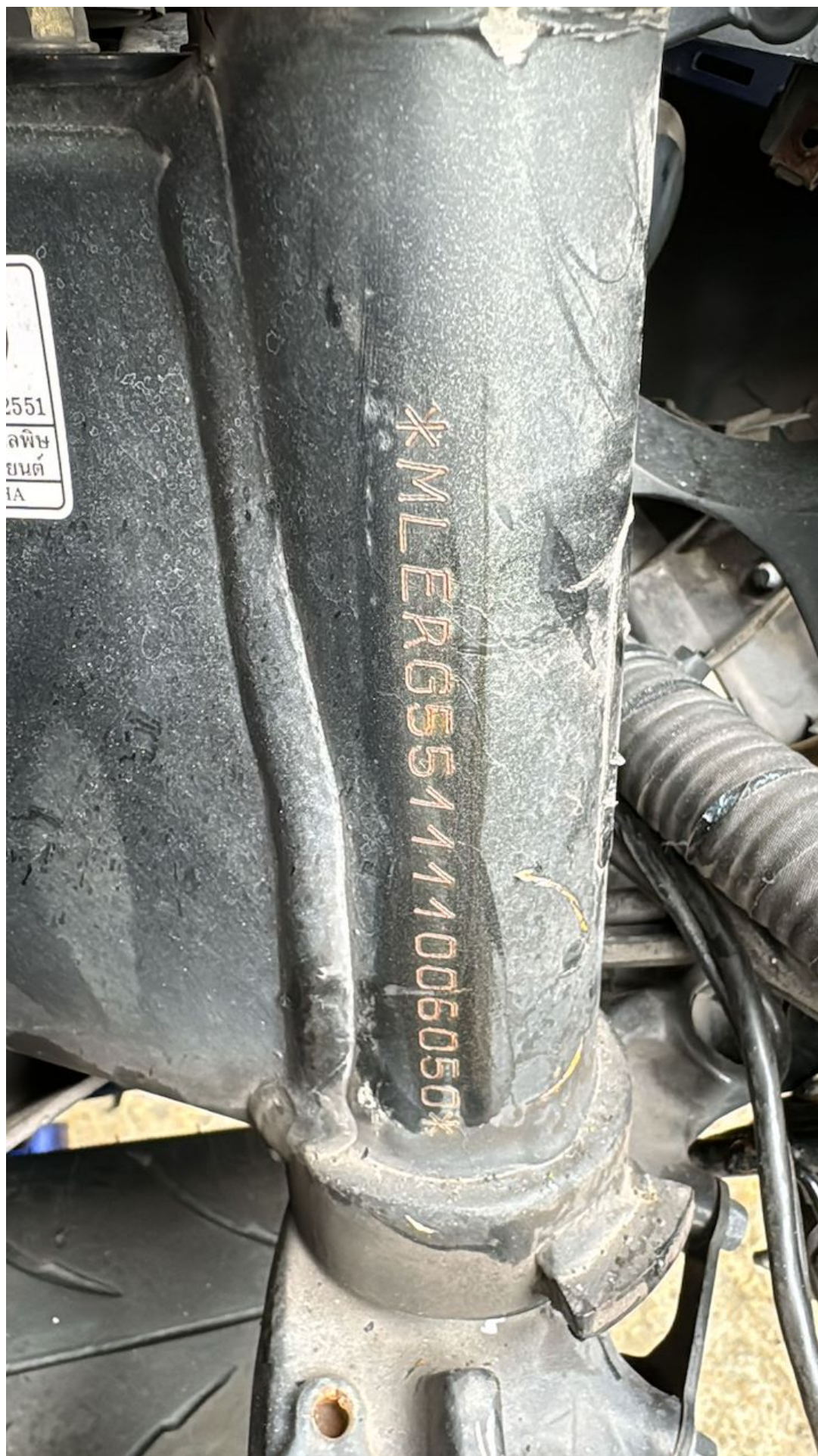
CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

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













**SINGAPORE
POLICE FORCE**



T/20240812/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20240812/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/08/2024 11:41		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: AIMAN HADI BIN AZHRIN			Address: 762 CHOA CHU KANG NORTH 5 #07-251 SINGAPORE 680762		
ID Type / ID No.: NRIC NO / T0414282E			Contact No.: Home/Office: Mobile: 96404762		
Nationality: SINGAPORE CITIZEN			Email: aimanazhrin@gmail.com		
Sex: Male	Age: 20	Date of Birth: 25/05/2004	Type of Informant: Rider		
Race: Javanese			Language: English		
Occupation: Student			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/08/2024 17:00	Type of Location: Straight Road
Location: CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP8839L	Motorcycle	YAMAHA	MT15 MANUAL	Blue		0
SHB239Z	Taxi					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBP8839L	NTUC Income Insurance Co-Operative Limited	5146867973	28/06/2024	28/06/2025



**SINGAPORE
POLICE FORCE**



T/20240812/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20240812/7024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AIMAN HADI BIN AZHRIN	ID No.	T0414282E
Related Vehicle	FBP8839L (Motorcycle)	Contact No.	96404762
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	01/08/2024	Date Discharge	08/08/2024
No. of Days granted Medical Leave (MC)	37	Degree of Injury	Serious
Rider			
Name	AIMAN HADI BIN AZHRIN	ID No.	T0414282E
Related Vehicle	FBP8839L (Motorcycle)	Contact No.	96404762
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On the stated date and time I was riding FBP8839L along Clementi Road towards Bukit Timah direction. Suddenly, a taxi SHB239Z make a u-turn abruptly, and I could not react in time and hit onto the left front side portion of the taxi. I was badly injured and was conveyed to NUH. I was given 37 days of MC and did two operations.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20240812/7024

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Report No. T/20240812/7024

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMED SOPHIAN BIN MOHAMED AMIR
Contact No.: 91874317

NP168

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

Date/Time:
12/08/2024 11:41

Classification Of Case:



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: SC1N248E0007 Vehicle Registration No: FBP8839L
 Name (as shown in NRIC): AIMAN HADI BIN AZHRIN NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 762 CHOA CHU KANG NORTH #07-251 Singapore (680762)
 Contact (Tel): 96404762 Mobile No.: _____
 Email Address: aimanazhrin@gmail.com
 Date of Accident: 01/08/2024 Time of Accident: 1700 hrs
 Place of Accident: CLEMENTI RD towards Bukit Timah RD.
 Insurance Company: INCOME

(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:

I wished to state that my email is aimanazhrin@gmail.com

Policyholder / Driver's Signature
Date:

GIARMC Addendum Form

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:
Date:

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1235 Fax: 6453 7944
 (Claims Section)