

## 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 .....	13/06/2024 14:24 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	12/06/2024 14:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TAMPINES STREET 31
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBR2111G
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD AKMAL BIN MOHAMED KHADER
NRIC No .....	S8317442J
Email Address .....	AKMAL4683@YAHOO.COM
Mobile Phone No .....	(Phone) +65-91012060
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	R125
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 .....	5116700027-04

#### DRIVER

Name of Driver .....	MUHAMMAD AKMAL BIN MOHAMED KHADER
NRIC No .....	S8317442J
Date Of Birth .....	04/06/1983
Occupation .....	Outdoor

Driving Pass Date .....	04/12/2003
Driving experience .....	20 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91012060
Alt. Phone Number .....	-
Email Address .....	AKMAL4683@YAHOO.COM
Address .....	APT BLK 148 SIMEI STREET 1 #03-129
Address complement .....	-
Postcode .....	520148
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 - Opening Door of Vehicle
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? .....	No
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 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 .....	SHD7169K
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 .....	MUHAMMAD AKMAL BIN MOHAMED KHADER
Gender .....	Male
Phone No .....	(Phone) +65-91012060
Address .....	APT BLK 148 SIMEI STREET 1 #03-129
Address Complement .....	-
Post Code .....	520148
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBR2111G
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

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

LOH

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

SKETCH PLANIMPORTANT NOTICE

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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/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.

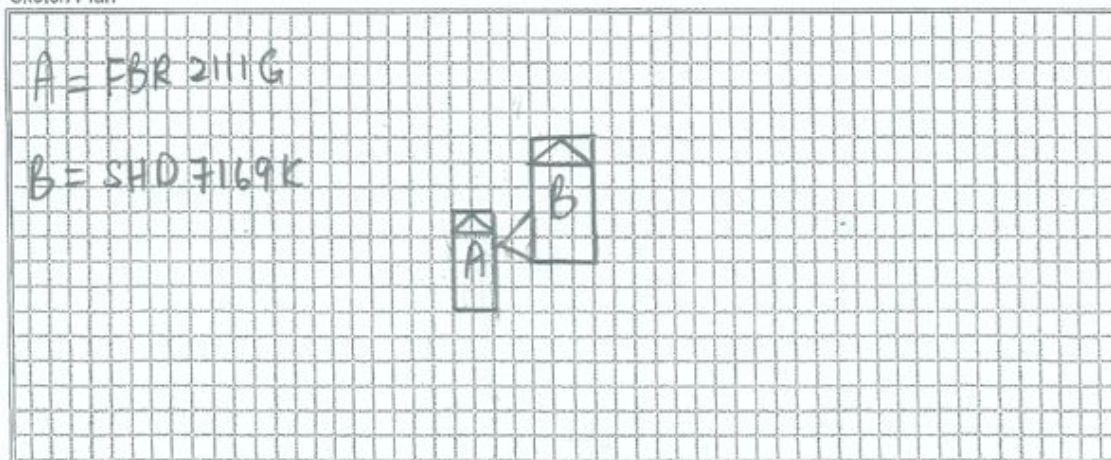
  
Policyholder's Signature / Date & Time

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

LOH

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

Sketch Plan



vJun2022

























































**SINGAPORE  
POLICE FORCE**



T/20240612/7068

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

1 of 3

Report No. T/20240612/7068

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/06/2024 17:21		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: MUHAMMAD AKMAL BIN MOHAMED KHADER		Address: 148 SIMEI STREET 1 ##03-129 SINGAPORE 520148		
ID Type / ID No.: NRIC NO / S8317442J		Contact No.: Home/Office: Mobile: 91012060		
Nationality: SINGAPORE CITIZEN		Email: AKMAL4683@YAHOO.COM		
Sex: Male	Age: 41	Date of Birth: 04/06/1983	Type of Informant: Rider	
Race: Indian		Language: English		
Occupation: Transport/Technical operations manager (except port/shipping)		Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/06/2024 14:30	Type of Location: T-Junction
Location:  TAMPINES STREET 31				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR2111G	Motorcycle	YAMAHA	R15 ABS MANUAL	Blue		0
SHD7169K	Motor car	HYUNDAI	AVANTE	Blue	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBR2111G	NTUC Income Insurance Co-Operative Limited	5116700027-04	11/03/2024	10/03/2025





**SINGAPORE  
POLICE FORCE**



T/20240612/7068

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

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Report No. T/20240612/7068

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD AKMAL BIN MOHAMED KHADER	ID No.	S8317442J
Related Vehicle	FBR2111G (Motorcycle)	Contact No.	91012060
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

**Brief Details.**

I WAS TRAVELLING STRAIGHT ROAD ON TAMPINES STREET 31 BEFORE THE JUNCTION UPON ENTERING THE FLITER LANE THERE WAS A TAXI WITH PASSENGER SUDDENLY DECIDED TO OPEN THE DOOR ON THE LEFT SIDE OF THE VEHICLE SHD7169K. AFTER THE SCENE I WENT TO SEE THE DR AFTERWARDS AND GOTTEN 3 DAYS MC.



**SINGAPORE  
POLICE FORCE**

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



T/20240612/7068

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Report No. T/20240612/7068

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
PHNG KAR SOON  
Contact No.: 65476030

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

Date/Time:  
12/06/2024 17:21

Classification Of Case:

NP168