

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 | 13/08/2024 15:02 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 28/07/2024 12:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | LORONG MELAYU |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | FBQ624L |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------------------|
| Is company? | No |
| Name Of Registered Owner | Hazel Nurulhuda Binte Mohd Hazeman |
| NRIC No | S9349353B |
| Email Address | ATTATORA9035@GMAIL.COM |
| Mobile Phone No | (Phone) +65-93282537 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Yamaha |
| Model | GDR155A |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Motorcycle |
| Transmission | Auto |
| CC | 155 |
| Vehicle Fuel | - |
| First Registration Date | - |
| Chassis no | - |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5137980552-01 |

DRIVER

| | |
|--|-------------------------------|
| Name of Driver | MUHAMMAD HATTA BIN MOHD RAZIP |
| NRIC No | S9035737I |
| Date Of Birth | 02/10/1990 |
| Occupation | Indoor |
| Driving Pass Date | 30/09/2010 |
| Driving License Pass Class | 2B |
| Driving License Validity | Valid |
| Driving experience | 13 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-88751467 |
| Alt. Phone Number | - |
| Email Address | ATTATORA9035@GMAIL.COM |
| Address | 47 MARINE CRESCENT #05-76 |
| Address complement | - |
| Postcode | 440047 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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 | Pasir Ris Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18005852999 |
| Alt. Police Station Phone No | (Fax) +65-65855261 |
| Police Station Address | 1 Pasir Ris Drive 4 #01-01 Singapore 519457 |
| 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 | SNP7592L |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | (Phone) +65-96789898 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---|
| Name of injured person | MUHAMMAD HATTA BIN MOHD RAZIP |
| Gender | Male |
| Phone No | (Phone) +65-88751467 |
| Address | 47 MARINE CRESCENT #05-76 |
| Address Complement | - |
| Post Code | 440047 |
| Approximate Age Years Old | 33 |
| Injuries Sustained | Left leg fracture Left leg abrasions |
| Injured person in which vehicle? | FBQ624L |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

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 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.

[Signature]

13/08/2024
1440hrs

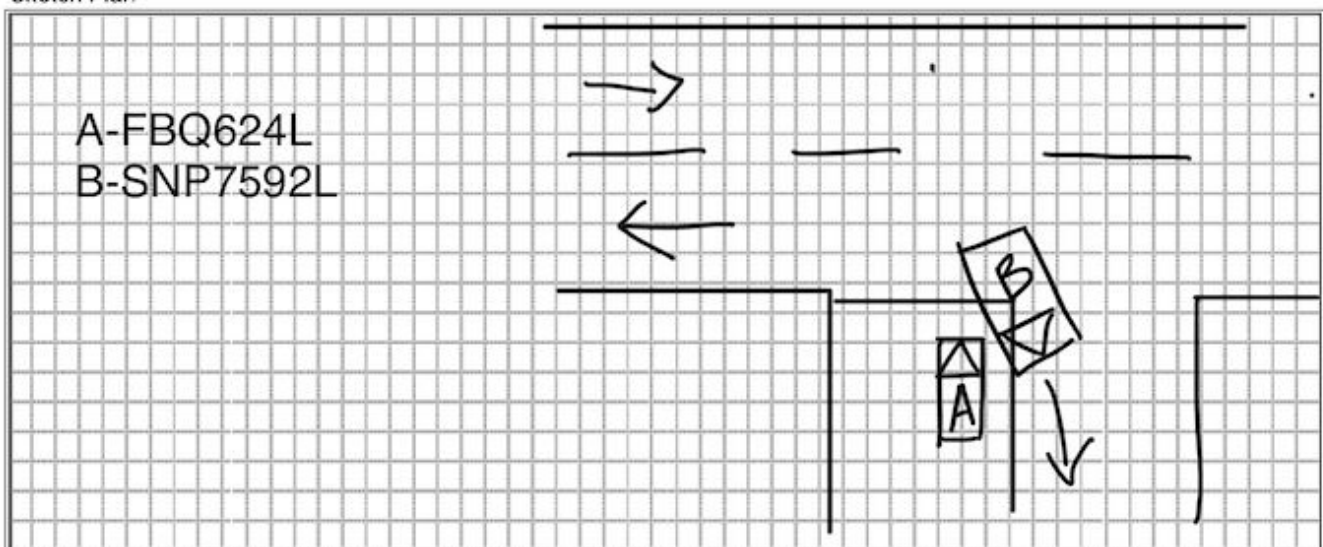
[Signature]
TIEN TCH KIAT HENRY

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



2 of 2

Describe Circumstance of the Accident

REFER TO GEARS

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
& Time13/08/2024
1440HRSWitnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

TIEN TOH KIAT HENRY

2





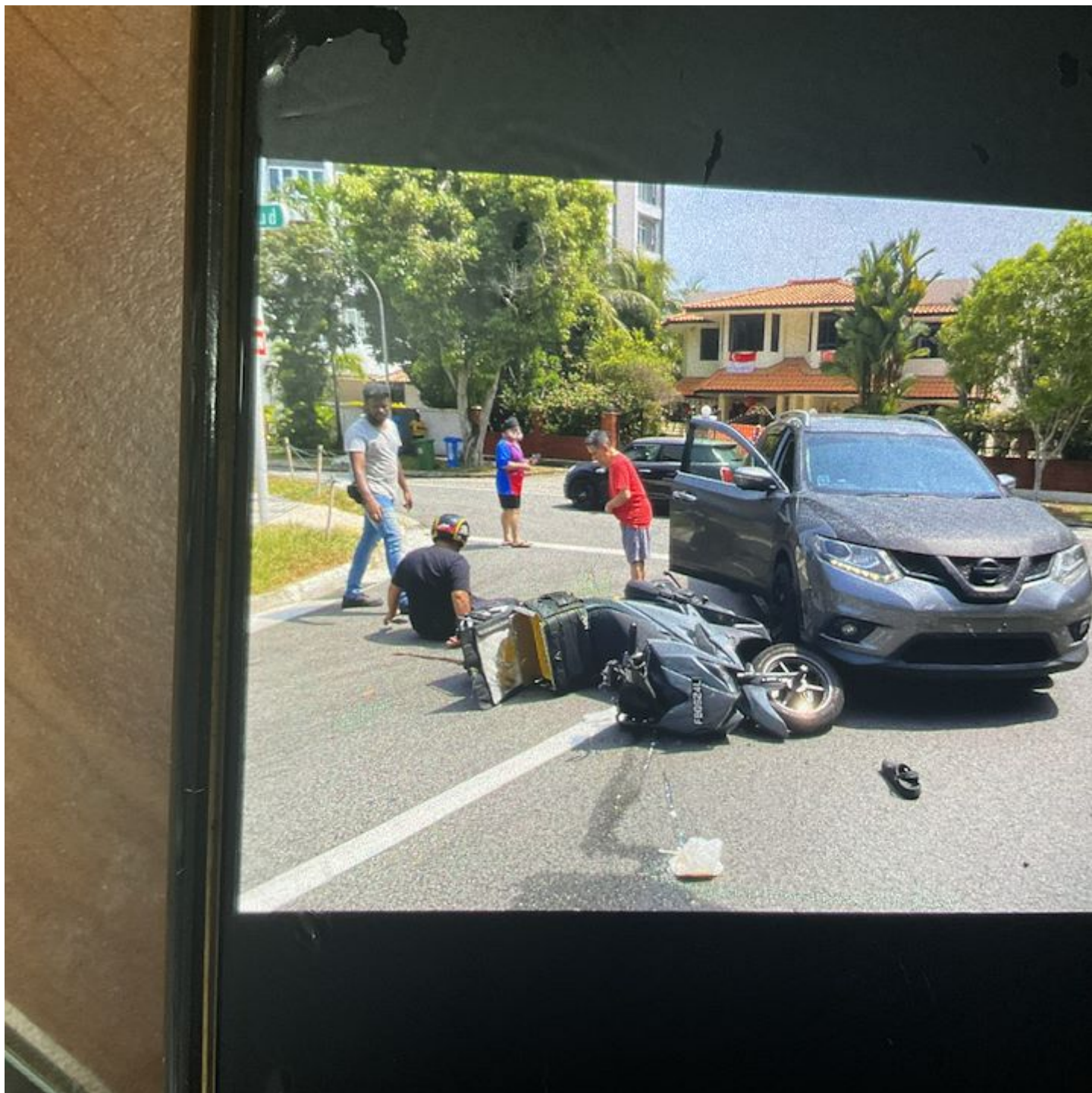


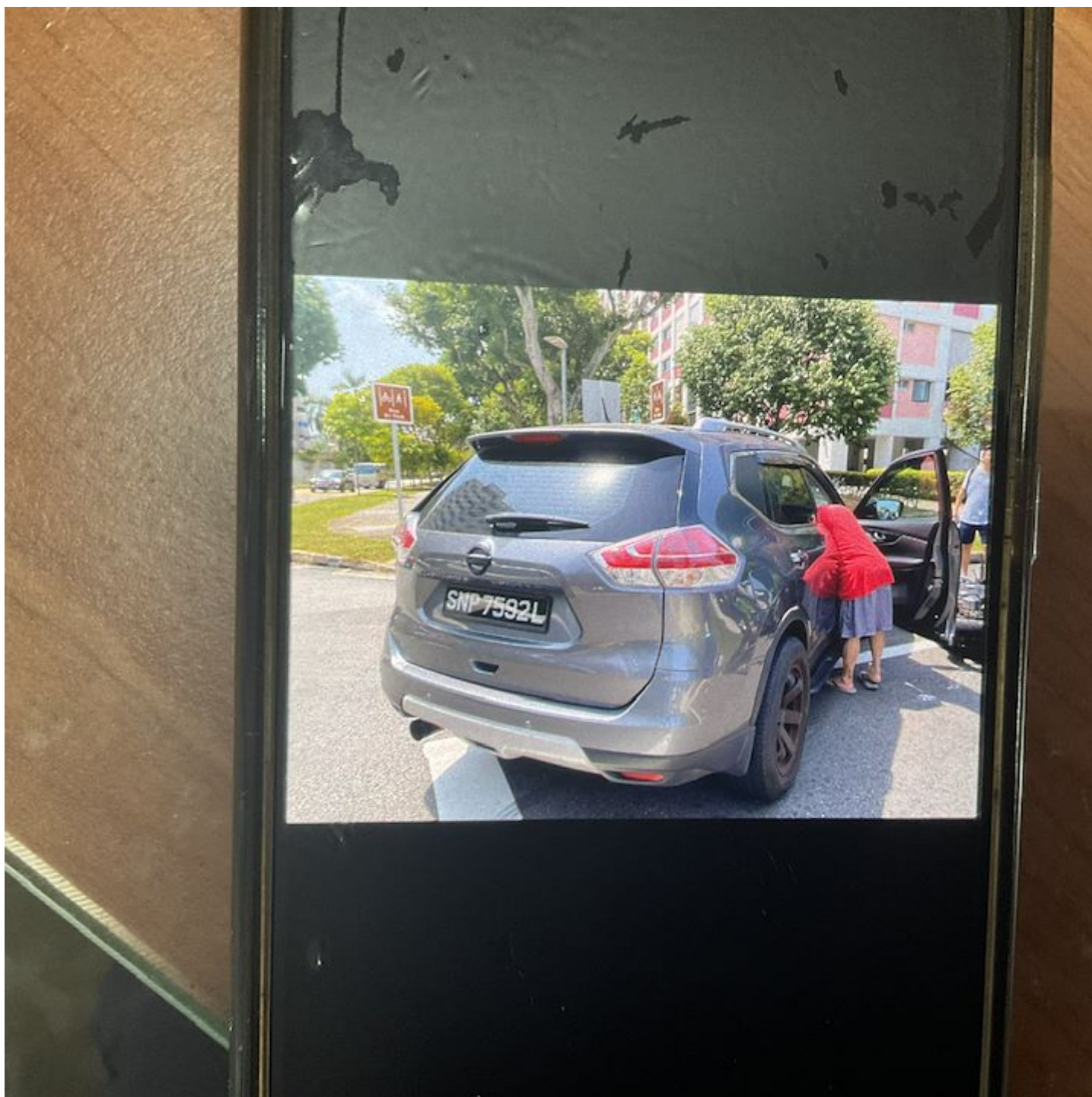













**SINGAPORE
POLICE FORCE**


T/20240801/2063

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20240801/2063

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 01/08/2024 15:27 | Vide Report No.: | Station Diary No.: 51 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|--|
| Name of Informant: MUHAMMAD HATTA BIN MOHD RAZIP | | | Address: 47 MARINE CRESCENT #05-76 SINGAPORE 440047 | | |
| ID Type / ID No.: NRIC NO / S9035737I | | | Contact No.: Home/Office: Mobile: 68751476 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: attatora9035@gmail.com | | |
| Sex: Male | Age: 33 | Date of Birth: 02/10/1990 | Type of Informant: Rider | | |
| Race: Malay | | | Language: | | |
| Occupation: Warehouse worker | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 28/07/2024 12:00 | Type of Location: T-Junction |
| Location: LORONG MELAYU | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Moving Vehicle Against - Others | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|-------------------|-----------------|
| FBQ624L | Motorcycle | | | | Seriously Damaged | 0 |
| SNP7592L | Motor car | | | | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

| SINGAPORE POLICE FORCE | |
|--|---|
| Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 | T/20240801/2063 3 of 3 Report No: T/20240801/2063 |
| CONTINUATION OF REPORT | |
| Signature of Officer Recording The G / SGT 2 MUHAMMAD NAUFAL BIN REDUAN | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 01/08/2024 15:27 |
| Officer In Charge Of Case: TP / GIT / SR STAFF SGT NUR HAFIZAH BINTE HARUN Contact No.: 96334622 | Classification Of Case: |
| NP168 | |



SINGAPORE POLICE FORCE

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20240801/2063

2 of 3

Report No: T/20240801/2063

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------------|----------------|--|
| Rider | | | |
| Name | MUHAMMAD HATTA BIN MOHD RAZIP | | ID No. S90357371 |
| Related Vehicle | FBQ624L (Motorcycle) | | Contact No. 88751476 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date Treatment | 28/07/2024 | Date Discharge | 31/07/2024 |
| No. of Days granted Medical Leave | 04 | Degree of | Serious |
| Driver | | | |
| Name | Unknown Driver | | ID No. NIL |
| Related Vehicle | NIL | | Contact No. 96789898 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

On the above-mentioned date, time and location, I was stationary behind the stop line on my motorcycle (Yamaha Aerox 155, Grey) plate no. FBQ624L, intending to turn right to Lengkok Empat to send a Deliveroo food order. Subsequently, a car grey NISSAN (SNP7592L) came from my left adjacent road, turned right, cut into my lane, and collided head on, onto me. This resulted in me losing balance and falling to the ground. The driver came out from his car and made a check on me. A passerby, Ms. Wong, HP: 96601109 then helped to call ambulance. Ambulance came and Traffic Police officers took my statement before the paramedics conveyed me to Changi General Hospital. As a result of the accident, I suffered a fractured left knee and multiple abrasions on my left leg. To my knowledge, my motorcycle cover set and throttle is broken. I am due for surgery on the 5/8/2024 for my knee surgery and Doctor informed I will be on HL for about 6 weeks or more.

