

## 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
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#### 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**

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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.

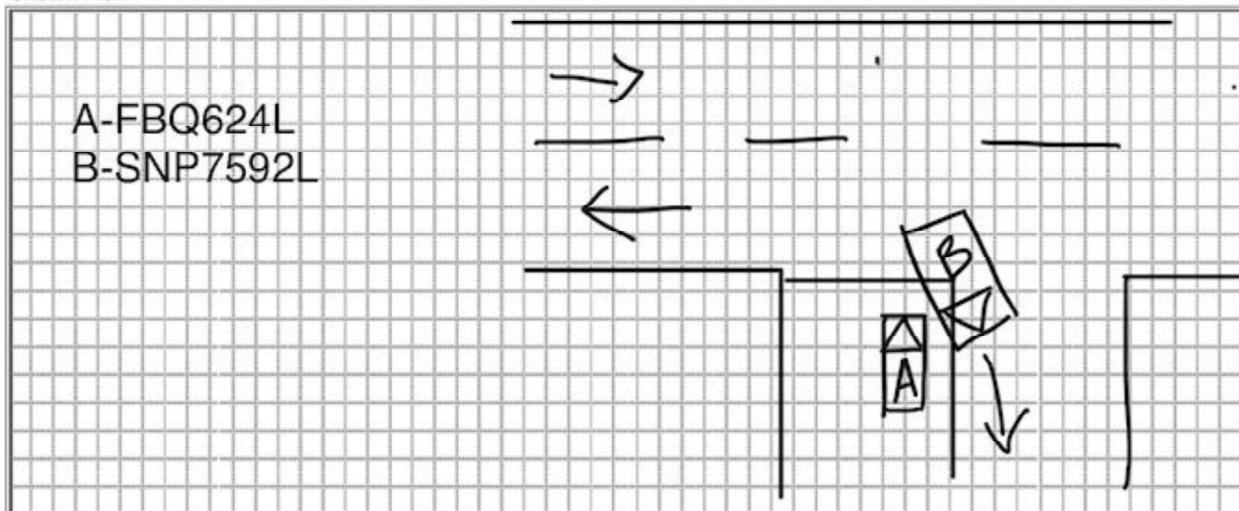
13/08/2024  
1440hrs

TIENT CHI 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**

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Describe Circumstance of the Accident

REFER TO GEARS

## Declaration

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

Policyholder's Signature / Date &amp; 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)

TIAN TOH KIAT HENRY















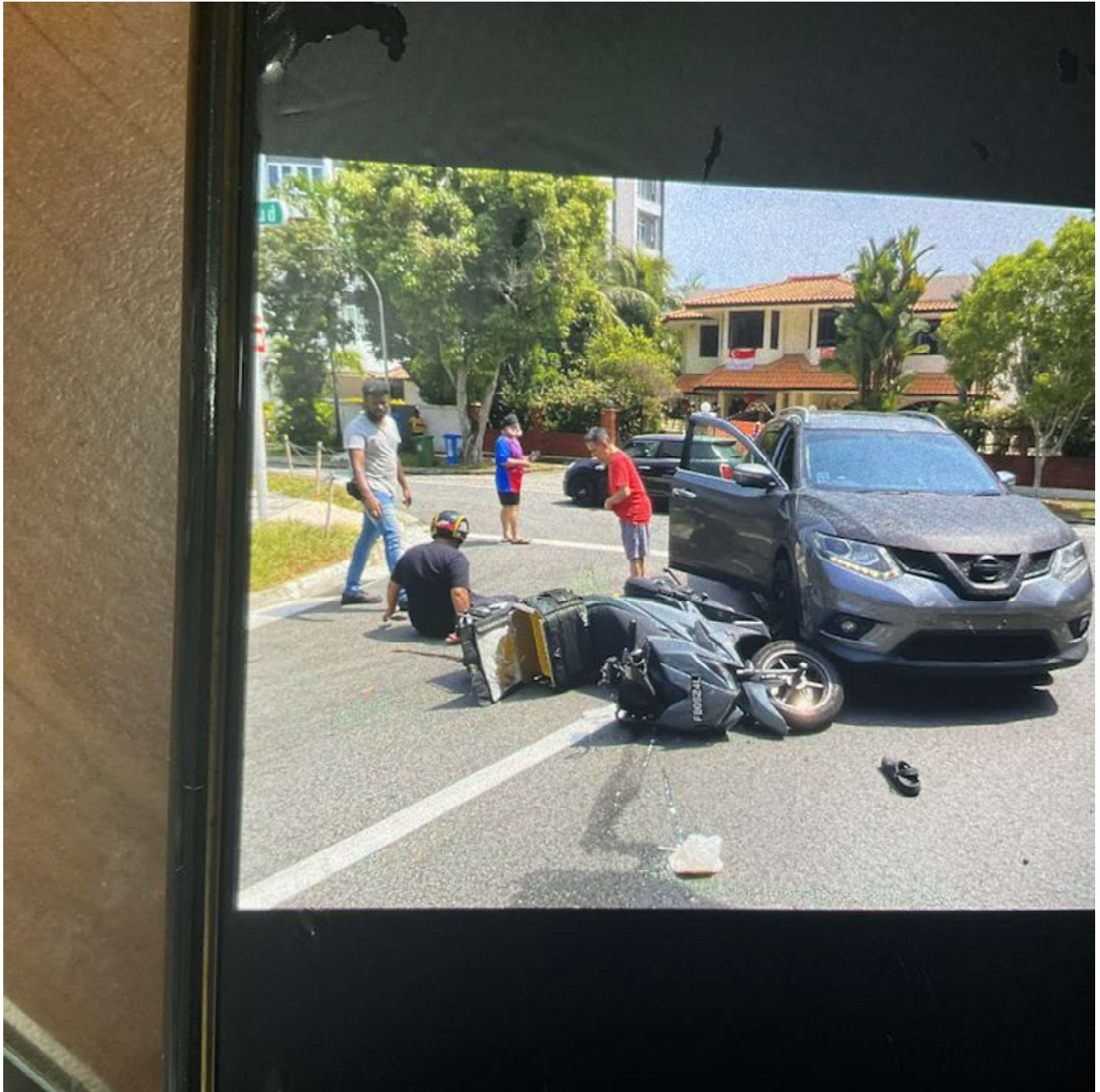


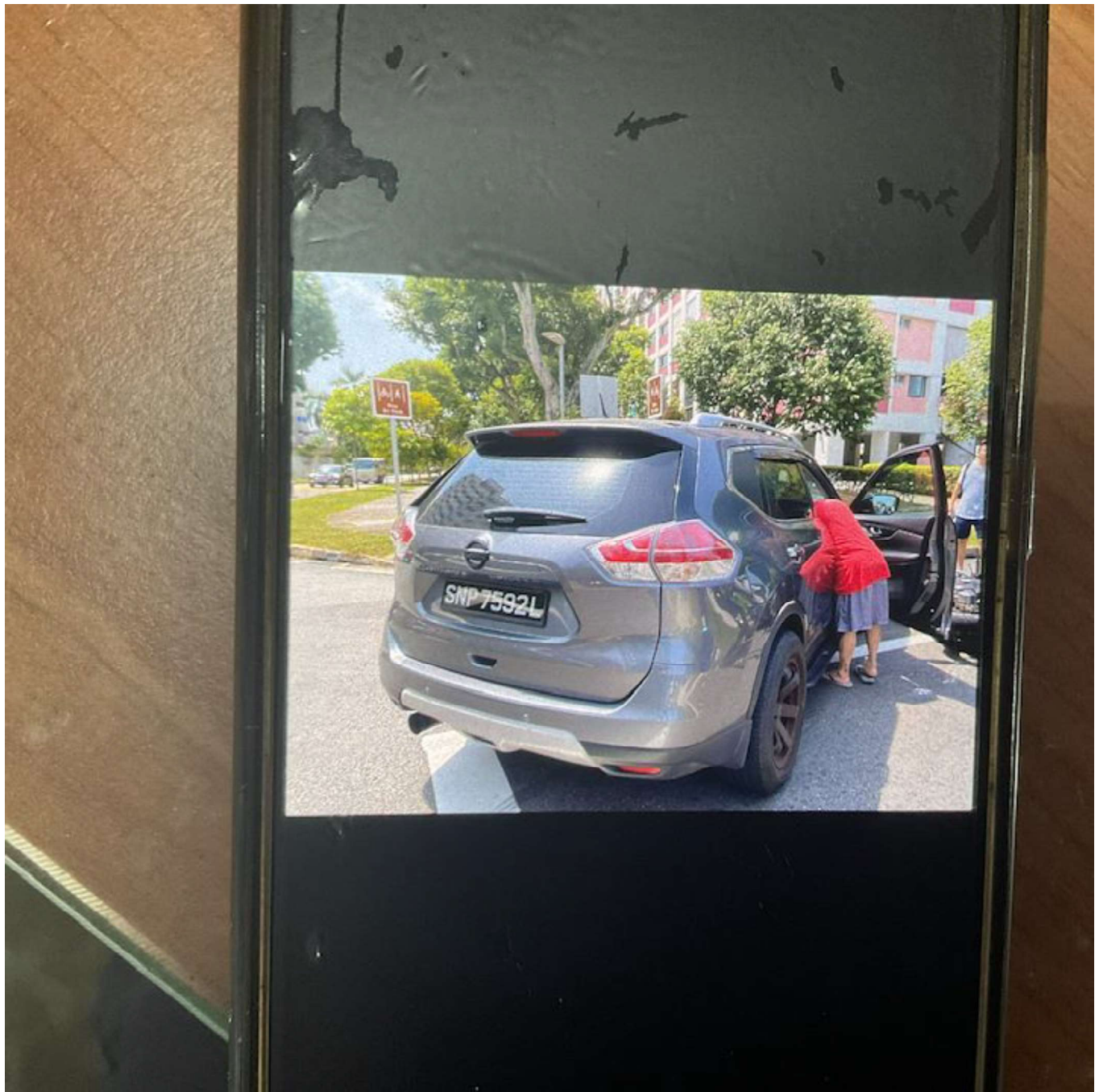








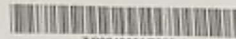







**SINGAPORE  
POLICE FORCE**

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

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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
<b>Informant's Particulars</b>		
Name of Informant: MUHAMMAD HATTA BIN MOHD RAZIP		Address: 47 MARINE CRESCENT #05-76 SINGAPORE 440047
ID Type / ID No.: NRIC NO / S90357371	Contact No.:	Home/Office: Mobile: 88751476
Nationality: SINGAPORE CITIZEN	Email:	attatora9035@gmail.com
Sex: Male	Age: 33	Date of Birth: 02/10/1990
Race: Malay	Language:	
Occupation: Warehouse worker	Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

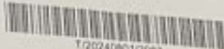
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/07/2024 12:00	Type of Location: T-Junction
Location:  LORONG MELAYU				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving 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	 T202408012093 3 of 3 Report No: T202408012093
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/202408012063

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Report No. T/202408012063

## CONTINUATION OF REPORT

<b>Rider</b>			
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
<b>Driver</b>			
Name	Unknown Driver		ID No. NIL
Related Vehicle	NIL		Contact No. 96789696
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.

14:44 92%

mc.gov.sg

**Changi General Hospital**  
SingHealth

**MEDICAL CERTIFICATE**

REC NO: 1989042268 CPO3024133095

Name: MUHAMMAD HATTA BIN MOHD KAZIP NIC / FIN / RESPO#  
S90537371

This is to certify that the above-named is unfit for duty for a period of 19 days from 05-Aug-2024 to 25-Aug-2024

**TYPE OF MEDICAL CERTIFICATE:**

☒ Hospitalisation Leave Admitted on: 05-Aug-2024 Discharged on: 06-Aug-2024  
☐ Outpatients Sick Leave Delivered on: \_\_\_\_\_  
☐ Maternity Leave Operated on: \_\_\_\_\_  
☐ Sterilisation Leave Time in: \_\_\_\_\_ Time Out: \_\_\_\_\_  
☐ Time Out


This certificate is not valid for absence from court attendance.

Fit for light duty from N/A to N/A

**COMMENTS:**

HOSPITAL/CLINIC Orthopaedic Surgery	WARD CDH W15	NAM/DESIGNATION/AC3 NO JOSEPH HU YI LIANG
Changi General Hospital	DATE 06-Aug-2024	PA2312

This medical certificate is electronically generated. No signature is required.  
 This medical certificate was retrieved from <https://mc.gov.sg/mc/accidentreport/acc341947871218>



Find out more about the Digital HC initiative at [mc.gov.sg](https://mc.gov.sg)