

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 20/08/2024 16:38 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 18/08/2024 00:25 (SGT)
Exact Location of Accident Bedok, Singapore
Additional Location Information BEDOK NORTH STREET 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBU8270A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HAMZAH BIN JAMALUDEEN
NRIC No TXXXX144Z
Email Address Hamzah.jamaludeen@gmail.com
Mobile Phone No (Phone) +65-91065946
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Aerox
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 Auto
CC 155
Vehicle Fuel Petrol
First Registration Date 11/12/2018
Chassis no MH3SG4640JJ040005
Effective Date/Time of Ownership 28/03/2023 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number MX107590

DRIVER

Name of Driver	HAMZAH BIN JAMALUDEEN
NRIC No	TXXXX144Z
Date Of Birth	19/07/2001
Occupation	Indoor
Driving Pass Date	16/03/2023
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91065946
Alt. Phone Number	-
Email Address	Hamzah.jamaludeen@gmail.com
Address	APT BLK 53 MARINE TERRACE
Address complement	#14-215
Postcode	440053
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	NUR IFFAH BINTE YUSOF
Gender	Female

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

SIDE SWIPE- OPPOSIT DIRECTION.
PLEASE REFER TO ATTACHED POLICE REPORT FOR MORE DETAILS

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 SNM6078C
Vehicle Manufacturer Suzuki
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private hire
Name of Driver LIM THIAM TECK
NRIC No SXXXX332D
Contact Number (Phone) +65-88926786
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 HAMZAH BIN JAMALUDEEN
Gender Male
Phone No (Phone) +65-91065946
Address APT BLK 53 MARINE TERRACE
Address Complement #14-215
Post Code 440053
Approximate Age Years Old 23
Injuries Sustained ABRASIONS, CUTS, BRUISES.
Injured person in which vehicle? FBU8270A
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person NUR IFFAH BINTE YUSOF
Gender Female
Phone No (Phone) +65-86163143
Address 504 BEDOK NORTH STREET 3
Address Complement #06-118
Post Code 460504
Approximate Age Years Old 19
Injuries Sustained ABRASIONS & CUTS
Injured person in which vehicle? FBU8270A
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



20/8/24 15:49hs

Policyholder's Signature / Date & Time



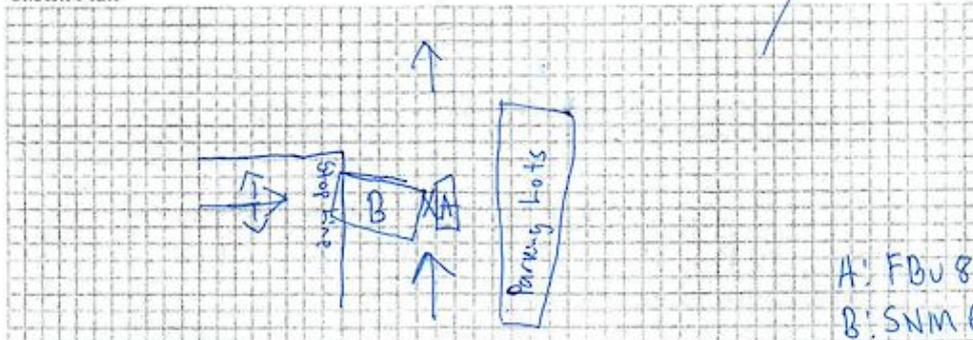
[Handwritten Signature]

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Please refer to Police Report.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature] 20/08/14 15:34hrs
Policyholder's Signature / Date & Time



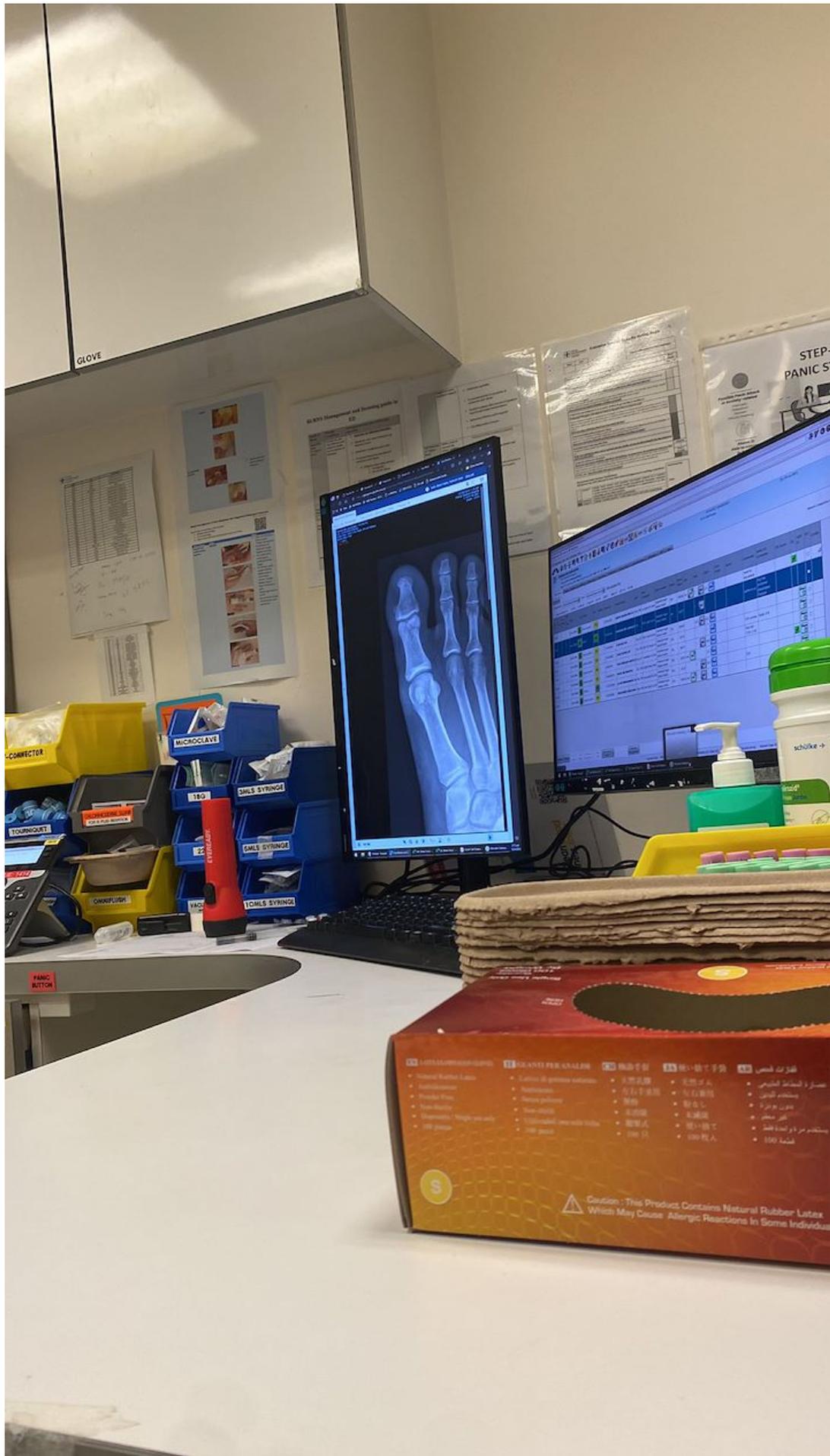
[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time



[Signature]
Witnessed by Reporting Centre Personnel





















Arranged by:
ANDA INSURANCE AGENCIES PTE LTD
 1 King George's Avenue #06-00 Rehav Building Singapore 208557
 Tel: 6534 2288 Email: motor@anda.com.sg
 Co. Reg. No.: 197903504K



CERTIFICATE OF INSURANCE

* MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) * MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 * ROAD TRANSPORT ACT, 1987 (MALAYSIA) * MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No. MX107590	
1. Index Mark and Registration Number of Vehicle	FBU8270A
2. Name of Policyholder	HAMZAH BIN JAMALUDEEN
3. Effective Date of Commencement of Insurance for the purposes of the Act	27-06-2024 THIRD PARTY, FIRE & THEFT Excess: As Per Policy Excess
4. Date of Expiry of Insurance	26-06-2025
5. Persons or Classes of Persons entitled to drive	Engine Number : G3J8E0046777 Chassis No : MH3SG4640JJ040005 Hire Purchase : WING FUAT PTE LTD
THE POLICYHOLDER HAMZAH BIN JAMALUDEEN	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.	
6. Limitations as to Use: USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION. THE POLICY DOES NOT COVER: (i) USE FOR HIRE OR REWARD. (ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING. (iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS. (iv) FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bindings.	
Policy Owner's Protection Scheme This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).	
I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).	

For and on behalf of **Etiqua Insurance Pte. Ltd.**
 Approved Insurer


 Authorised Signature



**SINGAPORE
POLICE FORCE**



T/20240818/7016

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

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Report No. T/20240818/7016

CONTINUATION OF REPORT

Rider			
Name	HAMZAH BIN JAMALUDEEN	ID No.	T0124144Z
Related Vehicle	FBU8270A (Motorcycle)	Contact No.	91065946
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	18/08/2024	Date Discharge	18/08/2024
No. of Days granted Medical Leave (MC)	21	Degree of Injury	Serious
Pillion			
Name	NUR IFFAH BINTE YUSOF	ID No.	T0524477Z
Related Vehicle	FBU8270A (Motorcycle)	Contact No.	86163143
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/08/2024	Date Discharge	18/08/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Passenger			
Name	LIM THIAM TECK	ID No.	S7270332D
Related Vehicle	NIL	Contact No.	88926786
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 18/08/2024 at about 0025hrs, I was ridding my motorcycle (FBU8270A) from B/504 Bedok North Carpark, together with my girlfriend (Nur Iffah binte yusof). When I was ridding straight the said carpark toward the exit, suddenly there is a car (SNM6078C) fail to stop at the stopped line and he turned right without checking the right blind spot. I tried to avoid but it happen to fast that he collided with my left of my motorbike. Due to the impact my girlfriend and I fell of my motorbike and my motorbike landed on my left leg..

He then assisted me and brought us to changi hospital and I was given 21 days Hospital leave and my girlfriend was given 3 days mc. I suffered a fracture on my right toe and an abrasion on my left palm, while my girlfriend suffered an abrasion on her left shine. My motorbike still parked at the said location and there is fuel leaking from the said bike , dent and out of alignment . I am not sure what is damage course.

We exchange particular and informed that I will be lodging a police report.



**SINGAPORE
POLICE FORCE**



T/20240818/7016

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

3 of 3
Report No. T/20240818/7016

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 18/08/2024 11:53
Classification Of Case:

This report is lodged at Marine Parade NPC Kiosk 1
NP168