

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 14:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/06/2024 07:42 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES STREET 32
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR53D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD ISYRAQ BIN ASRIE
NRIC No	T0036496C
Email Address	ISYRAQPRO@GMAIL.COM
Mobile Phone No	(Phone) +65-81358840
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Xmax
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5143566924

DRIVER

Name of Driver	MUHAMMAD ISYRAQ BIN ASRIE
NRIC No	T0036496C
Date Of Birth	24/10/2000
Occupation	Indoor

Driving Pass Date	12/01/2024
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81358840
Alt. Phone Number	-
Email Address	ISYRAQPRO@GMAIL.COM
Address	APT BLK 353 TAMPINES STREET 33 #07-510
Address complement	-
Postcode	520353
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 - Head to Rear
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	SHD4140L
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 ISYRAQ BIN ASRIE
Gender	Male
Phone No	(Phone) +65-81358840
Address	APT BLK 353 TAMPINES STREET 33 #07-510
Address Complement	-
Post Code	520353
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR53D
Were seat belts worn?	No
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:

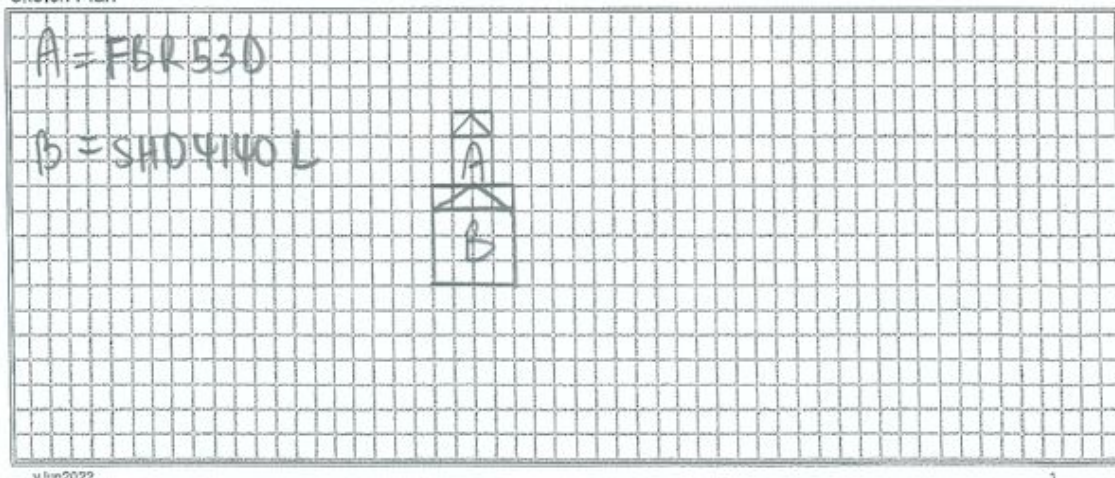
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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

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

Sketch Plan



The sketch plan is a grid-based drawing area. Handwritten text includes:
 A = FBR 530
 B = SHD 4140 L
 A diagram showing two vehicles, A and B, in a collision. Vehicle A is a car, and vehicle B is a truck. They are positioned in the center of the grid, with vehicle A slightly to the left of vehicle B. The vehicles are drawn with simple lines and labels 'A' and 'B' inside their respective shapes.

vJun2022

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

LENG

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















**SINGAPORE
POLICE FORCE**



T/20240612/7084

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

1 of 3
Report No. T/20240612/7084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2024 19:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD ISYRAQ BIN ASRIE			Address: 353 TAMPINES STREET 33 #07-510 SINGAPORE 520353		
ID Type / ID No.: NRIC NO / T0036496C			Contact No.: Home/Office: Mobile: 81358840		
Nationality: SINGAPORE CITIZEN			Email: ISYRAQPRO@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 24/10/2000	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Automotive engineering technician			Driving Licence Information: Class: 2A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/06/2024 07:40	Type of Location: T-Junction
Location: TAMPINES STREET 32				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR53D	Motorcycle	YAMAHA	CZD 300 A / XMAX 300 TECH MAX	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBR53D	NTUC Income Insurance Co-Operative Limited	5143566924	22/02/2024	21/02/2025



**SINGAPORE
POLICE FORCE**



T/20240612/7084

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

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Report No. T/20240612/7084

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ISYRAQ BIN ASRIE	ID No.	T0036496C
Related Vehicle	FBR53D (Motorcycle)	Contact No.	81358840
Hospital/Clinic	HEALTHWAY TAMPINES CLINIC	Class of Driving Licence & Expiry Date	Class: 2A Date of Expiry: NIL
Date Treatment	12/06/2024	Date Discharge	12/06/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

i was going to work along St 33 and intended to make a right turn towards St 34 so i cut in front of the stationary taxi on a red arrow light and as i come to a stop i noticed the taxi moving forward despite the red light and crashed to the rear of my bike making me lose balance and fall to my left. we exchange word asking if we are ok or not. I proceed to ask for his personal particulars to make a report and claim but he refused so i took down his taxi plate number. SHD4140L . The incident happened at 7.42am. He wanted to settle this privately and after i told him the cost to replace the damaged parts, he refused to pay me and insisted we claim insurance. I have taken MC for 3 days at Healthway Medical. Reference number 20241643212602



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POLICE FORCE**

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



T/20240612/7084

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Report No. T/20240612/7084

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/06/2024 19:48
Officer In Charge Of Case: TP / AEIT / PHNG KAR SOON Contact No.: 65476030	Classification Of Case:

NP168