

**SINGAPORE ACCIDENT STATEMENT**

**Accident Details**

Who reported the accident?

Owner / Driver / Both

Date of Accident:

21/8/24

Time of Accident:

13-10

(AM / PM)

Location of Accident:

Dempsey Rd.

Country/State of Loss:

Singapore

Type of Accident:

Hear To Hear

Weather Condition: Clear / Raining

Road Surface: Dry / Wet

If Not in List, please specify

Singapore

Are you claiming under your own insurance policy for repair to your vehicle?

Yes / No

If No, please state action to be taken

Third Party / Reporting Only

Was any foreign vehicle involved in accident?

Yes / No

If yes, please state Vehicle No & Vehicle Type:

No. of vehicles Involved in the accident (include own vehicle) \_\_\_\_\_

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Yes / No

Was the accident reported to the police?

Yes / No

If yes, police station name: \_\_\_\_\_

Was notice of Prosecution given?

Yes / No

If yes, against whom? \_\_\_\_\_

**Files**

Are accident photos available for attachment?

Yes / No

Was there any video captured?

Yes / No

Was there any audio captured?

Yes / No

**Details of Own Vehicle**

Vehicle Registration No: EBR 1848X

Vehicle Category: \_\_\_\_\_

Vehicle Manufacturer: Yamaha Vehicle Model: XMAX300

Transmission: \_\_\_\_\_ Manual / Auto Cc: \_\_\_\_\_

Exact purpose for which vehicle was being used at the time of accident:

Private Hire / Private Use / Employment

No. of passengers (including driver) 01

Passenger Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Male / Female

Passenger Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Male / Female

**Own Vehicle Policy**

Handling Insurer: NTUC

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: \_\_\_\_\_ Yes / No

Registered Owner Name: Mohamad Asri Bin Jonet

ID Type: \_\_\_\_\_ UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: 98880403

Email: Asrijonet@gmail.com

Mobile No: 98880403

Alt. No Type: \_\_\_\_\_ Home / Office / Not in List

If Not in List, please specify \_\_\_\_\_

Owner Alt Phone No: \_\_\_\_\_



### Driver's Information

Is the driver the policy holder? Yes / No

Name of Driver: \_\_\_\_\_

Gender: Male / Female

ID Type: \_\_\_\_\_  
NRIC / Passport or FIN / Work Permit

Driver's ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

2/1/1986

Driving Pass Date: \_\_\_\_\_

24/9/2019

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

Address 1: \_\_\_\_\_

55 Teban Gardens Rd

Address 2: \_\_\_\_\_

#15-457

Postal Code: 600055

Occupation: \_\_\_\_\_

Indoor / Outdoor

Driver Owner Relationship \_\_\_\_\_

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: \_\_\_\_\_

Handling Insurer: \_\_\_\_\_

NTUC

### TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

(i) Vehicle Registration No: \_\_\_\_\_

SLK 7653U

(ii) Vehicle Category: \_\_\_\_\_

(iii) No. of passengers (including driver) \_\_\_\_\_

Passenger Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Male / Female

### Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: \_\_\_\_\_

ID Type: NRIC / Passport or FIN / Work Permit

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: \_\_\_\_\_

**Please attach the following documents:**

- Original report in original language
- Translated report to English

### Injured Person's Details

Was anyone injured in the accident?

Yes / No (5 days of mc)

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

- (i) Name: Mohamed Asri Bin Janef
- (ii) Gender: Male / Female
- (iii) Injured Person in which Vehicle? FBR 1848X
- (iv) Full Address: Blk 55 Teban Gardens Rd  
#15-457  
Spore 60055

### Witness Details

Was there any witnesses?

Yes / No

If yes, please provide:

Witness Name: \_\_\_\_\_

Witness Contact: \_\_\_\_\_



## 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 Authorised 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. The 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.

### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

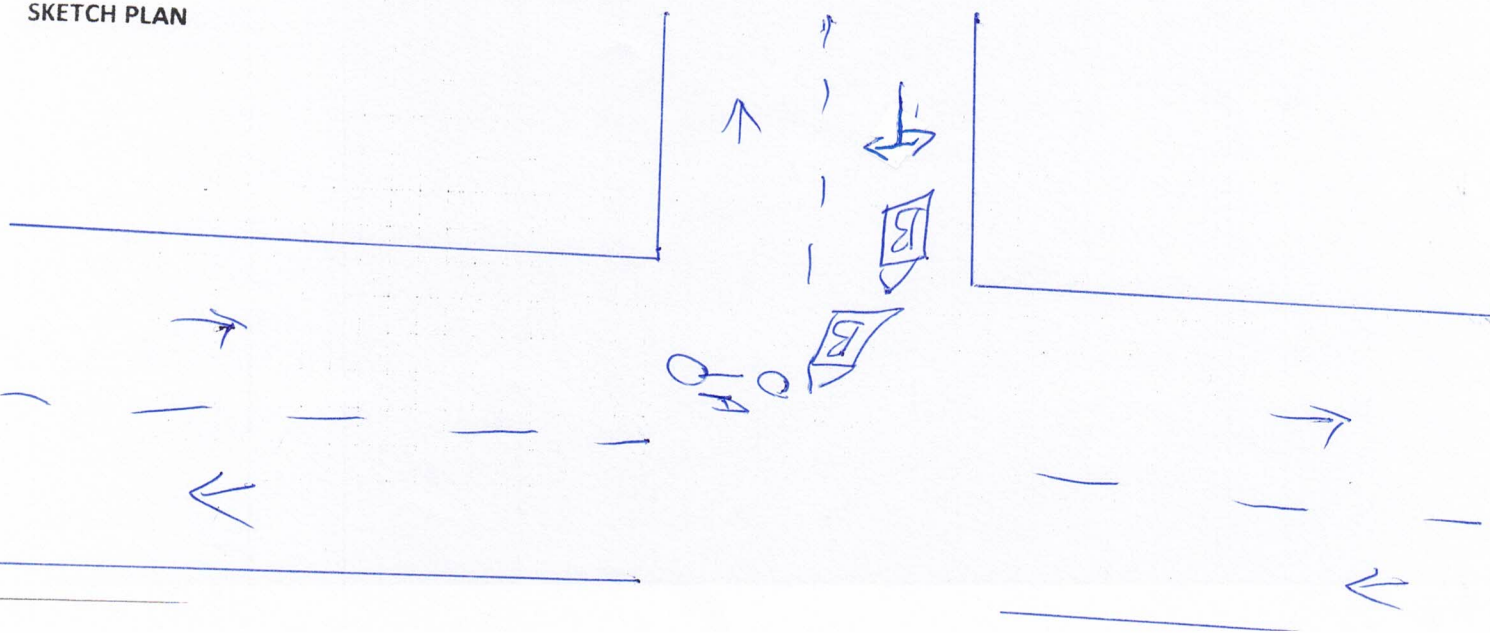
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


At mentioned Date and Time, I was driving along Dempsey Rd suddenly vehicle (B) came out from small Rd and hit into my front portion and I full into right.


A: FBK 1848X

B: SLK 7653U

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  
& Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





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

Report No. T/20240823/7076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/08/2024 15:17	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHAMAD ASRI BIN JONET			Address: 55 TEBAN GARDENS ROAD #15-457 SINGAPORE 600055		
ID Type / ID No.: NRIC NO / S8600022I			Contact No.: Home/Office: Mobile: 98880403		
Nationality: SINGAPORE CITIZEN			Email: ASRIJONET@GMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 02/01/1986	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: DELIVEROO RIDER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/08/2024 13:10	Type of Location: Straight Road
Location:  DEMPSEY ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR1848X	Motorcycle	YAMAHA	CZD300A / XMAX300	White		0
SLK7653U	Motor car	BMW	X1	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBR1848X	NTUC Income Insurance Co-Operative Limited	5116745919-04	13/03/2024	12/03/2025





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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMAD ASRI BIN JONET	ID No.	S8600022I
Related Vehicle	FBR1848X (Motorcycle)	Contact No.	98880403
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	21/08/2024	Date Discharge	21/08/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

**Brief Details.**

ON THE STATED DATE AND TIME, I WAS TRAVELLING ALONG DEMPESY ROAD. SUDDENLY VEHICLE (SLK7653U) CAME OUT FROM SMALL ROAD AND HIT INTO MY FRONT PORTION OF MY VEHICLE AND I FALL ONTO THE RIGHT SIDE. I FELT PAIN AFTER THE ACCIDENT SO I WENT TO CONSULT A DOCTOR AND I WAS GIVEN 5 DAYS OF MC.





**SINGAPORE  
POLICE FORCE**



T/20240823/7076

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

3 of 3

Report No. T/20240823/7076

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476083

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

Date/Time:  
23/08/2024 15:17

Classification Of Case:

NP168



**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S86000221**

Name: **MOHAMAD ASRI BIN JONET**

Birth Date: **02 Jan 1986**

Issue Date: **24 Apr 2019**

002926440A

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S86000221**





Name: **MOHAMAD ASRI BIN JONET**

Race: **MALAY**

Date of birth: **02-01-1986**

Country/Place of birth: **SINGAPORE**

Sex: **M**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**


		EFFECTIVE DATE
Class 2B	Motorcycles $\leq$ 200cc / Electric Motorcycles $\leq$ 15kW	12 Jan 2005
Class 2A	Motorcycles between 201cc and 400cc / Electric Motorcycles between 15.1kW and 25kW	09 May 2019
Class 2	Motorcycles $>$ 400cc / Electric Motorcycles $>$ 25kW	04 Aug 2020
Class 3	Ambulances / Motor cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver / motor tractors or vehicles $\leq$ 2500kg	18 Jun 2019

S / No.9000354179

S86000221

Licence No: S86000221

NP 428A



559464

NRIC No. **S86000221**

Date of issue: **03-05-2016**

Address: **APT BLK 55 TEBAN GARDENS ROAD  
#15-457  
SINGAPORE 600055**






## 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)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5116745919-04

**Cover** : Third Party

- |  |                          |
|--|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : <b>FBR1848X</b>        |
| Chassis Number                                   | : MH3SH0847LK009622      |
| 2. Name of Policyholder                          | : MOHAMAD ASRI BIN JONET |
| 3. Effective Date of Insurance                   | : 13 Mar 2024            |
| 4. Expiry Date of Insurance                      | : 12 Mar 2025            |

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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 so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.  
(b) Use for food/parcel/other delivery services.

This Policy does not cover

- (a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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 headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MOHAMAD ASRI BIN JONET
NAMED DRIVER (2)	: MOHAMAD NAZRI BIN JONET
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

Agency : AXIS LINK PTE. LTD. (00000614797)

Date of Issue : 05 Mar 2024 19:03 hrs

For INCOME INSURANCE LIMITED



Chief Executive