



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				
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



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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

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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

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:

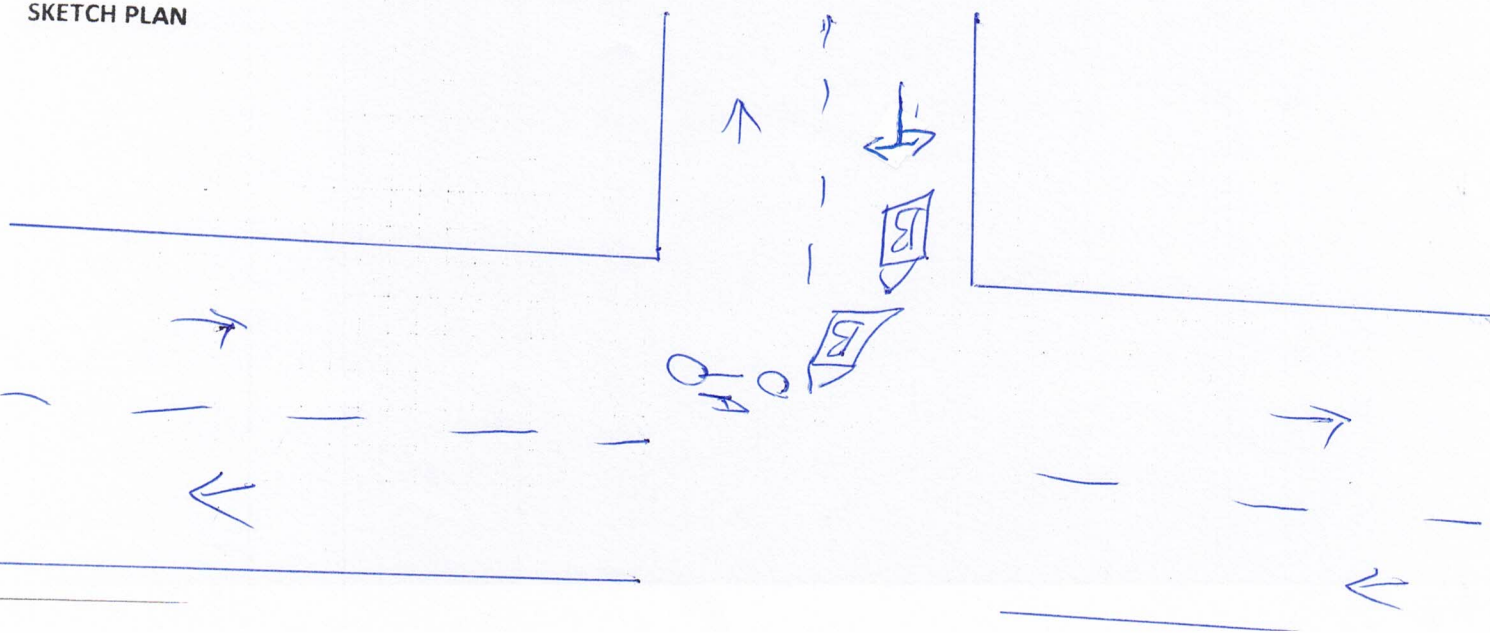
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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