

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	03/06/2024 13:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/05/2024 10:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PAYA LEBAR ROAD INTO PIE(TUAS).
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ778B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHAMEER DIN S/O BEKARAM DIN
NRIC No	S7812538A
Email Address	UGLYFACES5@HOTMAIL.COM
Mobile Phone No	(Phone) +65-88922886
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mx king t150
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	Manual
CC	150

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5137983348

DRIVER

Name of Driver	SHAMEER DIN S/O BEKARAM DIN
NRIC No	S7812538A
Date Of Birth	05/05/1978
Occupation	Outdoor

Driving Pass Date	07/05/2009
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-88922886
Alt. Phone Number	-
Email Address	UGLYFACES5@HOTMAIL.COM
Address	BLK 351B #02-261
Address complement	ANCHORVALE ROAD
Postcode	542351
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?	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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND SKETCH PLAN.

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	GBC394Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN MALE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHAMEER DIN S/O BEKARAM DIN
Gender	Male
Phone No	(Phone) +65-88922886
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ778B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes


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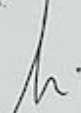
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

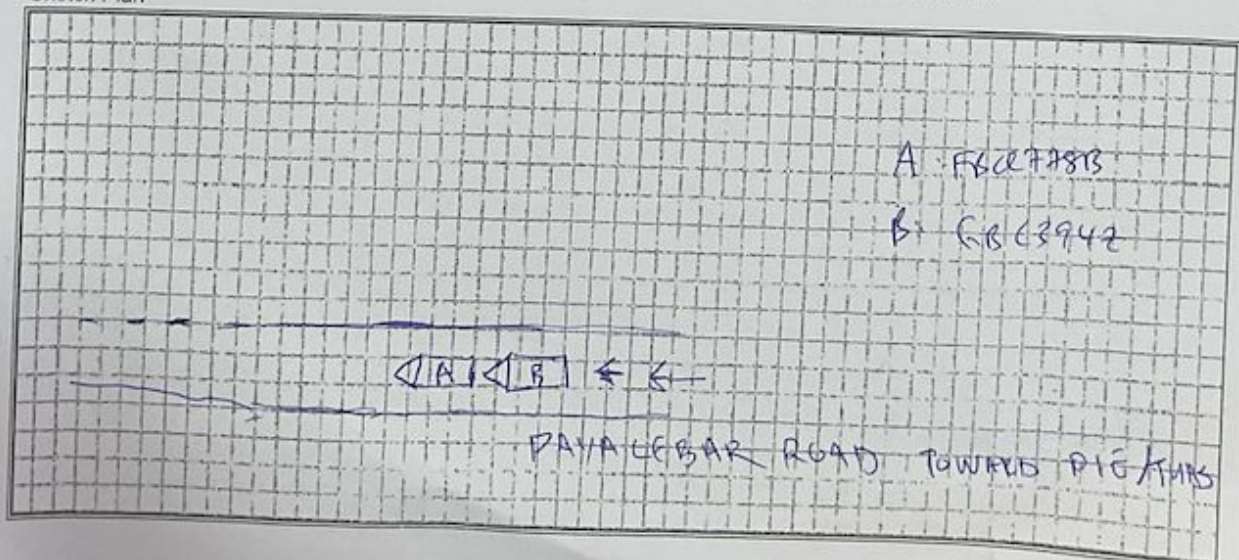
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


3/6/24 1302
Policyholder's Signature / Date & Time


3/6/24 1305
Driver's Signature (if driver is not the policyholder) / Date & Time

 Muhammad Nizar
Bin Alias
5993585
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan





Describe Circumstance of the Accident


Refer to police report F/20240520/7132.

Declaration

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


4/6/24 1302
Policyholder's Signature / Date & Time


3/6/24 1305
Driver's Signature (If driver is not the policyholder) / Date & Time

 Muhammad Nizam
Bin Ali
5993585
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)















**SINGAPORE
POLICE FORCE**



F/20240520/7132

1 of 2

POLICE REPORT (NP299)

Report No. F/20240520/7132

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 20/05/2024 21:22	Vide Report No.	Station Diary No.
Name Of Informant SHAMEER DIN S/O BEKARAM DIN	Address 351B ANCHORVALE ROAD #02-261 SINGAPORE 542351	
ID Type / ID No. NRIC NO / S7812538A	Contact No. Home/Office: Mobile: 88922886	
Nationality SINGAPORE CITIZEN	Email Address UGLYFACES5@HOTMAIL.COM	
Occupation Motorcycle delivery man	Sex Male	Age 46
	Date of Birth 05/05/1978	Race Indian
Institution/School Name	Language English	
Date/Time Of Incident 14/05/2024 10:20 - 14/05/2024 10:25	Location Of Incident 351B ANCHORVALE ROAD #02-261 SINGAPORE 542351	

Brief details.

I was riding my vehicle bearing FBQ778B on a one way single lane from Payar Lebar rd toward PIE Tuas. Vehicles in front slowed down as they were approaching the give way dotted line. I also anticipated to slowed down when suddenly a van bearing GBC394Z hit against my rear. I fell off my bike and sustain abrasions on my legs, hands and face. Ambulance came and I was conveyed to TTSH and was given 3days medical leaves. Later in the evening, I got a seizure attack. Ambulance came and I was conveyed again to Sengkang hospital. I was hospitalised for 4nights. I undergo X-rays, MRI and CT scan. I sustain fractured on my right knees and I was give 45days Hospital leaves.

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: 20/05/2024 21:22
Officer In-Charge Of Case:	Classification Of Case:

**SINGAPORE
POLICE FORCE**

F/20240520/7132

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20240520/7132

Subjects Involved			
Victim			
Person Name	SHAMEER DIN S/O BEKARAM DIN		
ID Type	NRIC NO	ID No	S7812538A
Gender	Male	Age	46
Race	Indian	Language	English
Occupation	Motorcycle delivery man	Address	351B ANCHORVALE ROAD #02-261 SINGAPORE 542351
Mobile No	88922886	Is Informant A Victim?	Yes
Person Name	SHAMEER DIN S/O BEKARAM DIN (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making
report has been authenticated.
No signature is required.

Date/Time:
20/05/2024 21:22

Classification Of Case:

