

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	01/07/2024 15:26 (SGT)
Reported by	Actual Driver
Date of Accident	27/06/2024 07:30 (SGT)
Exact Location of Accident	Malaysia
Additional Location Information	MALAYSIA JALAN UTAMA SELANCAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR9516B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NURAZMI BIN ABDUL RAHMAN
NRIC No	S8332856H
Email Address	AZMISOULLESS@GMAIL.COM
Mobile Phone No	(Phone) +65-93805844
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	TRACER 9 GT
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120144706-03

DRIVER

Name of Driver	MUHAMAD HAFIZ BIN HALI
NRIC No	S8512928G
Date Of Birth	27/04/1985
Occupation	Indoor

Driving Pass Date	08/02/2019
Driving experience	5 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93805844
Alt. Phone Number	-
Email Address	HAFIZHALI@GMAIL.COM
Address	APT BLK 230 PASIR RIS STREET 21 #12-38
Address complement	-
Postcode	510230
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
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	FBP4949D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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	MUHAMAD HAFIZ BIN HALI
Gender	Male
Phone No	(Phone) +65-93805844
Address	APT BLK 230 PASIR RIS STREET 21 #12-38
Address Complement	-
Post Code	510230
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR9516B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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/are 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 Signature / Date & Time

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

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

Sketch Plan

A=FBR9516B		Malaysia Jalan Utama Solanear	
B=FBP4949D		[S] [X] [D] [D]	

vJun2022

1

Describe Circumstance of the Accident

Refer to the police report

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder Signature / Date & Time


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


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















**SINGAPORE
POLICE FORCE**

G/20240630/2023

1 of 2

POLICE REPORT (NP299)

Report No. G/20240630/2023

Police Station Of Origin
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Date/Time Report Made 30/06/2024 12:16	Vide Report No.	Station Diary No. 10
Name Of Informant MUHAMAD HAFIZ BIN HALI	Address 230 PASIR RIS STREET 21 #12-38 SINGAPORE 510230	
ID Type / ID No. NRIC NO / S8512928G	Contact No. Home/Office	Mobile 93805844
Nationality SINGAPORE CITIZEN	Email Address	
Occupation TECHNICAL OFFICER	Sex Male	Age 39
Institution/School Name	Date of Birth 27/04/1985	Race Chinese
Date/Time Of Incident 27/06/2024 08:45	Language English	
	Location Of Incident Jalan Utama Selancar MALAYSIA	

Brief details.

On 27/06/2024 at around 0730hrs, I was riding my motorbike (FBR9516B) along the expressway in Malaysia towards Kuala Terengganu. I was riding along Jalan Utama Selancar when another motorbike (FBP4949D) suddenly hit onto the rear of my motorcycle from the back. The impact caused me to fall towards the right side of the road. I suffered injuries on the right side of my arm.

My motorcycle suffered damages as a result of the collision. There were damages to the rim, the exhaust and the rear tire. Further complications to the internal of the motorcycle had yet to be rectified. I am

Signature Of Officer Recording The Report:
G / SR STAFF SGT MOHAMAD
ADHA BIN MOHAMAD ADAM

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
INSP (2) LIAO JIA XING
Contact No.: 62447200

Signature Of Informant:

Date/Time:
30/06/2024 12:16

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20240630/2023

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20240630/2023

lodging the report for my insurance purposes.

Signature Of Officer Recording The Report:

G / SR STAFF SGT MOHAMAD
ADHA BIN MOHAMAD ADAM

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
30/06/2024 12:16Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
INSP (2) LIAO JIA XING
Contact No.: 62447200

Classification Of Case:



POLIS DIRAJA MALAYSIA REPOT POLIS

Balai : TUN RAZAK
 Daerah : ROMPIN
 Kontinjen : PAHANG
 No. Repot : CHENDERAWASIH/000339/24
 Tarikh : 27/06/2024
 Waktu : 1454 PM
 Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot :

Nama : NUR MUNIRAH BINTI ANUAR
 No. Badan : R209460
 Pangkat : LKPL

Butir-butir Jurubahasa (Jika Ada) :

Nama : — No. K/P (Baru) : — No. Polis/Tentera : —
 No. Pasport : — Bahasa Asal : —
 Alamat : —

Butir-butir Pengadu :

Nama : MUHAMAD HAFIZ BIN HALI
 No. K/P (Baru) : — No. Polis/Tentera : — No. Pasport : K4428305E
 No. Sijil Beranak : — Jantina : Lelaki Tarikh Lahir : 27/04/1985
 Umur : 39 Tahun 2 Bulan Keturunan : LAIN-LAIN Warganegara : SINGAPORE
 Pekerjaan : TECHNICAL OFFICER
 Alamat Tinggal : APT BLK 230 PASIR RIS STREET 21 #12-38, SINGAPORE 510230
 Alamat IbuBapa : —
 Alamat Pejabat : —
 No. Tel (Rumah) : — No. Tel (Pejabat) : — No. Tel (Bimbit) : 6593805844
 Emel : —

Pengadu Menyatakan :

PADA 27/06/2024 JAM LEBIH KURANG 0730 HRS SEMASA SAYA DALAM PERJALANAN DARI MACHAP, SEGAMAT JOHOR MALAYSIA HENDAK MENUJU KE KUALA TERENGGANU, MALAYSIA DENGAN MENUNGGAN M/SIKAL NO. PENDAFTARAN : FBR 9516B. PADA JAM 0843 HRS, APABILA SAYA SAMPAI DI JALAN UTAMA SELANCAR, CHENDERAWASIH ROMPIN PAHANG MALAYSIA, TIBA-TIBA SEBUAH M/SIKAL DARI ARAH BELAKANG NO. PENDAFTARAN: FBP 4949D TELAH MELANGGAR BELAKANG M/SIKAL SAYA. AKIBAT DARIPADA ITU, SAYA TELAH TERJATUH KE KANAN JALAN. DALAM KEMALANGAN ITU SAYA MENGALAMI KECEDERAAN DI PERGELANGAN TANGAN KANAN MANAKALA M/SIKAL SAYA MENGALAMI KEROSAKAN NO. PENDAFTARAN BENGKOK, TAYAR BELAKANG PECAH, RIM BENGKOK, EKZOS PECAH DAN LAIN-LAIN KEROSAKAN MASIH BELUM DI KENAL PASTIKAN LAGI. PADA HARI INI SAYA DATANG KE BALAI BUAT LAPORAN INI ADALAH UNTUK TUNTUTAN PIHAK INSURAN BERKENAAN SERTA SAYA TIDAK MAHU MELIBATKAN MANA-MANA PIHAK DI MALAYSIA. SEKIAN REPOT SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

Salinan Repot Pertama

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SY052471000F Vehicle Registration No: FBR9516B

Name(as shown in NRIC) : NURAZMI BIN ABDUL RAHMAN NRIC/FIN/Passport No : S8332856H

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : APT BLK 230 PASIR RIS STREET 21 #12-38 Singapore(510230)

Contact (Tel) : _____ Mobile No. : 9380 5844

Email Address : AZMISOULLESS@GMAIL.COM

Date of Accident : 27.06.2024 Time of Accident : 07:30

Place of Accident : MALAYSIA JALAN UTAMA SELANGOR

Insurance Company: Income Insurance Limited

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD ON MALAYSIA POLICE REPORT PHOTC

LENG

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 01.07.2024