

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 willful 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	13/09/2024 13:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/09/2024 20:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PUNGGOL FIELD FILTER TO SUMANG WALK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBW2434Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMED ABDILLAH BIN ABU BAKAR
NRIC No	S8319910E
Email Address	abd.bum@gmail.com
Mobile Phone No	(Phone) +65-91002724
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Adv 750
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	750
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5144353574

DRIVER

Name of Driver	MOHAMMED ABDILLAH BIN ABU BAKAR
NRIC No	S8319910E
Date Of Birth	29/06/1983
Occupation	Outdoor
Driving Pass Date	10/08/2010
Driving License Pass Class	2
Driving License Validity	Valid
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91002724
Alt. Phone Number	-
Email Address	abd.burn@gmail.com
Address	BLK 217A SUMANG WALK
Address complement	#17-244
Postcode	821217
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	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 POLICE REPORT

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	SKP6204A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMMED ABDILLAH BIN ABU BAKAR
Gender	Male
Phone No	(Phone) +65-91002724
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK INJURIES
Injured person in which vehicle?	FBW2434Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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.

12/09/2024
1301HRS

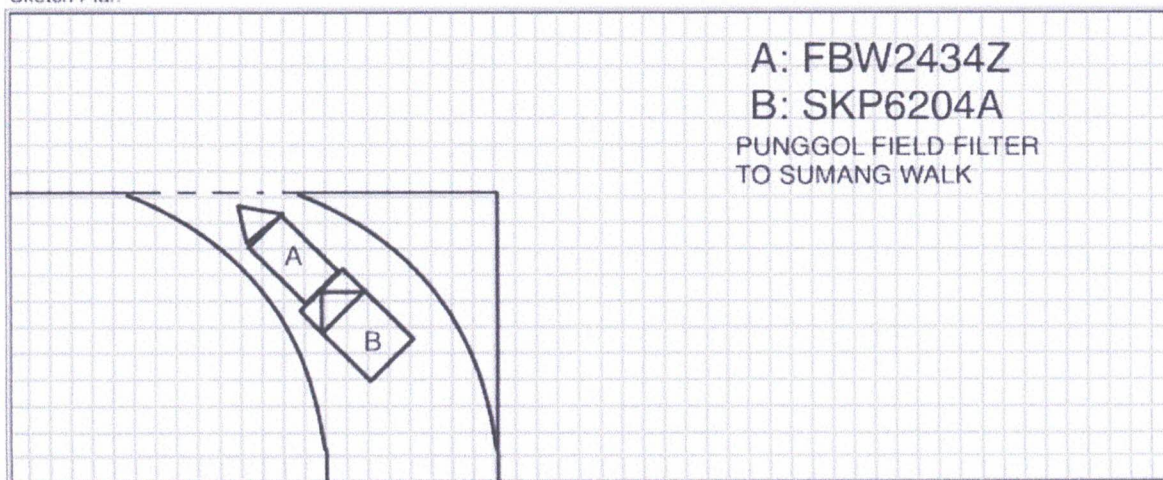
NUR ASYRAF BIN ZAINAL
S997042

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

REFER TO GEARS

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

12/09/2024
1301HRS

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

NUR ASYRAF BIN ZAINAL
S997042

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2024 13:29		Vide Report No.: F/20240911/0166		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMED ABDILLAH BIN ABU BAKAR			Address: 217A SUMANG WALK #17-244 SINGAPORE 821217		
ID Type / ID No.: NRIC NO / S8319910E			Contact No.: Home/Office: Mobile: 91002724		
Nationality: SINGAPORE CITIZEN			Email: abd.burn@gmail.com		
Sex: Male	Age: 41	Date of Birth: 29/06/1983	Type of Informant: Rider		
Race: Indian			Language: English		
Occupation: Police officer			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/09/2024 20:50	Type of Location: Filter lane
Location: SUMANG WALK				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBW2434Z	Motorcycle	HONDA	ADV750	Blue		0
SKP6204A	Motor car	HYUNDAI		White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBW2434Z	NTUC Income Insurance Co-Operative Limited	5144353574	22/03/2024	21/03/2025



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	MOHAMMED ABDILLAH BIN ABU BAKAR	ID No.	S8319910E
Related Vehicle	FBW2434Z (Motorcycle)	Contact No.	91002724
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	11/09/2024	Date Discharge	11/09/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

On 11/09/24 at about 2050hrs, I was travelling along Punggol Field , heading towards Sumang Walk. Upon entering the filter lane, I stopped to give way to oncoming traffic. Out of sudden a motorcar rear ended my motorcycle. I jerked forward and fell off from my bike.

I suffered back pain and called for medical assistance.



**SINGAPORE
POLICE FORCE**



T/20240912/7045

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

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Report No. T/20240912/7045

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
YEO HOE HUAT, TONY
Contact No.: 97393866

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

Date/Time:
12/09/2024 13:29

Classification Of Case:

NP168