

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	23/09/2024 12:31 (SGT)
Reported by	Actual Driver
Date of Accident	12/09/2024 16:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUGANG AVENUE 3 NEAR DEFU LANE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG2962A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RWAVE PTE. LTD.
Company Reg No	201909822G
Email Address	RWAVEPTLTD@GMAIL.COM
Mobile Phone No	(Phone) +65-93696861
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz16
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	160
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	5108520408-05

DRIVER

Name of Driver	MUHAMMAD SOLIHIN BIN ZOHARI
NRIC No	S9349477F
Date Of Birth	19/12/1993
Occupation	Indoor
Driving Pass Date	14/01/2019
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	5 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80787181
Alt. Phone Number	-
Email Address	Summerblueinthesky@gmail.com
Address	221 JURONG EAST STREET 21
Address complement	03-871
Postcode	600221
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 on collision
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	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20240913/2055

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	SLT1343G
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
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	SOLIHIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	31
Injuries Sustained	ABRASIONS TO ARMS
Injured person in which vehicle?	FBG2962A
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

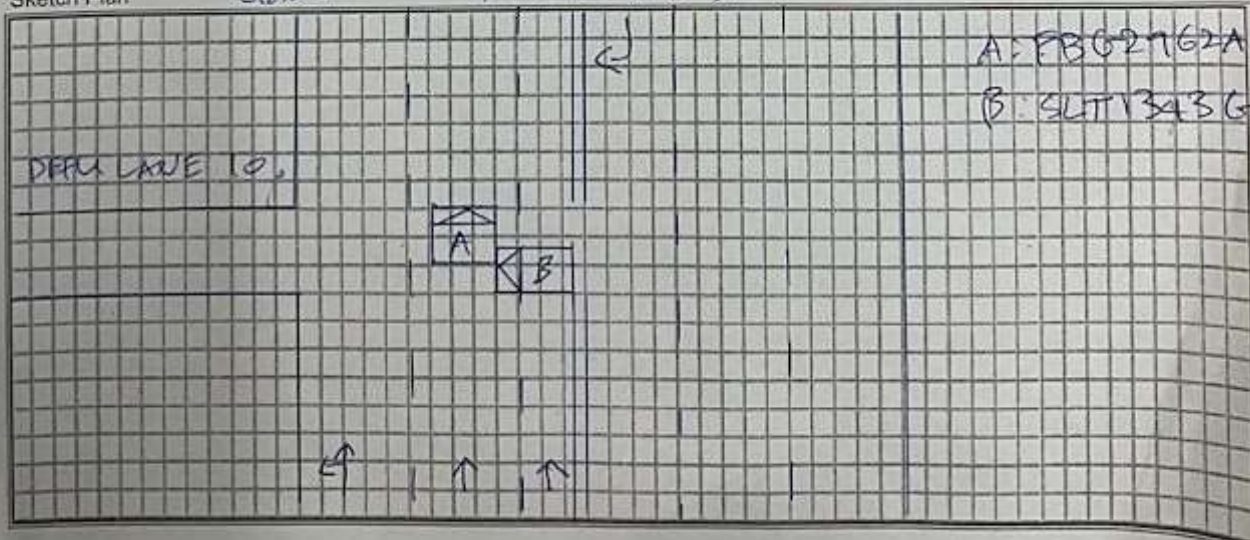
Reg. No. 236
RWAVE PTE LTD

RWAVE PTE LTD
Policyholder's Signature / Date & Time
Reg. No. 236

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time
23/9/24
2123hrs

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) 5977049



Describe Circumstance of the Accident

Declaration

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

RWAVE PTE LTD
Reg. No. 201909822G

Policyholder's Signature / Date & Time
23/9/24
e12345

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

23/9/24
e12345

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

FAIZ ABDOU RATHIM

S998049



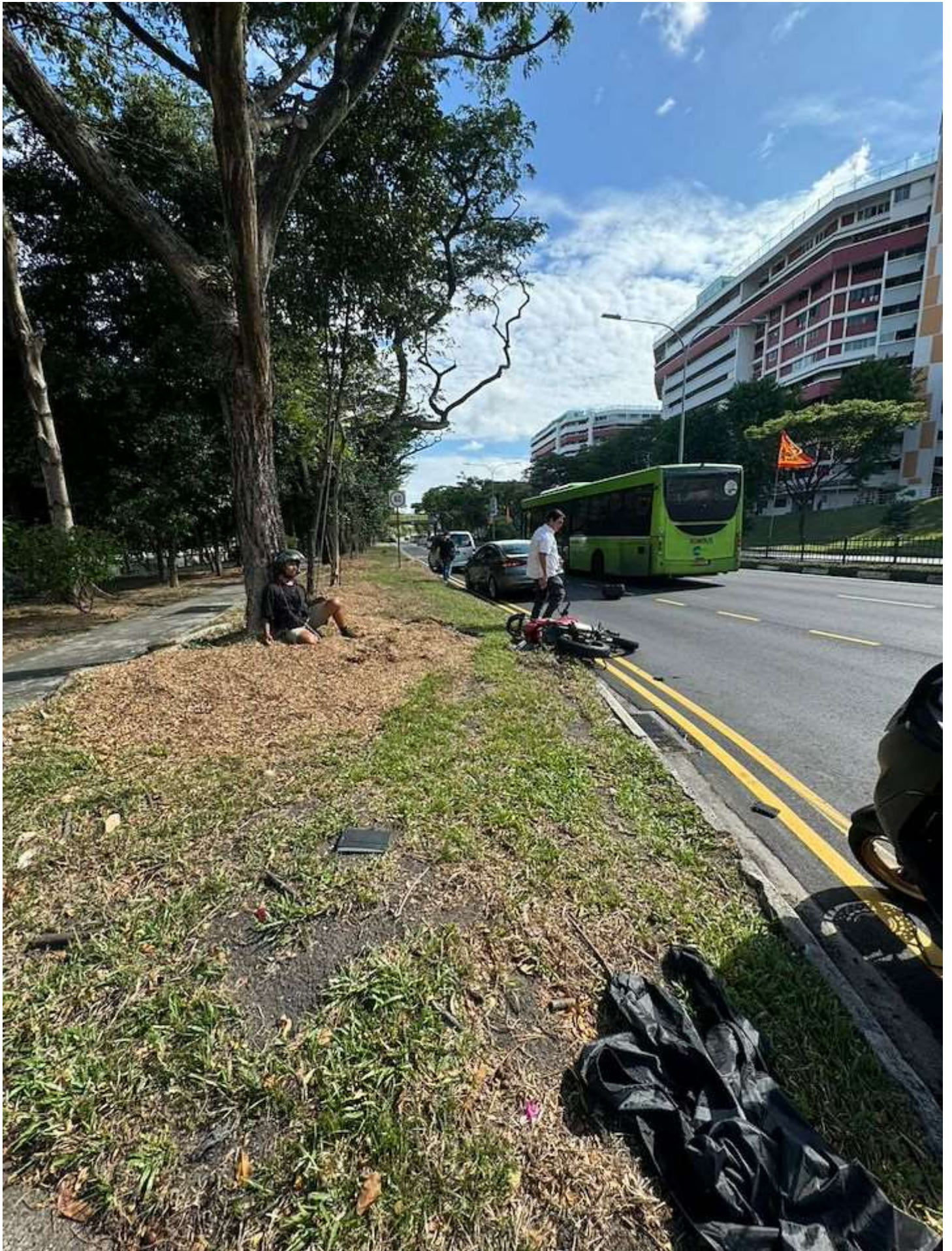


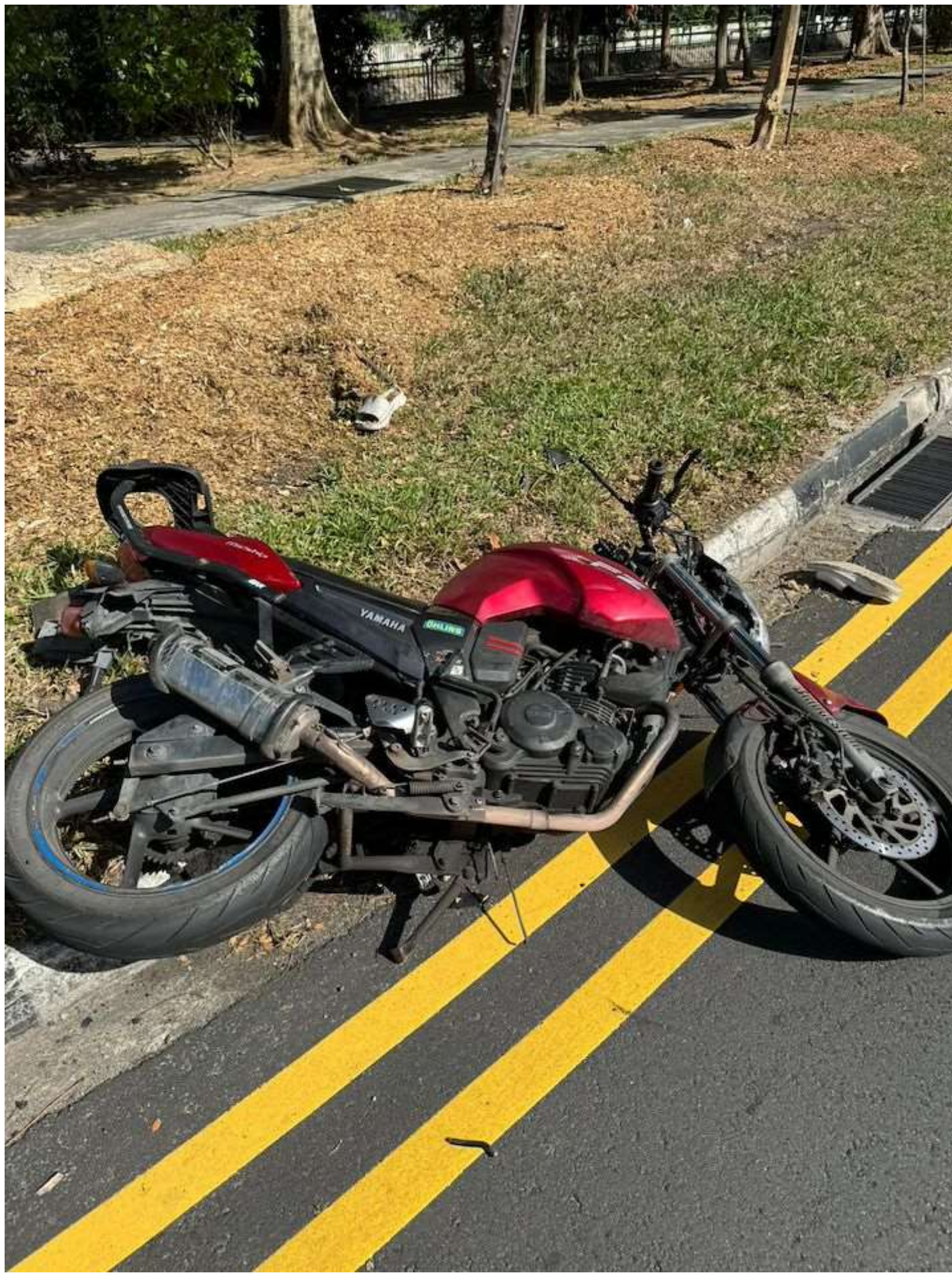


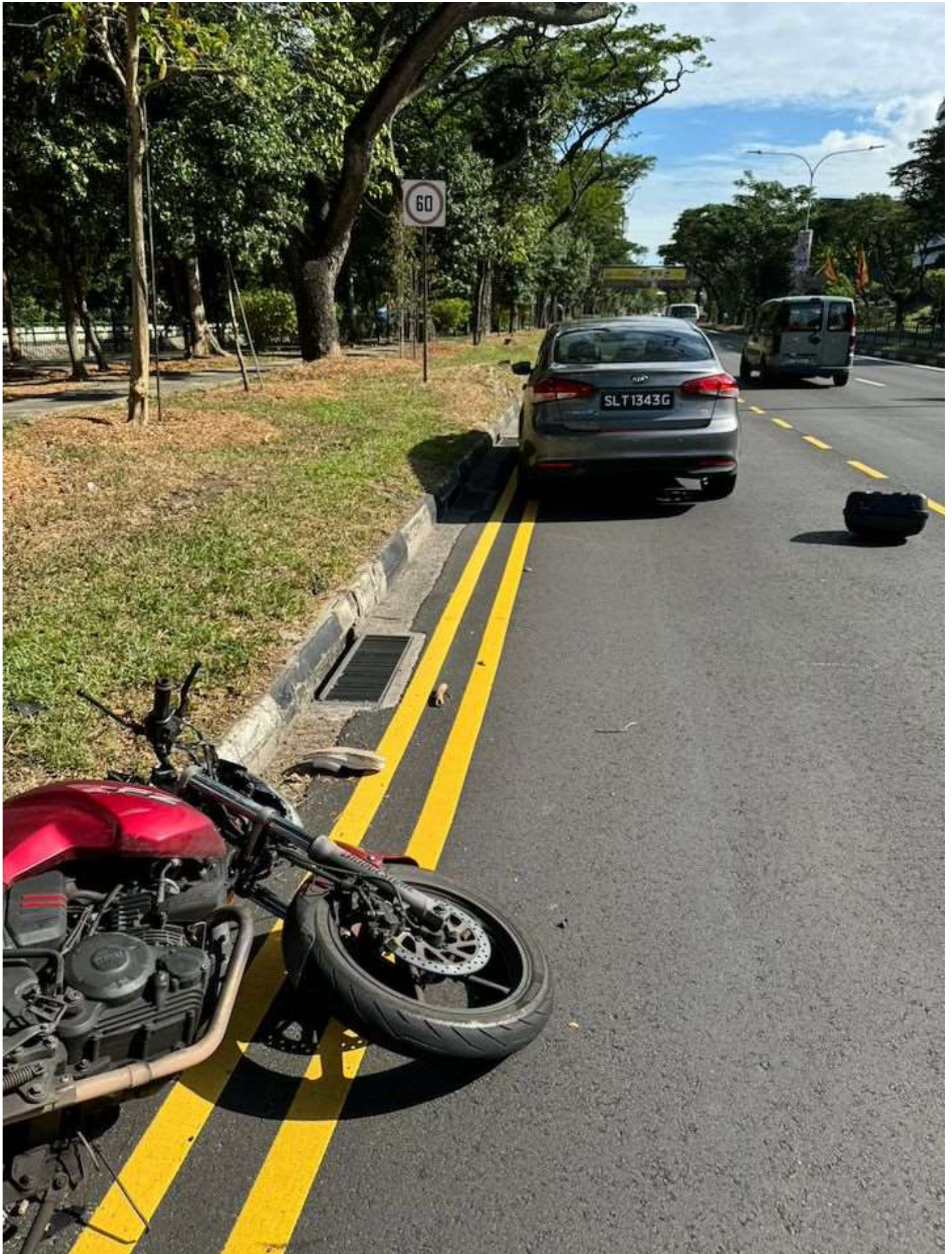












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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20240913/2055

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Report No. T/20240913/2055

CONTINUATION OF REPORT

Signature of Officer Recording The
D /
SGT 2 MUHAMMAD SYAZWAN
BIN ROSELI-PANE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476083

Signature Of Informant:

Date/Time:
13/09/2024 17:54

Classification Of Case:

NP168

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**SINGAPORE
POLICE FORCE**



T/20240913/2055

2 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20240913/2055

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD SOLIHIN BIN ZOHARI	ID No.	S9349477F
Related Vehicle	FBG2962A (Motorcycle)	Contact No.	81066516
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date Treatment	12/09/2024	Date Discharge	13/09/2024
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On 12/09/2024 at about 1645hrs, I was riding my rental motorcycle, FBG2962A, Red Yamaha FZ16, along Hougang Avenue 3. Traffic road was straight, traffic was light, road was dry, and weather was clear.

It was a 3 lane road. At the uncontrolled T-Junction of Hougang Avenue 3 and Defu Lane 10, there was a filter lane to do a U-turn, and on the opposite side, right turn lane towards Defu Lane. I was riding in the middle lane. There was a lorry on the filter lane waiting to do a u-turn. Subsequently, as I was riding, slightly before I passed the lorry, there was a Grey colour Kia from the opposite site, did the u-turn. It was blocked by the lorry initially. I tried to swerved to the left, however unable to avoid much, as the front portion of the car hit onto the rear of the motorcycle.

It caused me to lose control of the motorcycle thus I fell on the right, and flipped forward. I then lost my consciousness. When I woke up, I was already inside the ambulance, still at the location. Traffic Police also was there. TP requested for my IC and driving license, and asked how fast I was going to which I provided him. That is all.

I was then conveyed to CGH where was under observation for 1 night, I was discharged on 13/09/2024 between 2 to 3pm. I suffered back swollen ribcage, swollen right feet, and scratches on my hands.

I wish to state that I do not have the driver details, only car plate number. I also do not have any Traffic Police IO contact informations. The motorcycle that I was riding is a rental bike.

The number that I provided can only be used on WhatsApp, and not normal phone calls.

**SINGAPORE
POLICE FORCE**

T/20240913/2055

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20240913/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/09/2024 17:54		Vide Report No.:		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: MUHAMMAD SOLIHIN BIN ZOHARI			Address: APT BLK 221 JURONG EAST STREET 21 #03-871 SINGAPORE 600221		
ID Type / ID No.: NRIC NO / S9349477F			Contact No.: Home/Office: Mobile: 81066516		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 19/12/1993	Type of Informant: Rider		
Race: Indian			Language: English		
Occupation: HAIRDRESSER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/09/2024 16:45	Type of Location: T-Junction
Location: HOUGANG AVENUE 3				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
FBG2962A	Motorcycle	YAMAHA	FZ16	Red	Totally Damaged	0
SLT1343G		KIA		Grey	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA