

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	19/09/2024 12:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/09/2024 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE Towards Changi Between Exit 10 & 9
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9515E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD AS-RAFEEQ BIN IBRAHIM
NRIC No	SXXXXX913E
Email Address	MUHDASRAFEEQ@GMAIL.COM
Mobile Phone No	(Phone) +65-85714434
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER 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
Vehicle Fuel	Petrol
First Registration Date	22/05/2018
Chassis no	MH3UG0740J0101693
Effective Date/Time of Ownership	22/12/2020 07:12 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MC00884209/03

DRIVER

Name of Driver	MUHAMMAD AS-RAFEEQ BIN IBRAHIM
NRIC No	SXXXX913E
Date Of Birth	20/02/1989
Occupation	Indoor
Driving Pass Date	23/01/2009
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	15 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85714434
Alt. Phone Number	-
Email Address	MUHDASRAFEEQ@GMAIL.COM
Address	BLK 208B PUNGGOL PLACE 07-914 SINGAPORE 822208
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SGB7225D
Insurance Company of Other Vehicle Owned by Driver	Direct Asia Insurance (Singapore) Pte Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Wet

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 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	SHA1313R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	MUHAMMAD AS-RAFEEQ BIN IBRAHIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Both legs pain, cuts and bruises.
Injured person in which vehicle?	FBM9515E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes


SKETCH PLAN

Describe Circumstance of the Accident


Refer to Report T/20240914/7062.

Declaration

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


Policyholder's Signature / Date & Time
19/9/24
12:30pm

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


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

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SKETCH PLAN

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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:

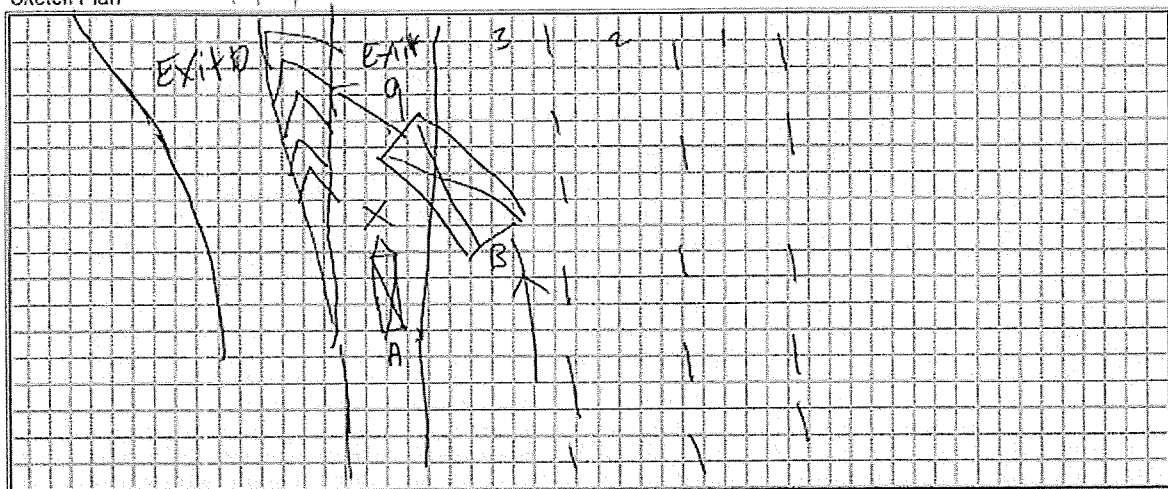
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

[Signature]
Policyholder's Signature (Date & Time)
19/9/24

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

[Signature]
Gan Lay Peng
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan





**SINGAPORE
POLICE FORCE**

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



T/20240914/7062

3 of 3

Report No. T/20240914/7062

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD KHAIRI SUFRIE BIN SUHAIMI
Contact No.: 96207105

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

Date/Time:
14/09/2024 17:12

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20240914/7062

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

2 of 3
Report No. T/20240914/7062

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD AS-RAFEEO BIN IBRAHIM	ID No.	S8905913E
Related Vehicle	FBM9515E (Motorcycle)	Contact No.	85714434
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2A,2,3,4 Date of Expiry: NIL
Date Treatment	14/09/2024	Date Discharge	14/09/2024
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight

Brief Details.

I was traveling at TPE towards changi at punggol area. I was on lane 4 going to exit 9Punggol. Suddenly taxi from lane 3 cut across trying exit at exit 10 cutting across the chevron. He suddenly stopped midway through this reckless behavior causing me to collide to its rear at the chevron.



**SINGAPORE
POLICE FORCE**



T/20240914/7062

1 of 3

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

Report No. T/20240914/7062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2024 17:12		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: MUHAMMAD AS-RAFEEQ BIN IBRAHIM		Address: 208B PUNGGOL PLACE #07-914 SINGAPORE 822208		
ID Type / ID No.: NRIC NO / S8905913E		Contact No.: Home/Office: Mobile: 85714434		
Nationality: SINGAPORE CITIZEN		Email: MUHDASRAFEEQ@GMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 20/02/1989	Type of Informant: Rider	
Race: Malay		Language: English		
Occupation: Telecommunications technician		Driving Licence Information: Class: 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: 14/09/2024 10:30	Type of Location: Straight Road
Location: TPE changi. Bet exit 10 and exit 9				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: Dual Carriage 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
FBM9515E	Motorcycle	YAMAHA	SNIPER T150	Black		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
FBM9515E	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00884209/03	23/12/2020	21/11/2024	