

## 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 .....	20/09/2024 17:50 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	18/09/2024 18:02 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLE TOWARD CTE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBP2835L
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SULIMAN BIN ZAINAL
NRIC No .....	S1577950J
Email Address .....	ganyot95@gmail.com
Mobile Phone No .....	(Phone) +65-97875297
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Cb400
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Motorcycle
Transmission .....	Manual
CC .....	399
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	NC421901308
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number .....	MC/0071608/04

#### DRIVER

Name of Driver .....	ZULFADHLI BIN SULIMAN
NRIC No .....	S9500165C
Date Of Birth .....	04/01/1995
Occupation .....	Indoor
Driving Pass Date .....	08/01/2019
Driving License Pass Class .....	2A
Driving License Validity .....	Valid
Driving experience .....	5 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96554112
Alt. Phone Number .....	-
Email Address .....	zulfadhilsuliman@hotmail.com
Address .....	BLK 237 YISHUN RING ROAD #10-1024
Address complement .....	-
Postcode .....	760237
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Collided into Motorcyclist
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 SKETCH PLAN/ TP 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 .....	SHC7113B
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

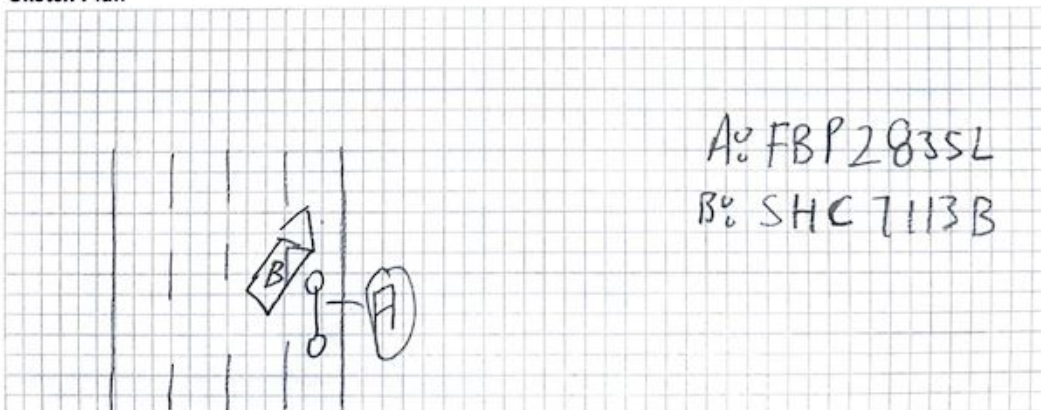
**SKETCH PLAN****IMPORTANT NOTICE**

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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.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

20 Sep 2024 1717 hrs  
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

SLE toward CTE

Refer to police Report

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel















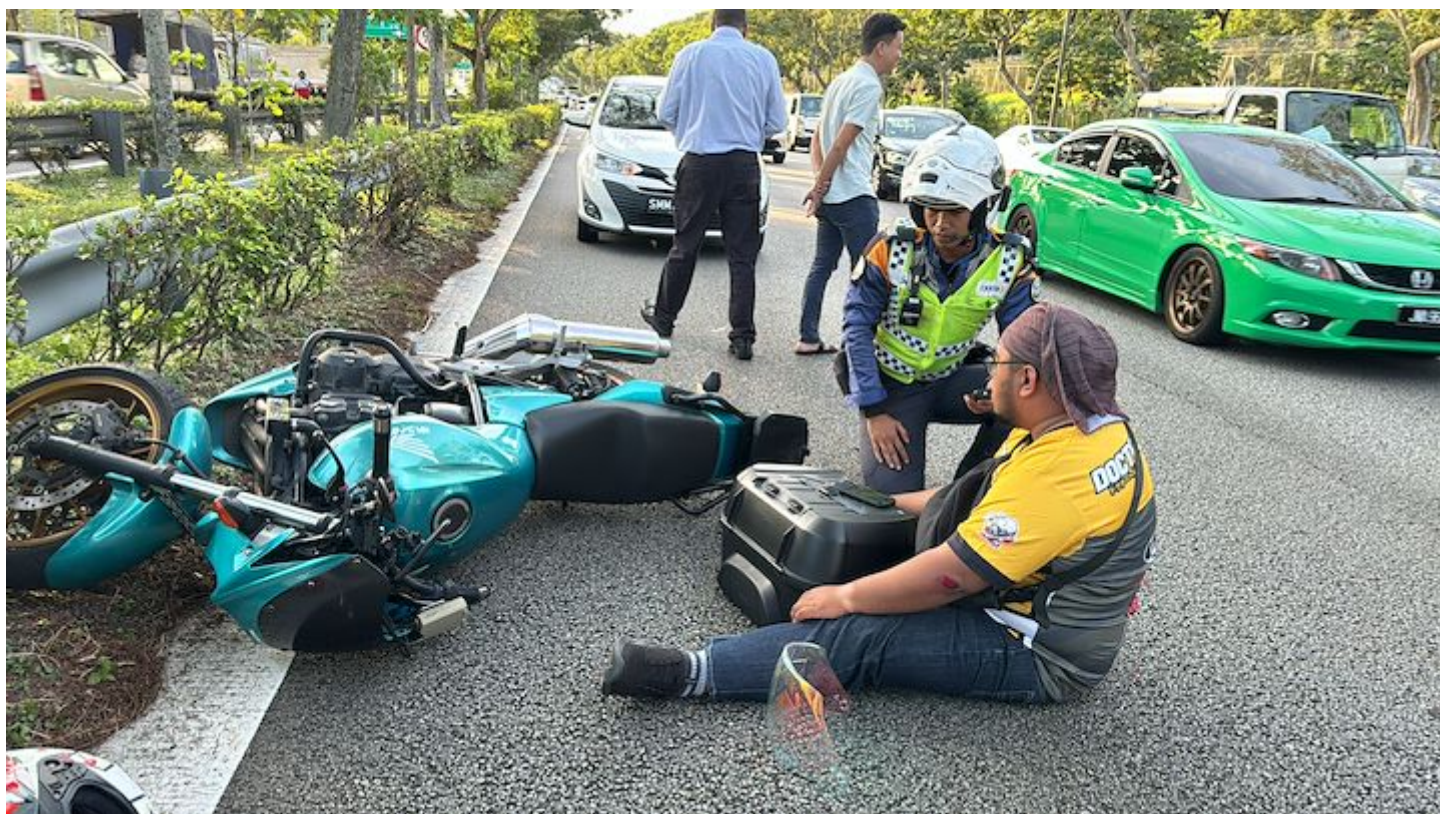








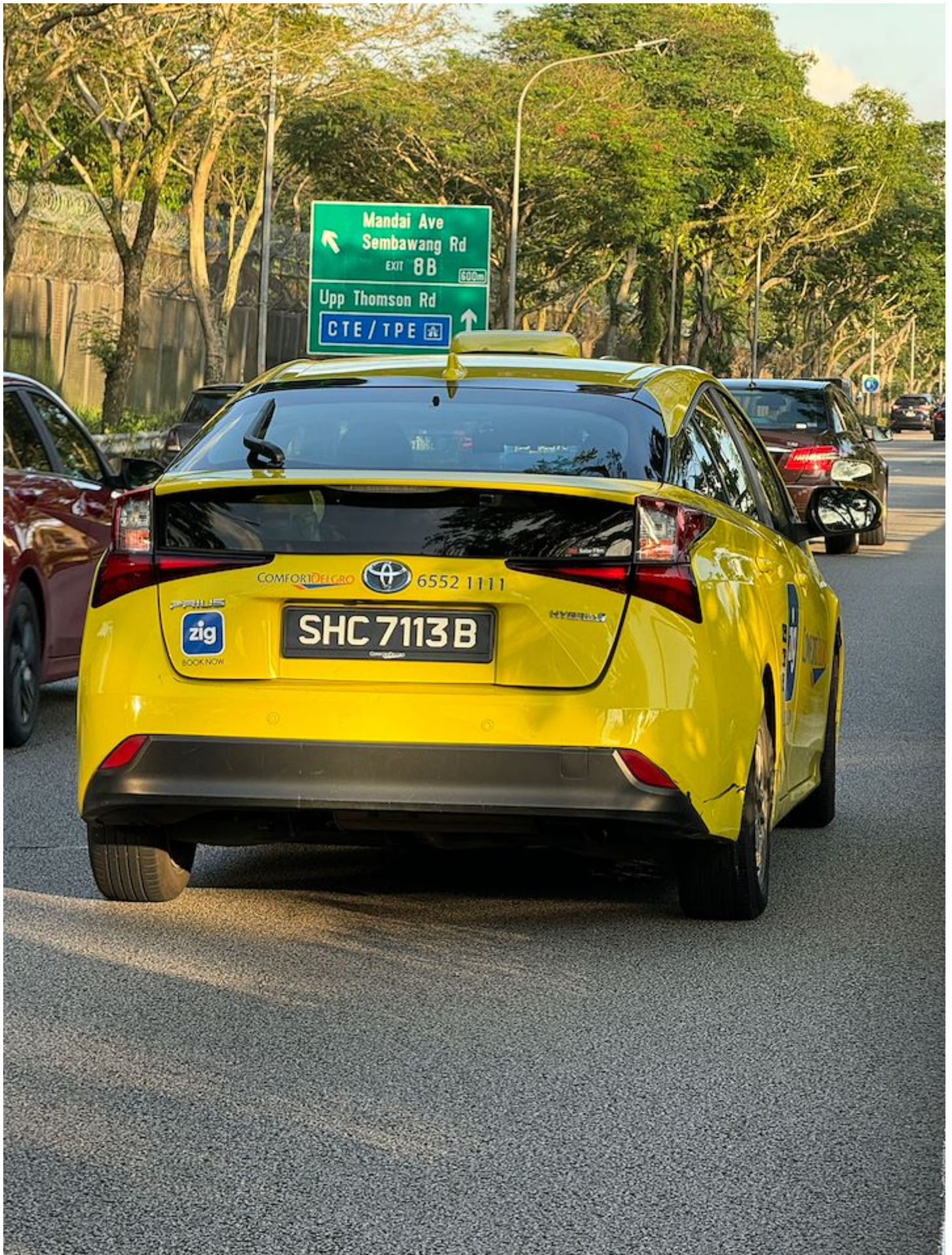




















**SINGAPORE  
POLICE FORCE**



T/20240920/7066

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

Report No. T/20240920/7066

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/09/2024 16:38		Vide Report No.: L/20240918/0124	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: ZULFADHLI BIN SULIMAN		Address: 237 YISHUN RING ROAD #10-1024 SINGAPORE 760237	
ID Type / ID No.: NRIC NO / S9500165C		Contact No.: Home/Office:	Mobile: 96554112
Nationality: SINGAPORE CITIZEN		Email: ZULFADHLISULIMAN@HOTMAIL.COM	
Sex: Male	Age: 29	Date of Birth: 04/01/1995	Type of Informant: Rider
Race: Malay		Language: English	
Occupation: Electrical engineer		Driving Licence Information: Class: 2B,2A,3      Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/09/2024 18:03	Type of Location: Straight Road
Location:  SLE (CTE) 8.7km LP486				
Lamp Post Number: 486				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP2835L	Motorcycle	HONDA	CB400SF	Blue	Slightly Damaged	0
SHC7113B	Motor car	TOYOTA	PRIUS	Yellow	Slightly Damaged	2

<b>Details of Vehicle Insurance</b>					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
FBP2835L	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD	MC/00771608/04	11/03/2024	10/03/2025	





**SINGAPORE  
POLICE FORCE**

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



T/20240920/7066

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Report No. T/20240920/7066

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ZULFADHLI BIN SULIMAN	ID No.	S9500165C
Related Vehicle	FBP2835L (Motorcycle)	Contact No.	96554112
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	18/09/2024	Date Discharge	20/09/2024
No. of Days granted Medical Leave (MC)	04	Degree of Injury	Slight
<b>Passenger</b>			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SHC7113B (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHC7113B (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

Location: SLE (CTE) 8.7km LP486

Date and Time: 18th Sep 2024, roughly 6.02pm

Vehicles involved: SHC7113B, yellow Toyota Taxi and FBP2835L blue/teal Honda CB400SF

On the way home from work riding the motorcycle along SLE toward CTE after Woodlands Ave 12 on Lane 1 travelling around 50-70 kmph, taxi from Lane 2 lane changed abruptly. My motorcycle front tire was at the taxi's rear right wheel when the taxi decided to lane change cause me to have little to no room for reaction and force to collide. Tried to slow down but unable to stop and was hit by the taxi. When my head hit the taxi, passed out for momentarily. When I regained consciousness, people were trying to remove my helmet and a passerby had already



**SINGAPORE  
POLICE FORCE**



T/20240920/7066

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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Report No. T/20240920/7066

CONTINUATION OF REPORT

called for ambulance. Was taken to KTPH by the ambulance and was only discharged on Friday, 20th Sept 2024, and given 4 days MC from 20 to 24 Sept 2024. Witness reports that the Traffic Police already has video footage of the accident.

**SINGAPORE  
POLICE FORCE**

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



T/20240920/7066

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Report No. T/20240920/7066

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ABDUL RAHIM BIN SALIM  
Contact No.: 65476904

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

Date/Time:  
20/09/2024 16:38

Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 2  
NP168