



SINGAPORE POLICE FORCE



T/20241008/7058

1 of 3

Report No. T/20241008/7058

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2024 16:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: Muhammad Syazwannizam			Address: 405 CHOA CHU KANG AVENUE 3 #03-263 KEAT HONG LAUREL SINGAPORE 680405		
ID Type / ID No.: NRIC NO / S9504223F			Contact No.: Home/Office: Mobile: 91262745		
Nationality: SINGAPORE CITIZEN			Email: syazwannkun@gmail.com		
Sex: Male	Age: 29	Date of Birth: 13/02/1995	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Delivery Rider			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/10/2024 15:00	Type of Location: T-Junction
Location: BUKIT BATOK STREET 31				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5763Z	Motorcycle	YAMAHA	Spark	Silver	Slightly Damaged	1
SJZ4648A	Motor car	TOYOTA	Estima	Black	Slightly Damaged	1

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



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CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD SYAZWANNIZAM	ID No.	S9504223F
Related Vehicle	FBE5763Z (Motorcycle)	Contact No.	91262745
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Rider			
Name	SYAZWANNIZAM	ID No.	S9504223F
Related Vehicle	FBE5763Z (Motorcycle)	Contact No.	91262745
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/10/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	CHUA WEI KAY YVONNE	ID No.	S1693327I
Related Vehicle	SJZ4648A (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	Slight

Brief Details.

The car wanted to turn right but the traffic light is red arrow. I was going straight on the opposite direction. It was green light for vehicles going straight. The car beat the red arrow and that causes me to hit the side of the car. This happened at Bukit Batok St 31/Bukit Batok West Ave 5 T-Junction.



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CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / LOW MENG FATT Contact No.: 97577566

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 08/10/2024 16:15
Classification Of Case:

This report is lodged at Hong Kah North NPP
NP168

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	10/10/2024 15:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/10/2024 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF BUKIT BATOK STREET 31 N BUKIT BATOK WEST AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBE5763Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD SYAZWANNIZAM BIN ZULKIFLI
NRIC No	S9504223F
Email Address	SYAZWANNKUN@GMAIL.COM
Mobile Phone No	(Phone) +65-91262745
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	T135
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	Auto
CC	135
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	5YP302480
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5140305045

DRIVER

Name of Driver	MUHAMMAD SYAZWANNIZAM BIN ZULKIFLI
NRIC No	S9504223F
Date Of Birth	13/02/1995
Occupation	Outdoor
Driving Pass Date	24/02/2015
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	9 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91262745
Alt. Phone Number	-
Email Address	SYAZWANNKUN@GMAIL.COM
Address	405 CHOA CHU KANG AVE 3 #03-263 S680405
Address complement	-
Postcode	-
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 - Cross Junction
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?	No
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 ATTACHED 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	SJZ4648A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 SYAZWANNIZAM BIN ZULKIFLI
Gender	Male
Phone No	(Phone) +65-91262745
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBE5763Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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 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

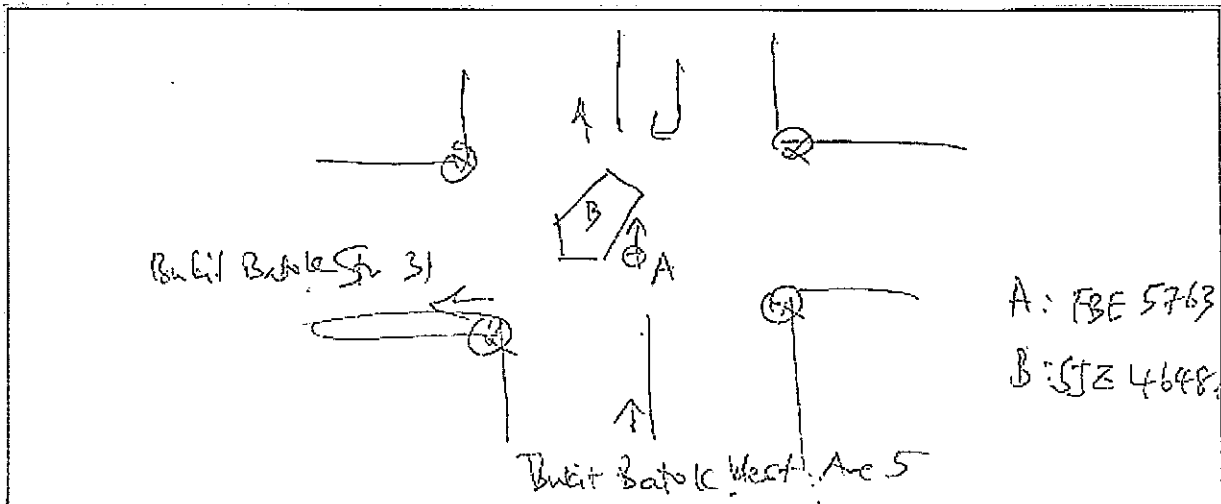
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 10/10/2014 1431
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



<p>Describe Circumstance of the Accident</p> <p>Refer to police report.</p> <p>Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.</p>

Declaration

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

10/10/24 1431
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
 (Name as in MRICID card)

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5140305045

Cover : Third Party

- | | |
|---|--------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBE5763Z |
| Chassis Number | : 5YP302480 |
| 2. Name of Policyholder | : MUHAMMAD SYAZWANNIZAM BIN ZULKIFLI |
| 3. Effective Date of Insurance | : 19 Oct 2023 |
| 4. Expiry Date of Insurance | : 18 Oct 2024 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) Named Driver(s) Only. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for food/parcel/other delivery services. | |
- This Policy does not cover
- | | |
|--|--|
| (a) Use for hire or reward. | |
| (b) Use for racing, pace-making, reliability trial or speed-testing. | |
| (c) Use for the carriage of goods (other than samples) in connection with any trade or business. | |
| (d) Use for any purpose in connection with the Motor Trade. | |

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MUHAMMAD SYAZWANNIZAM BIN ZULKIFLI
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

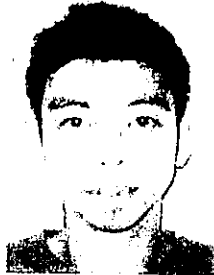
Agency : DIRECT BUSINESS DEPT (00000600280)
Date of Issue : 18 Oct 2023 20:40 hrs

For INCOME INSURANCE LIMITED



Chief Executive

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9504223F



Name

MUHAMMAD SYAZWANNIZAM
BIN ZULKIFLI

Race

MALAY

Date of birth

13-02-1995

Country of birth

SINGAPORE

Sex

M

S9504223F

4631074



NRIC No. S9504223F

Date of issue

16-09-2010


Address

APT BLK 405 CHOA CHU KANG AVENUE 3
#03-263
SINGAPORE 680405

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9504223F**
Name: **MUHAMMAD SYAZWANNIZAM
BIN ZULKIFLI**

Birth Date: **13 Feb 1995**
Issue Date: **24 Feb 2015**

 002398947A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles \leq 200 cc

EFFECTIVE DATE
24 Feb 2015

NP 428A

Licence No: S9504223F