

# 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 ..... 24/09/2024 13:23 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 21/09/2024 02:00 (SGT)  
Exact Location of Accident ..... 862 Tampines Street 83, Singapore  
Additional Location Information ..... open space carpark motor lot  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBT2722H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD RIDUWAN BIN MELING  
NRIC No ..... S9314662Z  
Email Address ..... MUHAMMAD\_RIDUWAN0493@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-98535608  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... K.T.M.  
Model ..... 200 DUKE ABS MANUAL  
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 ..... 200  
Vehicle Fuel ..... Petrol  
First Registration Date ..... 30/12/2021  
Chassis no ..... VBKJPC402LC072797  
Effective Date/Time of Ownership ..... 04/01/2022 03:01 (SGT)

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5125293268-02

### DRIVER

Name of Driver .....	MUHAMMAD RIDUWAN BIN MELING
NRIC No .....	S9314662Z
Date Of Birth .....	22/04/1993
Occupation .....	Indoor
Driving Pass Date .....	20/11/2021
Driving License Pass Class .....	2B
Driving License Validity .....	Valid
Driving experience .....	2 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98535608
Alt. Phone Number .....	-
Email Address .....	MUHAMMAD_RIDUWAN0493@HOTMAIL.COM
Address .....	BLK 862 TAMPINES STREET 83 02-402 SINGAPORE 520862
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	6
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

refer to police report no G/20240921/7097 and sketch plan'describe circumstances of the accident'

#### 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 .....	SGB2209J
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Private car
Name of Driver .....	richard
Contact Number .....	(Phone) +65-87507825
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-







**SINGAPORE  
POLICE FORCE**



G/20240921/7097

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20240921/7097

Subjects Involved			
<b>Victim</b>			
Person Name	Muhammad Riduwan Bin Meling		
ID Type	NRIC NO	ID No	S9314662Z
Gender	Male	Age	31
Race	Bugis	Language	English
Occupation	Customer service officer/clerk	Address	862 Tampines street 83 #02-402 hdb SINGAPORE 520862
Mobile No	98535608	Is Informant A Victim?	Yes
Person Name	Muhammad Riduwan Bin Meling (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

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Signature Of Interpreter:  
Not applicable

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Officer In-Charge Of Case:

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

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Date/Time:  
21/09/2024 19:11

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Classification Of Case: