

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	23/10/2024 21:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/10/2024 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SELETAR WEST LINK TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBW5213A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MIKAIL HAKIM BIN MOHD ISNIN
NRIC No	S9917494C
Email Address	MIKAILHAKIM16@GMAIL.COM
Mobile Phone No	(Phone) +65-97502117
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	MTM
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	Auto
CC	160
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5146871682

DRIVER

Name of Driver	MIKAIL HAKIM BIN MOHD ISNIN
NRIC No	S9917494C
Date Of Birth	09/06/1999
Occupation	Outdoor
Driving Pass Date	04/06/2024
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97502117
Alt. Phone Number	-
Email Address	MIKAILHAKIM16@GMAIL.COM
Address	348D YISHUN AVENUE 11
Address complement	03-593
Postcode	764348
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	Side Swipe
Weather Conditions	Raining
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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
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	SMY5230J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SIMON
Contact Number	(Phone) +65-87885833
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MIKAIL HAKIM BIN MOHD ISNIN
Gender	Male
Phone No	(Phone) +65-97502117
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBW5213A
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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:

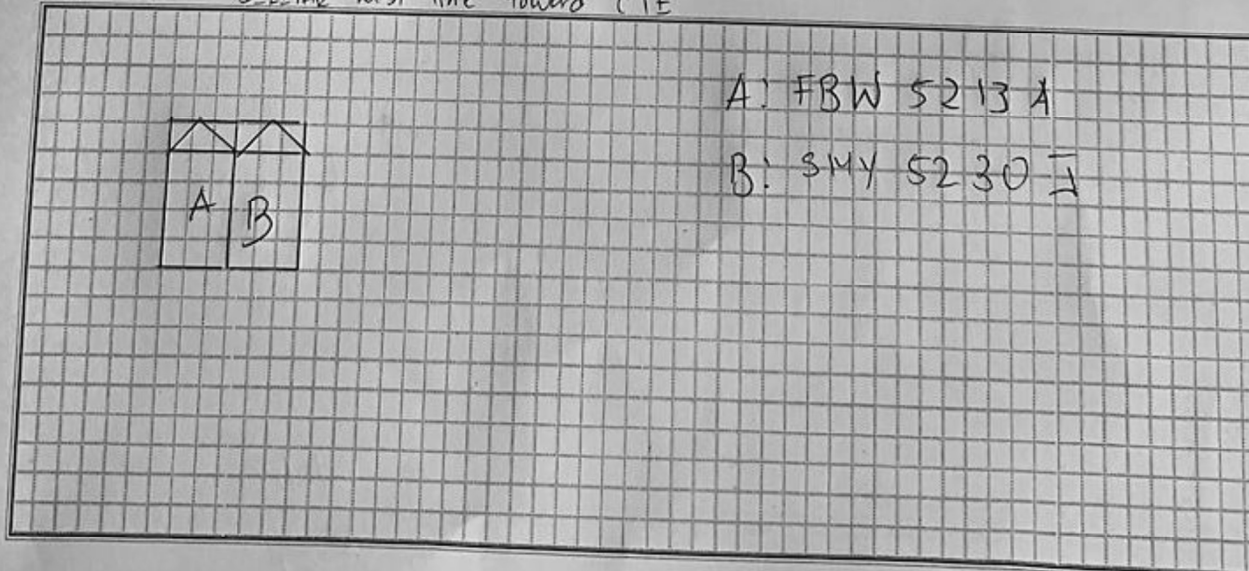
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Milad
Policyholder's Signature / Date & Time 23/10/2024 14:34

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

MUHAMMAD HAZIQ SMH BARS
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan *SELETAR west link toward CTE*



Describe Circumstance of the Accident

On 11 October 2024 at 1530pm, I was riding along Seletar Westlink when vehicle SMY S2205 suddenly collided onto my right side and causing me to lose control and fall down.

Declaration

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

Milani 23/10/2024
Policyholder's Signature / Date & Time
14:31

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

Muhammad Haziq Sam HBAS
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)















SINGAPORE POLICE FORCE

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20241011/2088

1 of 3

Report No. T/20241011/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
11/10/2024 22:42

Vide Report No.:
T/20241011/2081

Station Diary No.:
105

Informant's Particulars

Name of Informant: MIKAIL HAKIM BIN MOHD ISNIN			Address: 348D YISHUN AVENUE 11 #03-593 SINGAPORE 764348		
ID Type / ID No.: NRIC NO / S9917494C			Contact No.: Home/Office: Mobile: 97502117		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 09/06/1999	Type of Informant: Rider		
Race: Malay			Language:		
Occupation: FOOTBALL COACH			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: 11/10/2024 15:30	Type of Location: Straight Road
Location: SELETAR WEST LINK				
Weather: Heavy rain		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBW5213A	Motorcycle	YAMAHA	MTM155	Black	Seriously Damaged	1

Details of Person Involved

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


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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20241011/2088

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Report No. T/20241011/2088

CONTINUATION OF REPORT

Rider Name	MIKAIL HAKIM BIN MOHD ISNIN	ID No.	S9917494C
Related Vehicle	FBW5213A (Motorcycle)	Contact No.	97502117
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date Treatment	11/10/2024	Date Discharge	11/10/2024
No. of Days granted Medical Leave	03	Degree of	NIL

Brief Details.

On the above-mentioned date time and location I was riding my vehicle motorcycle when another vehicle private ambulance came from the right lane without giving signal and hit on the side of my vehicle causing damages to my vehicle and injuries on me. I was laying down on the road and could not get back up. The private ambulance driver and passenger help to lift up my motor vehicle carry me up. I was conveyed to Sengkang General Hospital A&E via ambulance services and was seen by a doctor. I was given a total of 03 days of mc with medications. Traffic police were at scene and no government properties damaged.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20241011/2088

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Report No. T/20241011/2088

CONTINUATION OF REPORT

Signature of Officer Recording The
L/
SGT 1 MOHAMAD ASHRUF
KHAN S/O MOHAMED AKHBAR
KHAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI RAZIZ BIN TAHAR
Contact No.: 65476195

Signature Of informant:

Date/Time:
11/10/2024 22:42

Classification Of Case:

NP168