

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	28/10/2024 17:29 (SGT)
Reported by	Actual Driver
Date of Accident	26/10/2024 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MONTREAL LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS5622Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SITI AMINAH
NRIC No	S8172067C
Email Address	FATHULLAHSALLEH@GMAIL.COM
Mobile Phone No	(Phone) +65-89211782
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	XSR155 MANUAL
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	155
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	MH3RG4760MK019550
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D24MTMC01001829

DRIVER

Name of Driver	SHAFIQ FATHULLAH BIN SALLEH
NRIC No	T0112353F
Date Of Birth	28/04/2001
Occupation	Indoor
Driving Pass Date	19/11/2020
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83571315
Alt. Phone Number	-
Email Address	FATHULLAHSALLEH@GMAIL.COM
Address	BLK 507C WELLINGTON CIRCLE 04-112 SINGAPORE 753507
Address complement	-
Postcode	-
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	Collision - Major/Minor Rd
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 WITH ATTACHED.

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	GBJ315R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHAFIQ FATHULLAH BIN SALLEH
Gender	Male
Phone No	(Phone) +65-83571315
Address	BLK 507C WELLINGTON CIRCLE 04-112 SINGAPORE 753507
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS5622Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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

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

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

Sketch Plan

A: FBS46222
B: GBI 31GR

1

Describe Circumstance of the Accident

Refer to attached police report.

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.

Declaration

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

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)



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 6547 0000



T/20241026/7107

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Report No. T/20241026/7107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2024 22:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHAFIQ FATHULLAH BIN SALLEH			Address: 507C WELLINGTON CIRCLE #04-112 SINGAPORE 753507		
ID Type / ID No.: NRIC NO / T0112353F			Contact No.: Home/Office: Mobile: 83571315		
Nationality: SINGAPORE CITIZEN			Email: FATHULLAHSALLEH@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 28/04/2001	Type of Informant: Rider		
Race: Javanese			Language: English		
Occupation: Unemployed			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: 26/10/2024 13:00	Type of Location: DOWNHILL	
Location: MONTREAL LINK				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS5622Z	Motorcycle	YAMAHA	XSR155	Silver	Seriously Damaged	0
GBJ315R (Not Accurate)	Motor van			Silver	No Damage	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBS5622Z	Sompo	D24MTMC01001829	27/05/2024	26/05/2025



**SINGAPORE
POLICE FORCE**



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

Report No. T/20241026/7107

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHAFIQ FATHULLAH BIN SALLEH	ID No.	T0112353F
Related Vehicle	FBS5622Z (Motorcycle)	Contact No.	83571315
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	26/10/2024	Date Discharge	26/10/2024
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Slight
Driver			
Name	LIM KAI SOON, ADRIAN	ID No.	S7802898Z
Related Vehicle	GBJ315R (Motor van)	Contact No.	93874740
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.

I Was going downhill until i approached a gantry entrance that has a car at the stop line, i thought he will be giving way to me as there was a stop line intended for him, when i was approaching nearer he went out and due to lack of time to react i bang at the right side of his car bumper, there were 2 witness one is a passer by going home he also have the footage of the accident and one witness which is a hawker center worker at the opposite end of the road. Everything has been done according to old fashion way such as exchanging particular and i went ahead to call 999 to assist me what to do next. Traffic Police didnt came down because there were no serious injury sustained yet, the moment i head home i was feeling giddy and alot of pain, i decided to tell my parents and they brought me to the hospital, first thing in mind was i have a week of Medical leave and i straight away go to the police station.



**SINGAPORE
POLICE FORCE**

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



T/20241026/7107

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Report No. T/20241026/7107

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

This report is lodged at Sembawang NPC Kiosk 1
NP168

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

Date/Time:
26/10/2024 22:24

Classification Of Case: