

## 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	30/10/2024 12:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/10/2024 17:45 (SGT)
Exact Location of Accident	Bedok North Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA2938K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHD RIZAL BIN YAHAYA MARICAN
NRIC No	SXXXX997D
Email Address	RAVEN_RZ73@YAHOO.COM
Mobile Phone No	(Phone) +65-81011112
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	B.M.W.
Model	216I GT LED
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	Private car
Transmission	Auto
CC	1499
Vehicle Fuel	Petrol
First Registration Date	22/12/2017
Chassis no	WBA2D920005E91557
Effective Date/Time of Ownership	03/08/2021 12:08 (SGT)

### INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01556230

### DRIVER

Name of Driver	MOHD RIZAL BIN YAHAYA MARICAN
NRIC No	SXXXX997D
Date Of Birth	06/07/1973
Occupation	Outdoor
Driving Pass Date	01/12/1994
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	29 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81011112
Alt. Phone Number	-
Email Address	RAVEN_RZ73@YAHOO.COM
Address	BLK 110 BEDOK NORTH ROAD 07-2270 SINGAPORE 460110
Address complement	-
Postcode	460110
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	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?	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 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	FBT8470U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	MOHD RIZAL BIN YAHAYA MARICAN
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?	-





Describe Circumstance of the Accident

Refer to Police Report

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)

# SKETCH PLAN

## IMPORTANT NOTICE

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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 CUA 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 if/when.

## 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

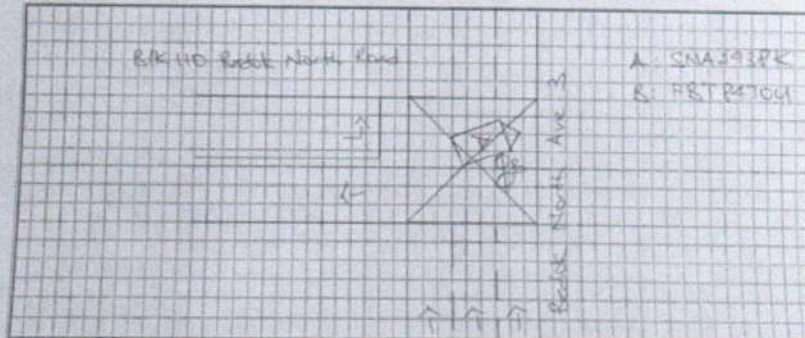
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other personal information provided by me or possessed by my insurer (collectively the "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 Claims Personnel (Name as in NRIC/ID card)

Sketch Plan






**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000



T/20241029/7085

1 of 3

Report No: T/20241029/7085

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2024 15:52      Vide Report No.:      Station Diary No.:

**Informant's Particulars**

Name of Informant: MOHD RIZAL BIN YAHAYA MARICAN		Address: 110 BEDOK NORTH ROAD #07-2270 SINGAPORE 460110	
ID Type / ID No: NRIC NO / ST323997D		Contact No: Home/Office:      Mobile: 81011112	
Nationality: SINGAPORE CITIZEN		Email: RAVEN_RZ73@YAHOO.COM	
Sex: Male	Age: 51	Date of Birth: 06/07/1973	Type of Informant: Driver
Race: Indian		Language: English	
Occupation: TECHNICAL OFFICER		Driving Licence Information: Class:      Date of Expiry:	

**General Information of the Accident**

Type of Accident: Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/10/2024 17:45	Type of Location: Straight Road
Location:  BEDOK NORTH ROAD			
Weather: Clear	Road Surface: Dry		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBT8470U	Motorcycle	YAMAHA	XSR 155		Seriously Damaged	0
SNA2938K	Motor car	BMW	216i GT LED	White	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNA2938K	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/01556230	30/07/2024	29/07/2025



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Tel No: 65470000



T/20241029/7085

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Report No: T/20241029/7085

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MOHD RIZAL BIN YAHAYA MARICAN	ID No	S7323997D
Related Vehicle	SNA2938K (Motor car)	Contact No.	81011112
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/10/2024	Date Discharge	29/10/2024
No. of Days granted Medical Leave (MC)	02	Degree of Injury	Slight

**Brief Details.**

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG BLK 110 BEDOK NORTH ROAD CARPARK TOWARDS BEDOK NORTH AVE 3 MAIN ROAD. I STOPPED MY VEHICLE (SNA 2938 K) ON THE STOP LINE TO LOOKOUT FOR THE TRAFFIC TO BE CLEARED. I CHECKED THAT THE YELLOW BOX WAS CLEAR AS THE VEHICLES HAD STOPPED BEFORE THE YELLOW BOX. THEREFORE I DRIVE OUT MY VEHICLE (SNA 2938 K) TOWARDS BEDOK NORTH AVE 3 MAIN ROAD. I STOPPED MY VEHICLE (SNA 2938 K) ON STATIONARY POSITION INSIDE THE YELLOW BOX WHILE WAITING FOR THE FRONT VEHICLE TO MOVE OFF. SUDDENLY I FELT AN IMPACT FROM MY VEHICLE FRONT RIGHT PORTION. I ALIGHTED AND FOUND OUT THAT VEHICLE WAS A 2 VEHICLE COLLISION. I FELT UNWELL AFTER THE ACCIDENT SO I WENT TO CONSULT A DOCTOR AND I WAS GIVEN 2 DAYS OF MC.





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Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No. 65470000



T/20241029/7085

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Report No. T/20241029/7085

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

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

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/10/2024 15:52

Officer In Charge Of Case:

Classification Of Case:

NP166