

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 | 04/11/2024 05:40 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 03/11/2024 15:50 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | Raffles Avenue near Esplanade |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|--------|
| Vehicle Registration Number | FBU40A |
|-----------------------------------|--------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-------------------------|
| Is company? | No |
| Name Of Registered Owner | MOHAMED HYKAL BIN OSMAN |
| NRIC No | SXXXX897H |
| Email Address | hykalosman@yahoo.com.sg |
| Mobile Phone No | (Phone) +65-97551117 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | BMW |
| Model | R 1250 RT |
| 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 | 1254 |
| Vehicle Fuel | - |
| First Registration Date | - |
| Chassis no | - |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|---|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SD24V12479 |

DRIVER

| | |
|--|-------------------------|
| Name of Driver | MOHAMED HYKAL BIN OSMAN |
| NRIC No | SXXXX897H |
| Date Of Birth | 25/07/1991 |
| Occupation | Indoor |
| Driving Pass Date | 08/02/2010 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 14 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97551117 |
| Alt. Phone Number | - |
| Email Address | hykalosman@yahoo.com.sg |
| Address | 774 PASIR RIS STREET 71 |
| Address complement | #05-384 |
| Postcode | 510774 |
| 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 - Head to Rear |
| 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? | 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 | 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

ON THE ABOVE-MENTIONED DATE AND TIME, I WAS RIDING ALONG RAFFLES AVENUE AND WAS WAITING FOR GREEN LIGHT AND THEN ONE TAXI HIT ME FROM BEHIND. WE MANAGED TO EXCHANGE PARTICULARS AND NOBODY WAS INJURED. THAT IS ALL.

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 | SHB4871X |
| Vehicle Manufacturer | Hyundai |
| Vehicle Model | Ae ioniq |
| Vehicle Variant | - |
| Vehicle Colour | Yellow |
| Vehicle Category | Taxi |
| Name of Driver | CHIN CHONG WOI |
| NRIC No | SXXXX724H |
| Contact Number | - |
| Address | NA |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN**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 Authorised 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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time:
 03112024

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 03112024

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
 MOHAMMAD AZALY BIN ABDULLAH

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT

DECLARATION

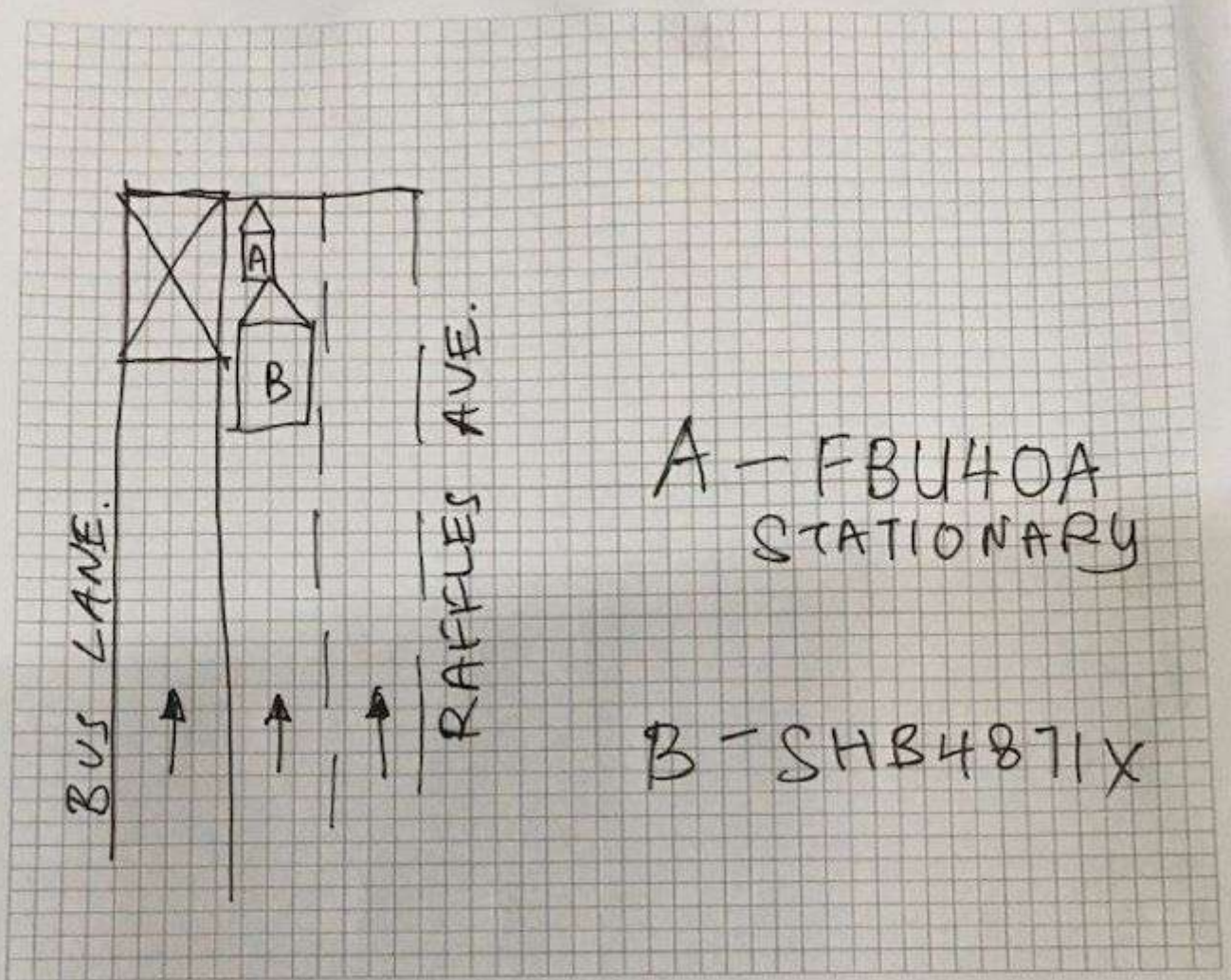
I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time: 03112024

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

ACCIDENT DIAGRAM





Policyholder's Signature
Date & Time:

3/11/24

Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:


**SINGAPORE
POLICE FORCE**


T/20241103/2022

1 of 3

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

Report No. T/20241103/2022

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 03/11/2024 16:47 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|---|--|--|
| Name of Informant: MOHAMED HYKAL BIN OSMAN | | | Address: 774 PASIR RIS STREET 71 #05-384 SINGAPORE 510774 | | |
| ID Type / ID No.: NRIC NO / S9125897H | | | Contact No.: Home/Office: 97551117 Mobile: | | |
| Nationality: SINGAPORE CITIZEN | | | Email: HYKALOSMAN@YAHOO.COM.SG | | |
| Sex: Male | Age: 33 | Date of Birth: 25/07/1991 | Type of Informant: Rider | | |
| Race: | | | Language: | | |
| Occupation: TENNIS INSTRUCTOR | | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|----------------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 03/11/2024 15:50 | Type of Location: Straight Road |
| Location: RAFFLES AVENUE | | | | |
| Weather: Cloudy | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|------------------|-----------------|
| FBU40A | Motorcycle | | | | Slightly Damaged | 0 |
| SHB4871X | Taxi | | | | Slightly Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241103/2022

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

2 of 3
Report No. T/20241103/2022

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|----------------|--|
| Rider | | | |
| Name | MOHAMED HYKAL BIN OSMAN | | ID No. S9125897H |
| Related Vehicle | FBU40A (Motorcycle) | | Contact No. 97551117 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |
| Driver | | | |
| Name | CHIN CHONG WOI | | ID No. S1325724H |
| Related Vehicle | SHB4871X (Taxi) | | Contact No. NIL |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

ON THE ABOVE-MENTIONED DATE AND TIME, I WAS RIDING ALONG RAFFLES AVENUE AND WAS WAITING FOR GREEN LIGHT AND THEN ONE TAXI HIT ME FROM BEHIND. WE MANAGED TO EXCHANGE PARTICULARS AND NOBODY WAS INJURED. THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20241103/2022

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

3 of 3
Report No: T/20241103/2022

CONTINUATION OF REPORT

Signature of Officer Recording The
TP /
SCCPL PYAI SONE HTAIK THU

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/11/2024 16:47

Officer In Charge Of Case:
TP / GIA /
INSP (2) LOW MENG FATT
Contact No.: 97577566

Classification Of Case:

NP168