

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	14/11/2024 11:51 (SGT)
Reported by	Owner
Date of Accident	25/10/2024 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ORCHARD BOULEVARD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP3260M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No	2XXXXX722z
Email Address	khiertthi@rosetlimo.com
Mobile Phone No	(Phone) +65-87420435
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Jupiter Ic135
Variant	135
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 - Reporting only
Vehicle Category	Motorcycle
Transmission	Manual
CC	135
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133225907-02-0000033

DRIVER

Name of Driver	NAQIB RYAN BIN SOFIAN
NRIC No	SXXXX663A
Date Of Birth	21/01/1997
Occupation	Outdoor
Driving Pass Date	15/05/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87420275
Alt. Phone Number	-
Email Address	ADMIN@ROSETLIMO.COM
Address	254 CHOA CHU KANG AVENUE 2 #06-284
Address complement	-
Postcode	680254
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
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

REFER TO ATTACHMENT

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	SLZ7447U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN

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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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

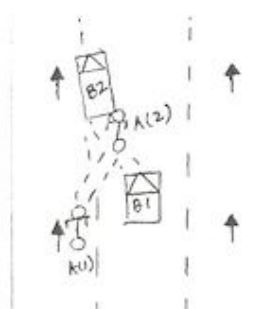
[Signature]

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

Khierthii Varmaan

Witnessed by Reporting Centre Personnel

Sketch Plan



A: FBP3260M
B: SLZ7447U


Describe Circumstances of the Accident

— Refer to Police Report —
7/20241026/7083

Declaration

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

Khierthii Varmaan
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20241026/7083

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

1 of 3

Report No. T/20241026/7083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2024 19:44		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NAQIB RYAN BIN SOFIAN			Address: 254 CHOA CHU KANG AVENUE 2 #06-284 SINGAPORE 680254		
ID Type / ID No.: NRIC NO / S9701663A			Contact No.: Home/Office: Mobile: 87420275		
Nationality: SINGAPORE CITIZEN			Email: WOLVESANDELVES@HOTMAIL.COM		
Sex: Male	Age:	Date of Birth: 21/01/1997	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Physical fitness instructor			Driving Licence Information: Class: 2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/10/2024 10:30	Type of Location: Straight Road
Location: ORCHARD ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP3260M	Motorcycle	YAMAHA	Jupiter	Blue	Seriously Damaged	0
SLZ7447U	Multi-purpose car	TOYOTA	Sienta	Green	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/20241026/7083

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

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Report No. T/20241026/7083

CONTINUATION OF REPORT

Rider			
Name	NAQIB RYAN BIN SOFIAN		ID No. S9701663A
Related Vehicle	FBP3260M (Motorcycle)		Contact No. 87420275
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2A Date of Expiry: NIL
Date Treatment	25/10/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Serious
Driver			
Name	YUEN HO FAI		ID No. S1757414J
Related Vehicle	SLZ7447U (Multi-purpose car)		Contact No. NIL
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 riding along Orchard Blvd on the 3rd lane making a lane change to lane 2 where YUEN HO FAI S1757414J in a green Toyota SLZ7447U exited from Angullia Park and abruptly stopped on the 2nd lane as he wanted to make his exit at Cuscaden Walk, making me crash into the right rear of his vehicle. The impact flung me onto the road about 2 meters away. I am making this report while still in the hospital.



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10 Ubi Avenue 3 SINGAPORE 408865
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T/20241026/7083

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Report No. T/20241026/7083

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: 26/10/2024 19:44
Officer In Charge Of Case: TP / TP/B / MOHAMAD BURHAN BIN SABTU Contact No.: 65476214	Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



E/20241111/7042

1 of 2

POLICE REPORT (NP299)

Report No. E/20241111/7042

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 11/11/2024 14:45		Vide Report No.		Station Diary No.	
Name Of Informant M Thurga Devi		Address Senja Road SINGAPORE 671636			
ID Type / ID No. NRIC NO / S9305157B		Contact No. Home/Office: Mobile: 98837630			
Nationality		Email Address thurga@tribecar.com			
Occupation Enforcement Supervisor		Sex Female	Age	Date of Birth	Race
Institution/School Name		Language English			
Date/Time Of Incident 25/10/2024 10:20 - 25/10/2024 10:40		Location Of Incident NIL ORCHARD BOULEVARD NIL			

Brief details:

I am filing this report on behalf of my company, Tribecar Pte Ltd.

Naqib Ryan Bin Sofian booked a motorbike FBP3260M on 25 October 2024. He was involved in a traffic accident during his booking. Naqib Ryan Bin Sofian came down to the workshop on 30 October 2024 to discuss about the accident but did not complete the accident reporting procedure by going down to the reporting center with the bike which is located at defu lane. He left our office without informing us. He has also rejected our further request to complete the accident reporting process.

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: 11/11/2024 14:45
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	



**SINGAPORE
POLICE FORCE**



E/20241111/7042

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20241111/7042

Subjects Involved			
Suspect			
Person Name	NAQIB RYAN BIN SOFIAN		
ID Type	NRIC NO	ID No	S9701663A

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.
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Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	



















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Nationality: SINGAPORE CITIZEN			Email: WOLVESANDELVES@HOTMAIL.COM		
Sex: Male	Age:	Date of Birth: 21/01/1997	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Physical fitness instructor			Driving Licence Information: Class: 2A Date of Expiry:		

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Details of Person Involved

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



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Related Vehicle	FBP3260M (Motorcycle)		Contact No. 87420275
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2A Date of Expiry: NIL
Date Treatment	25/10/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Serious
Driver			
Name	YUEN HO FAI		ID No. S1757414J
Related Vehicle	SLZ7447U (Multi-purpose car)		Contact No. NIL
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.

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T/20241026/7083

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CONTINUATION OF REPORT

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Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP/B /
MOHAMAD BURHAN BIN SABTU
Contact No.: 65476214

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 19:44

Classification Of Case:

NP168