

## 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 .....	20/06/2024 15:27 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	14/06/2024 20:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	UPPER BUKIT TIMAH RD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBQ6282A
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MOHAMMAD SUFRI BIN MOHD SULEMAN
NRIC No .....	S9147060H
Email Address .....	Sufri.suleman91@gmail.com
Mobile Phone No .....	(Phone) +65-98734415
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	Xmax
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 .....	300

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5127241520-02

#### DRIVER

Name of Driver .....	MOHAMMAD SUFRI BIN MOHD SULEMAN
NRIC No .....	S9147060H
Date Of Birth .....	30/12/1991
Occupation .....	Outdoor



Driving Pass Date .....	07/05/2013
Driving experience .....	11 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98734415
Alt. Phone Number .....	-
Email Address .....	Sufri.suleman91@gmail.com
Address .....	BLK 815A #06-09 CHOA CHU KANG AVENUE 7
Address complement .....	-
Postcode .....	681815
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 .....	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? .....	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 .....	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? .....	Yes
Reasons for not uploading a video of the accident .....	Will email to motorvideo@income.com.sg

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SH8631J
Vehicle Manufacturer .....	-
Vehicle Model .....	-



Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MOHAMMAD SUFRI BIN MOHD SULEMAN
Gender .....	Male
Phone No .....	(Phone) +65-98734415
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	31
Injuries Sustained .....	ABRASION ON HANDS, KNEE AND FOOT
Injured person in which vehicle? .....	FBQ6282A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

#### WITNESS DETAILS

##### WITNESS 1

Name .....	NORA
Phone .....	(Phone) +65-86005081
Email .....	-



**SKETCH PLAN****IMPORTANT NOTICE**

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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)**

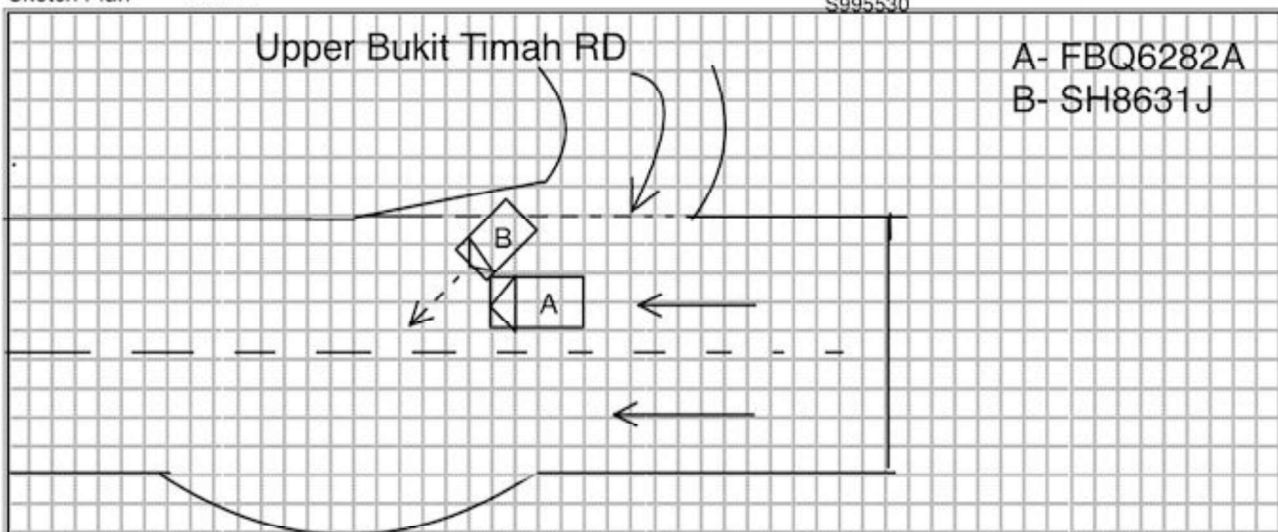
I understand, acknowledge, agree and consent that:

- (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.

Policyholder's Signature / Date & Time  
20/06/2024  
Sketch Plan 1502Hrs

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)  
Muhammad Sumardi Bin Mohd Affandi  
S995530





**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  
 20/06/2024  
 13:20hrs

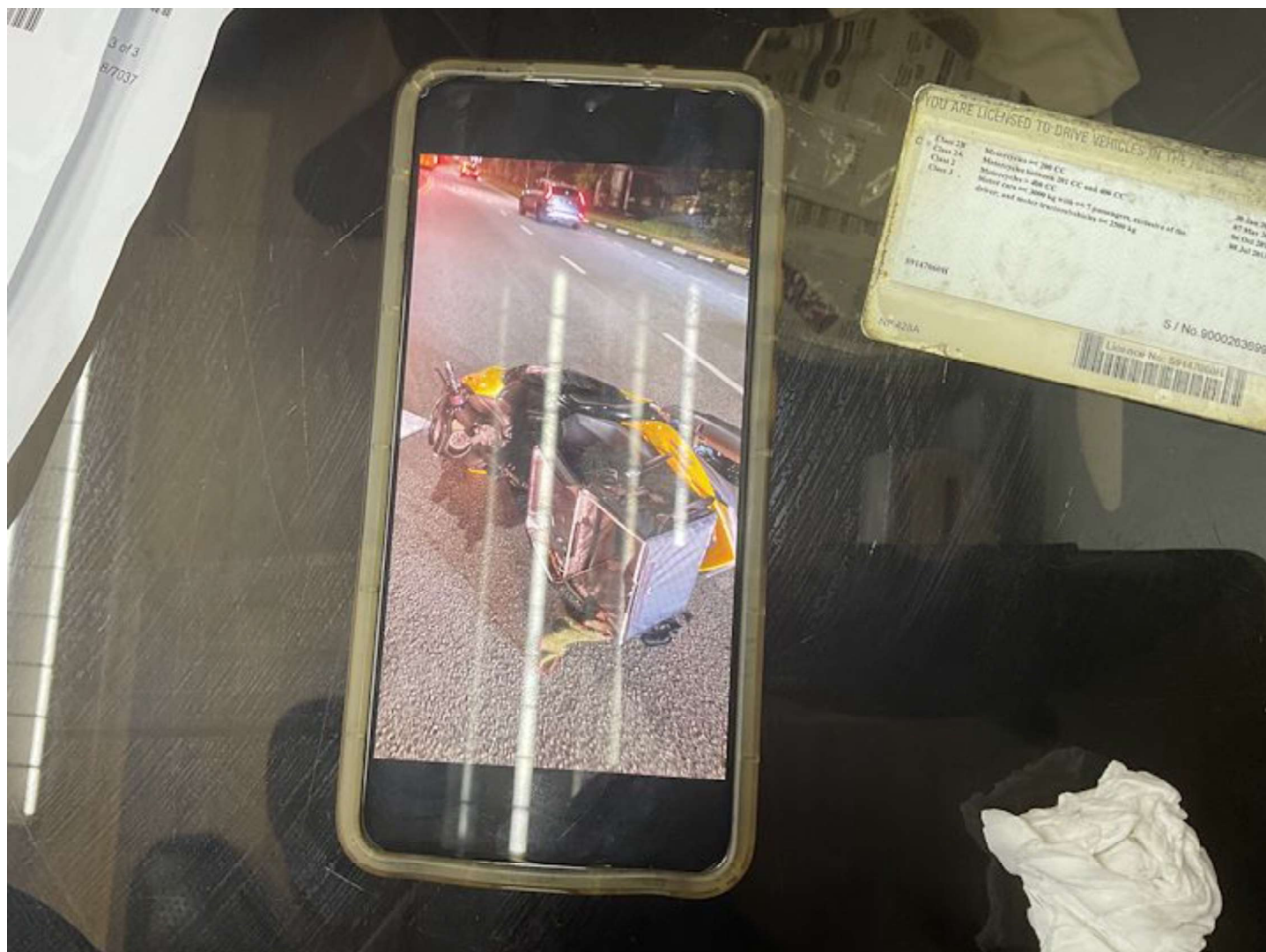
\_\_\_\_\_  
 Driver's Signature (if driver is not the policyholder) / Date  
 & Time

  
 \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)  
 Muhammad Sumardi Bin Mohd Affandi 2  
 S995530

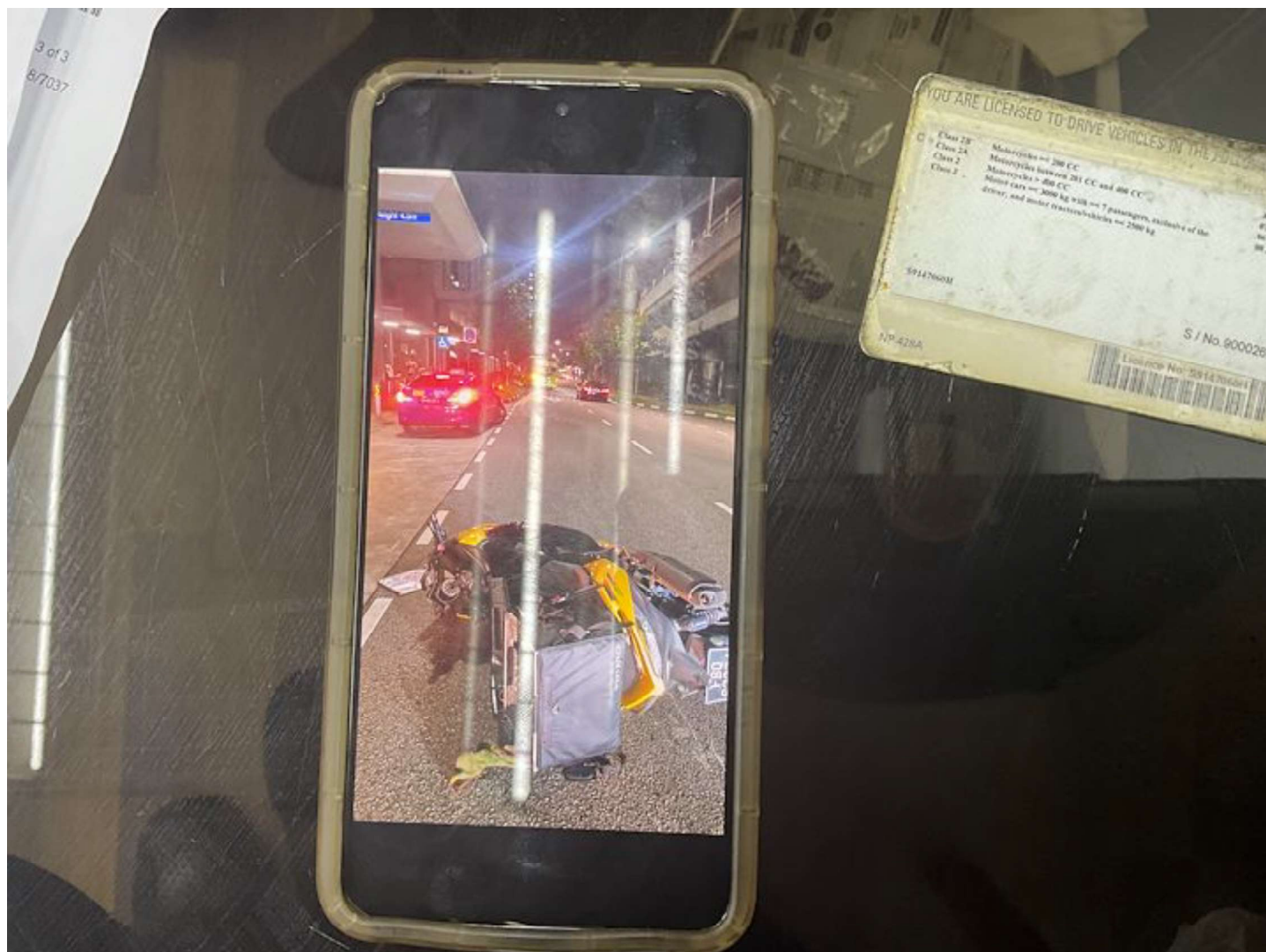
























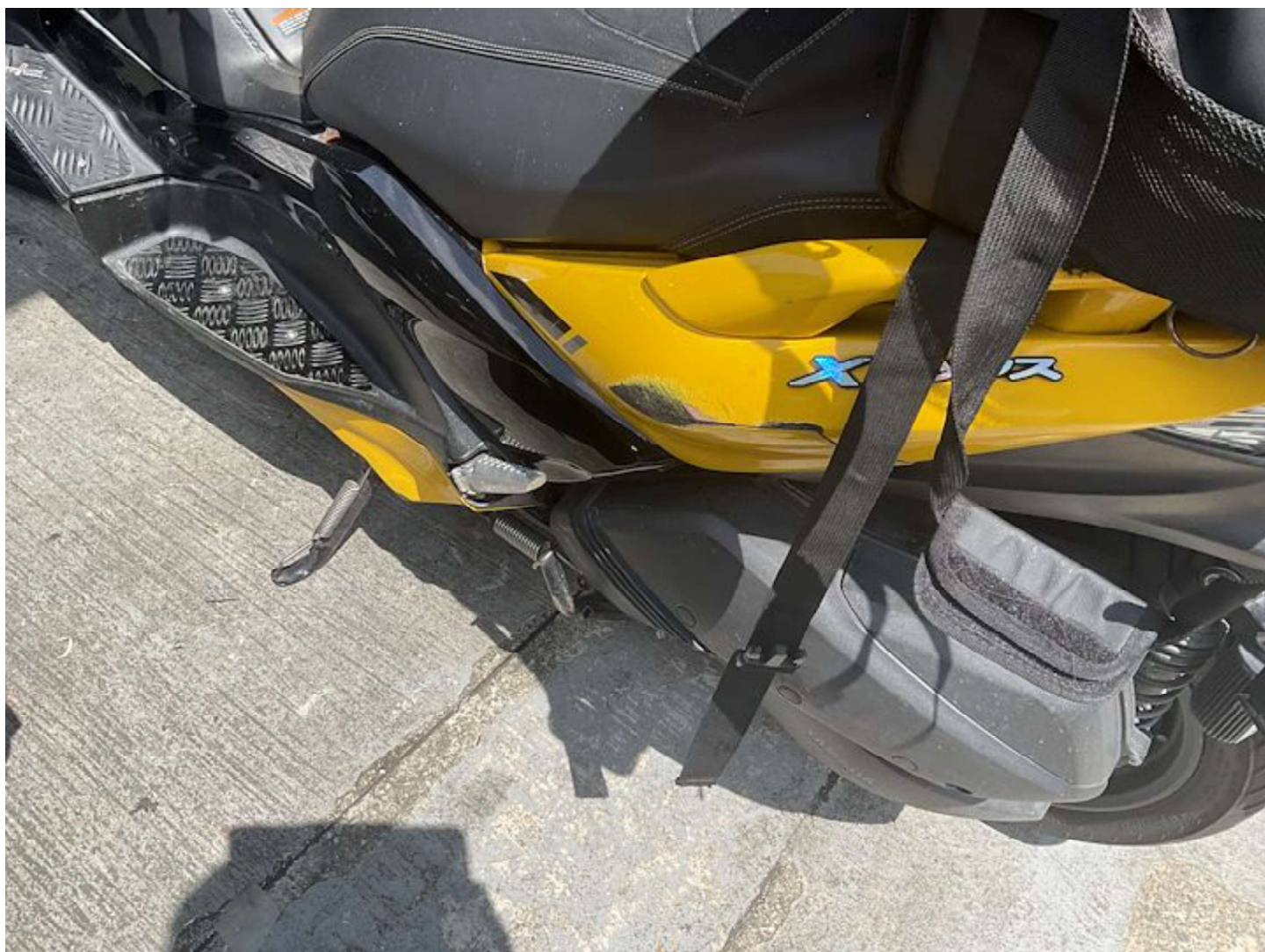




























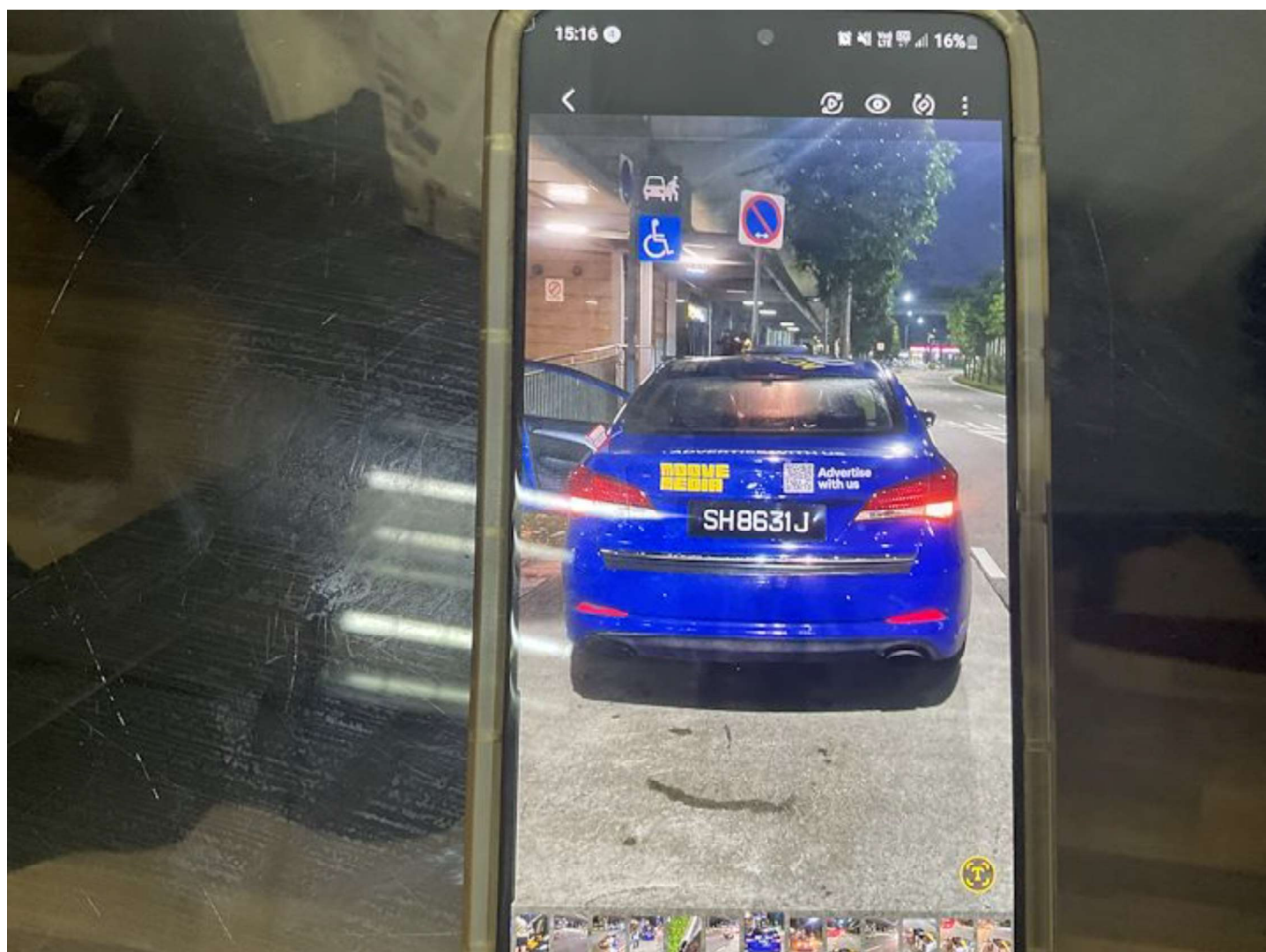
















# SINGAPORE POLICE FORCE



T/20240618/7037

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

1 of 3

Report No. T/20240618/7037

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2024 13:00	Vide Report No.:	Station Diary No.:
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## Informant's Particulars

Name of Informant: MOHAMMAD SUFRI BIN MOHD SULEMAN		Address: 815A CHOA CHU KANG AVENUE 7 #06-09 SINGAPORE 681815	
ID Type / ID No.: NRIC NO / S9147060H		Contact No.: Home/Office:	Mobile: 98734415
Nationality: SINGAPORE CITIZEN		Email: SUFRI.SULEMAN91@GMAIL.COM	
Sex: Male	Age: 32	Date of Birth: 30/12/1991	Type of Informant: Rider
Race: Javanese		Language: English	
Occupation: Motorcycle delivery man		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: 14/06/2024 20:30	Type of Location:
Location:  UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ6282A	Motorcycle					0
SH8631J (Not Accurate)	Motor car					0

## Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**

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



T/20240618/7037

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Report No. T/20240618/7037

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD SUFRI BIN MOHD SULEMAN	ID No.	S9147060H
Related Vehicle	FBQ6282A (Motorcycle)	Contact No.	98734415
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/06/2024	Date Discharge	14/06/2024
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Slight

**Brief Details.**

I WAS RIDING FBQ6282A ALONG UPPER BUKIT TIMAH ROAD TOWARDS BUKIT TIMAH, THERE WAS A TAXI SH8631J AFTER MAKING A U-TURN, CHANGE LANE IN FRONT OF ME. I MANAGED TO EVADE THE TAXI BUT I FELL ON THE ROAD. DUE TO THIS, I SUSTAINED INJURIES ON MY LEFT HAND, PALM, KNEE AND FOOT. THE TAXI MOVED TO THE SIDE AND APPROACHING ME. THE DRIVER SAID THAT HE NEVER SAW ME. I THEN CALLED FOR THE AMBULANCE DUE TO FEELING THE INJURED AREAS. THE AMBULANCE CAME AND SEND ME TO NG TENG FONG HOSPITAL. I RECEIVED 7 DAYS OF MC FROM THE DOCTOR FOR MY INJURIES.



**SINGAPORE  
POLICE FORCE**

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



T/20240618/7037

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Report No. T/20240618/7037

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
SITI NORHAFIDAH BINTE HANAFI  
Contact No.: 65476202

This report is lodged at Choa Chu Kang 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:  
18/06/2024 13:00

Classification Of Case: