

## 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 .....	19/11/2024 15:05 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	13/11/2024 00:10 (SGT)
Exact Location of Accident .....	21 Jurong West Street 93, Singapore 648964
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBH3994X
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	RWAVE PTE. LTD
Company Reg No .....	201909822G
Email Address .....	RWAVEPTLTD@GMAIL.COM
Mobile Phone No .....	(Phone) +65-93696861
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	Jupiter mx 135
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 .....	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 .....	5108520408-05

#### DRIVER

Name of Driver .....	MUHAMMAD SYAKIR BIN JEFFRY
NRIC No .....	T0112954B
Date Of Birth .....	30/04/2001
Occupation .....	Indoor
Driving Pass Date .....	08/06/2022
Driving License Pass Class .....	2
Driving License Validity .....	Valid
Driving experience .....	2 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88085681
Alt. Phone Number .....	-
Email Address .....	RWAVEPTELT@GMAIL.COM
Address .....	BLK 906 JURONG WEST STREET 91
Address complement .....	#02-177
Postcode .....	640906
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 - 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? .....	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 .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
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 .....	SMY9801K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
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 .....	MUHAMMAD SYAKIR BIN JEFFRY
Gender .....	Male
Phone No .....	(Phone) +65-88085681
Address .....	BLK 906 JURONG WEST STREET 91
Address Complement .....	#02-177
Post Code .....	640906
Approximate Age Years Old .....	23
Injuries Sustained .....	SWOLLEN KNEE, SWOLLEN RIGHT SHOULDER, ABRASION ON RIGHT KNEE, RIGHT FOREARM AND RIGHT BACK
Injured person in which vehicle? .....	FBH3994X
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

## WITNESS DETAILS

### WITNESS 1

Name .....	HAKIM
Phone .....	(Phone) +65-88946412
Email .....	-

Describe Circumstance of the Accident

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

19/11/24  
RWAVE PTE LTD  
Reg. No. 2019093273  
Policyholder's Signature / Date & Time

19/11/24  
Driver's Signature (if driver is not the policyholder) / Date & Time

MUHAMMAD ZAKI BIN SUPAN  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

2

**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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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.

Reg. No. 2019098226  
RWAVE PTE LTD

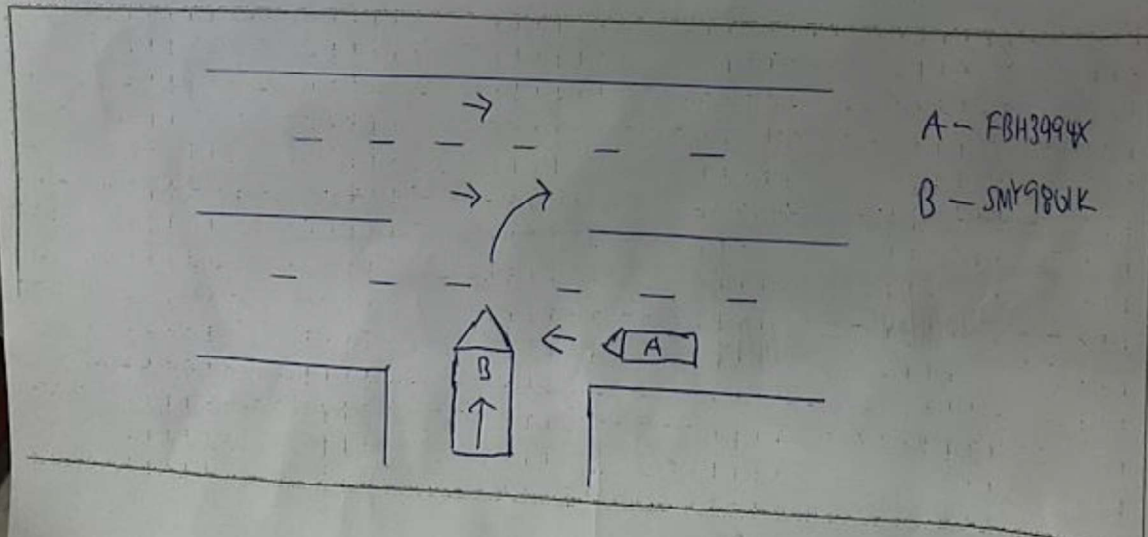
Policyholder's Signature / Date & Time

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

MUNHAMAD ZAKI BIN SUPRIAW

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

Sketch Plan





















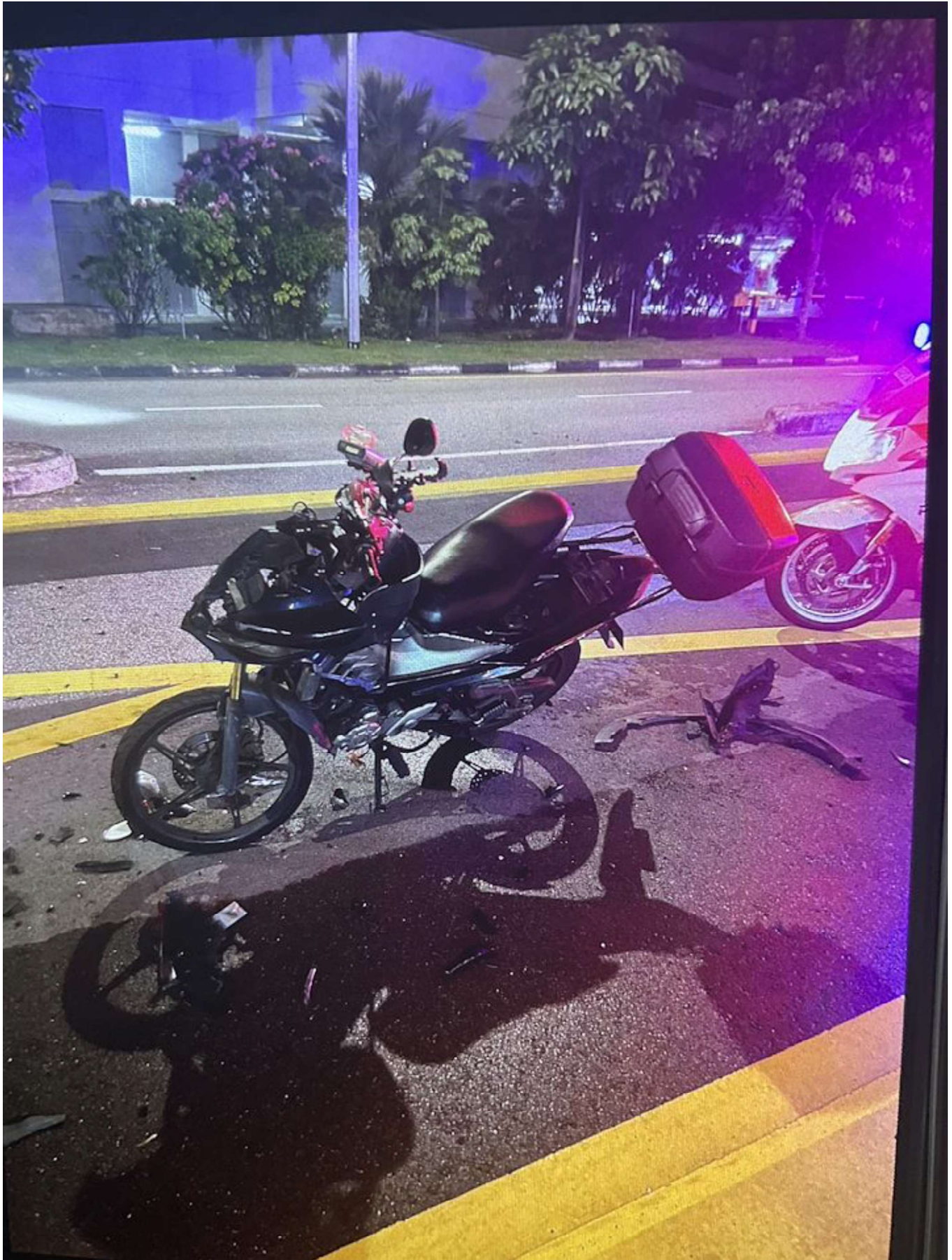




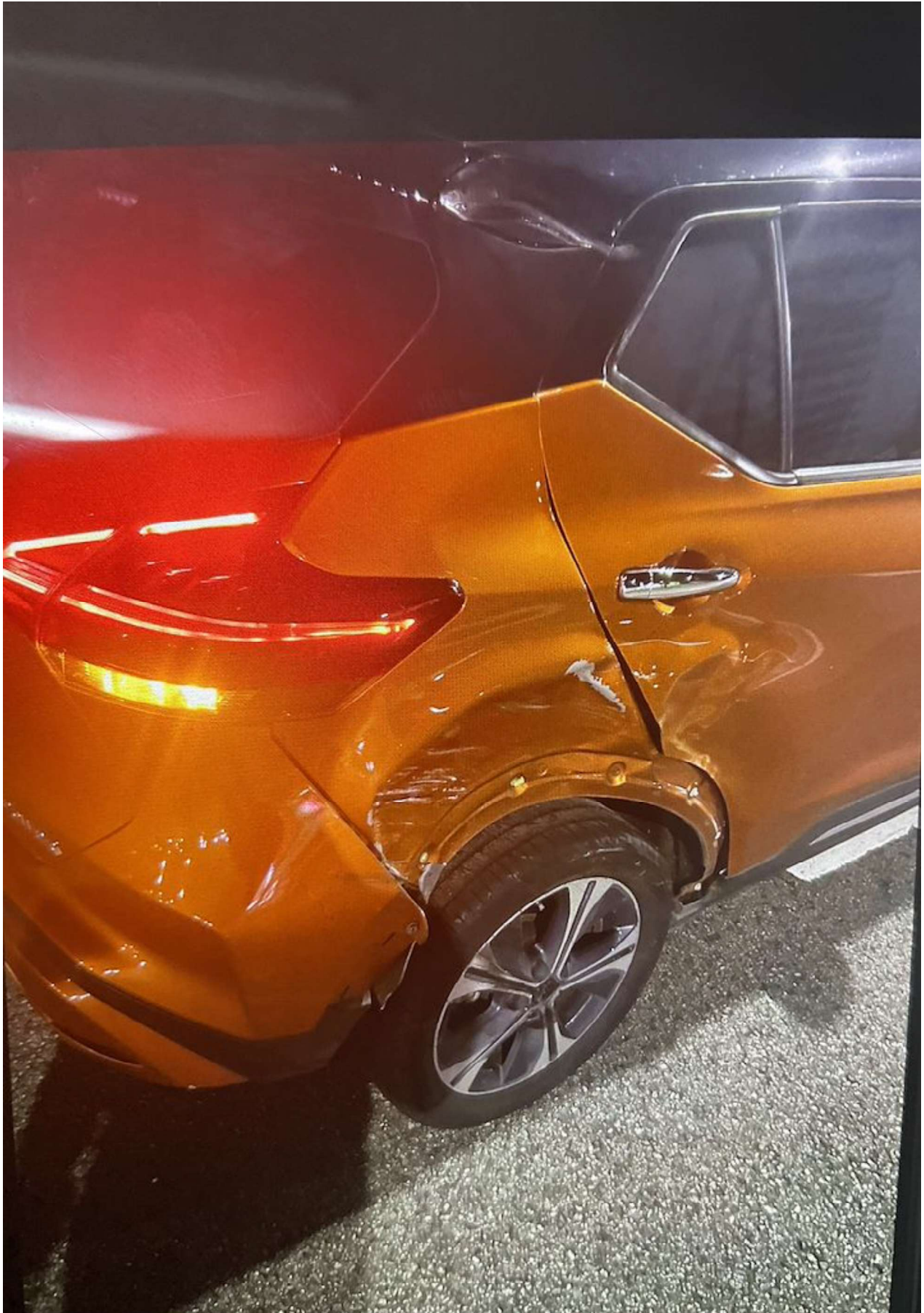




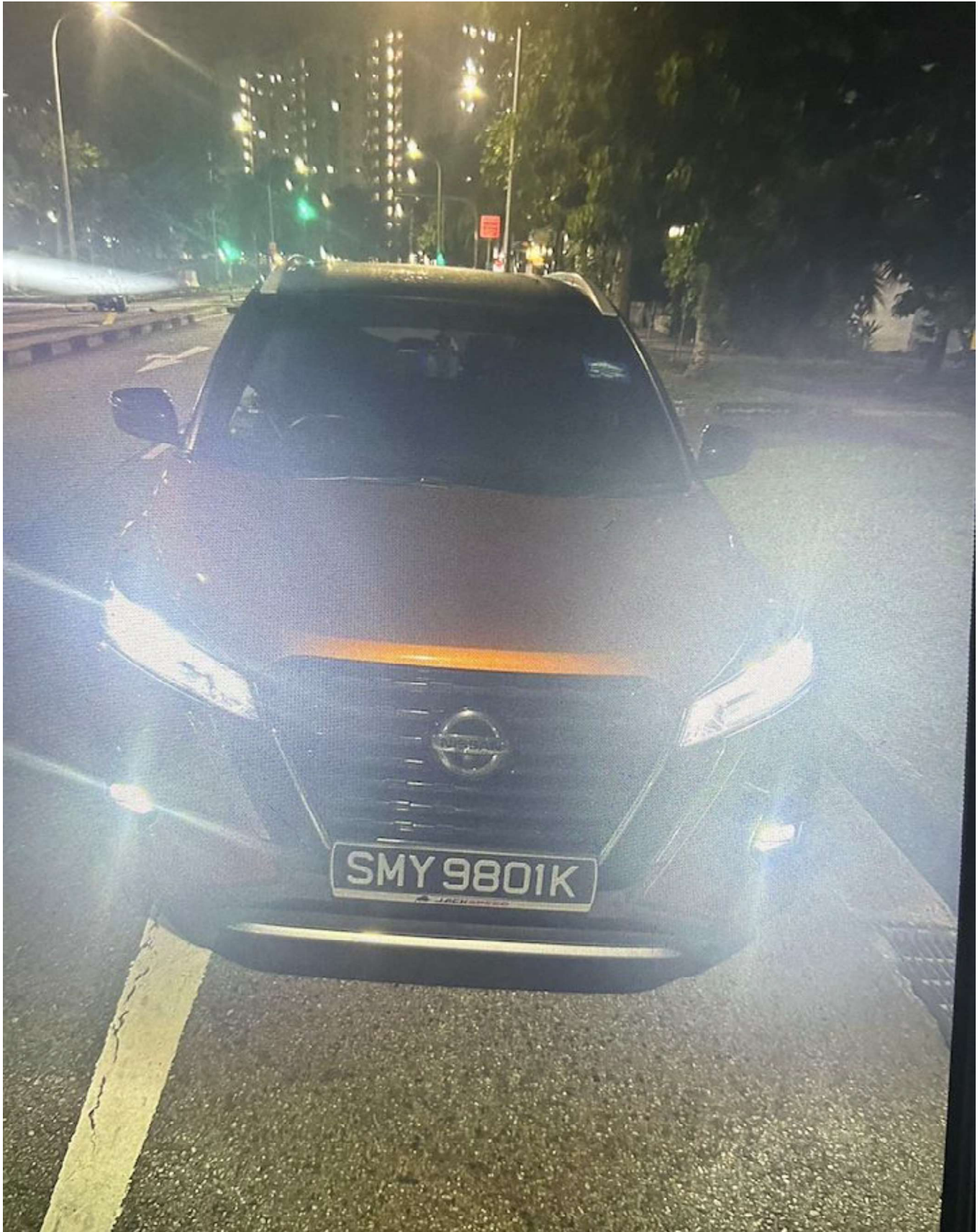
















**SINGAPORE  
POLICE FORCE**

T/20241113/2046

3 of 3

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20241113/2046

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
J /  
SGT 3 MOHAMMAD ISKANDAR  
ZULHAQQIM BIN ZULKENAIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI ABDUL RAHIM BIN SALIM  
Contact No.: 65476904

NP168

Signature Of Informant:

Date/Time:  
13/11/2024 16:53

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



T/20241113/2046

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

2 of 3

Report No. T/20241113/2046

**CONTINUATION OF REPORT**

Rider			
Name	MUHAMMAD SYAKIR BIN JEFFRY	ID No.	T0112954B
Related Vehicle	FDH3994X (Motorcycle)	Contact No.	88085681
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	13/11/2024	Date Discharge	13/11/2024
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On 13/11/2024 at 0011hrs, I was riding my motorcycle, FDH3994X from Boon Lay Market heading towards Jurong West Street 91. As I was riding along Jurong West Street 93 on the 2nd lane, I noticed that there's a vehicle, SMY9801K stationed at the Caltex gas station.

Just as I was about to pass by the Caltex, the said vehicle decided to drive out towards the road and subsequently stopped at both the 1st and 2nd lanes, blocking the road after noticing that I was approaching. I quickly hit the jam brake but apparently, did not made it on time and thus collided to the right side of the vehicle and fall off from my motorcycle. I suffered abrasion on my right knee and forearm and swelling on my right shoulder. My motorcycle sustained damages all over. I do not have any camera on my helmet nor my motorcycle.



# SINGAPORE POLICE FORCE



T/20241113/2046

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3

Report No. T/20241113/2046

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2024 16:53	Vide Report No.: J/20241113/0002	Station Diary No.: 121
--	-------------------------------------	---------------------------

### Informant's Particulars

Name of Informant: MUHAMMAD SYAKIR BIN JEFFRY	Address: 906 JURONG WEST STREET 91 #02-177 SINGAPORE 640906
ID Type / ID No.: NRIC NO / T0112954B	Contact No.: Home/Office: Mobile: 88085681
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male	Age: 23
Date of Birth: 30/04/2001	Type of Informant: Driver
Race: Malay	Language:
Occupation: Barber	Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:

### General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/11/2024 00:10	Type of Location: Straight Road
Location: JURONG WEST STREET 93			
Weather: Clear	Road Surface: Wet		
Traffic Flow:	Traffic Control:	Traffic Volume: No Traffic	
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
FDH3994X	Motorcycle				Totally Damaged	0
SMY9801K	Motor car				Slightly Damaged	0

### Details of Person Involved

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