

VEHICLE NO. FBT807K	MAKE & MODEL YAMAHA NMAX	AUTO / MANUAL ☒
DATE OF ACCIDENT 16/11/24	TIME OF ACCIDENT 20:00 AM	ACCIDENT NO. 155
LOCATION OF ACCIDENT	EMPLOYMENT ☒ PRIVATE / ☐ PRIVATE HIRE	
NAME OF OWNER MUHAMMAD AYUB ILYASA BIN AHMAD	EMAIL Nabilayie0311@gmail.com	MOBILE 89105903
NRIC S9990942J	CLAIM TYPE ☒ OD / ☒ THIRD PARTY / ☐ REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO Income	TYPE OF COVERAGE ☒ Comprehensive / ☐ Third Party / ☐ Third Party Fire & Theft	
POLICY NO 5138663694	7/8/23 24/10/24 - 25/10/25	
NAME OF DRIVER	AS ABOVE / NO	
NRIC		
DATE OF BIRTH		
ANY PASSENGER	YES / ☒ NO	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	☒ Outdoor / ☐ Indoor	
DATE OF DRIVING PASS		
GENDER	Male / Female	
CONTACT NO 90464220	Mobile	Office
EMAIL		
ADDRESS		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER
RELATIONSHIP	Employee / If No, friends	
WEATHER CONDITION	☒ Dry / ☐ Raining / Other	
ROAD SURFACE	☒ Dry / ☐ Wet / Other	
ANY INJURIES	No / If yes, Who? FBT807K	
CONVEYED BY AMBULANCE	No / If yes, Who?	
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE # NO. SMF 9358-2	Any Passenger 1 (F)	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger	
VEHICLE D NO.	Any Passenger	
VEHICLE E NO.	Any Passenger	
VEHICLE F NO.	Any Passenger	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Person Reporting	Driver / Owner / Both	
Original Language Used	English / Mandarin / Others:	
Have you been approached by unknown person soliciting (s)?		
offering accident claims assistance?	YES / NO	

Nabilayie0311@gmail.com

18/11/24

PT

friends owner sign

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 willful 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:

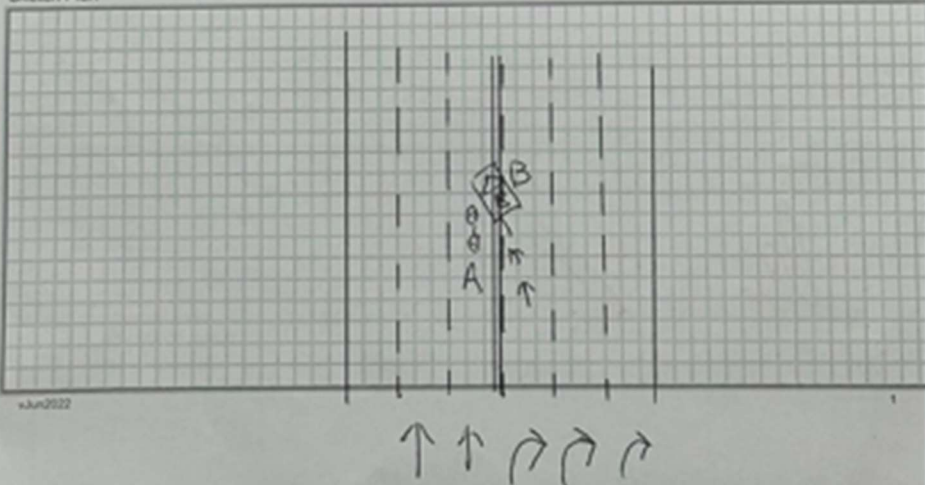
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/are 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

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

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

Sketch Plan



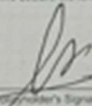
vJun2022

Describe Circumstance of the Accident

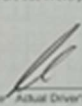
Refer to police report

Declaration

We declare the foregoing particulars are true in every respect.

↓


Policyholder's Signature / Date & Time



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

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



**SINGAPORE
POLICE FORCE**



1/20241117/2003

1 of 4

Police Station Of Origin:
Sengkang N.P.C.
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T-20241117/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2024 01:12	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars

Name of Informant: MOHAMMAD NURMAN BIN BAHARUDIN		Address: 127 RIVERVALE STREET #03-844 SINGAPORE 540127	
ID Type / ID No.: NRIC NO / T0314909E		Contact No.: Home/Office:	Mobile: 90464220
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 21	Date of Birth: 13/05/2003	Type of Informant: Rider
Race: Javanese		Language:	
Occupation: Student		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident: Fatal Others	Drink Drive: No	Date/Time of Accident: 16/11/2024 20:00	Type of Location: Straight Road
Location: ORCHARD BOULEVARD			
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 Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBT807K	Motorcycle	YAMAHA	NMAX	Green	Slightly Damaged	0
SMF9358Z	Motor car	TOYOTA	CAMRY	Silver	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T202411172003

2 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No: T202411172003

CONTINUATION OF REPORT

Driver			
Name	HUANG WEN	ID No.	S8581539C
Related Vehicle	NIL	Contact No.	92368330
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
Rider			
Name	MOHAMMAD NURMAN BIN BAHARUDIN	ID No.	T0314909E
Related Vehicle	NIL	Contact No.	90464220
Hospital/Clinic	SENGKANG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I am the above-mentioned person. my vehicle is FBT807K (V1). The other driver's vehicle is SMF9358Z (V2).

On 16/11/2024 at about 2000hrs, I was riding along orchard boulevard in lane 4 when I came to a complete stop at the traffic light area. Going straight will be towards orchard boulevard still while turning right would be going towards scotts road.

At that junction, it is a 6-lane road. Lane 1 to 3 is for right turn only while lane 4 to 6 is for going straight only. Lane 3 and 4 is separated with a solid double white line.

After the traffic light turned green turning right from orchard turn to orchard boulevard, I started to accelerate when V2 (who was driving on lane 3 initially) suddenly cut into my lane. Due to the V2's sudden cut into my lane, I could not stop in time and collided into V2's front left passenger door.

Both of us then exchange our contact details for insurance claims. After exchanging our contact details, both of us left the scene.

Due to the accident, my motorcycle has its right-side mirror damaged, fairing's damage, right side bottom panel damaged, engine oil leaking. While the V2 has its left front door and mirror damaged.

After the accident, I proceeded to Sengkang hospital as I had injuries on my right elbow and



SINGAPORE
POLICE FORCE



T:00241117/2003

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T:00241117/2003

CONTINUATION OF REPORT

right feet. I was given 2 MC from 17-18 Nov 2024.

I am lodging this report for insurance purposes.

I hereby declare that the above information is true and correct to the best of my knowledge and belief. I understand that any false or misleading information provided may constitute an offence under the Penal Code and the Police Act.

I understand that this report is being lodged for insurance purposes and that the information provided may be used by the insurance company for its own purposes.

Signature of Reporter

I, the undersigned, being duly sworn, depose and say that the above information is true and correct to the best of my knowledge and belief. I understand that any false or misleading information provided may constitute an offence under the Penal Code and the Police Act.

I understand that this report is being lodged for insurance purposes and that the information provided may be used by the insurance company for its own purposes.

Signature of Reporter

1. Name of Reporter	2. Name of Officer
3. Name of Officer	4. Name of Officer
5. Name of Officer	6. Name of Officer
7. Name of Officer	8. Name of Officer
9. Name of Officer	10. Name of Officer
11. Name of Officer	12. Name of Officer
13. Name of Officer	14. Name of Officer
15. Name of Officer	16. Name of Officer

I hereby declare that the above information is true and correct to the best of my knowledge and belief. I understand that any false or misleading information provided may constitute an offence under the Penal Code and the Police Act.

Signature of Reporter

Signature of Reporter

