

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	22/06/2024 15:53 (SGT)
Reported by	Actual Driver
Date of Accident	22/06/2024 13:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COMMONWEALTH AVENUE WEST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9967J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD HELMI BIN RAMLI
NRIC No	S8700790A
Email Address	MUHAMMAD_HELMI@LIVE.COM
Mobile Phone No	(Phone) +65-83886476
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	GDR155A (AEROX)
Variant	GDR155A (AEROX)
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	155

INSURANCE COMPANY

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

DRIVER

Name of Driver	MUHAMMAD FARHAN BIN ZAINAL
NRIC No	T0001065G
Date Of Birth	07/01/2000
Occupation	Outdoor

Driving Pass Date	02/11/2018
Driving experience	5 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81765608
Alt. Phone Number	-
Email Address	FARHANZAINAL210@GMAIL.COM
Address	BLK 911 JURONG WEST STREET 91
Address complement	#04-297
Postcode	640911
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	BROTHER IN LAW
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	Raining
Road Surface	Wet

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?	No
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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

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	SLA4191H
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	muhammad farhan bin zainal
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBM9967J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

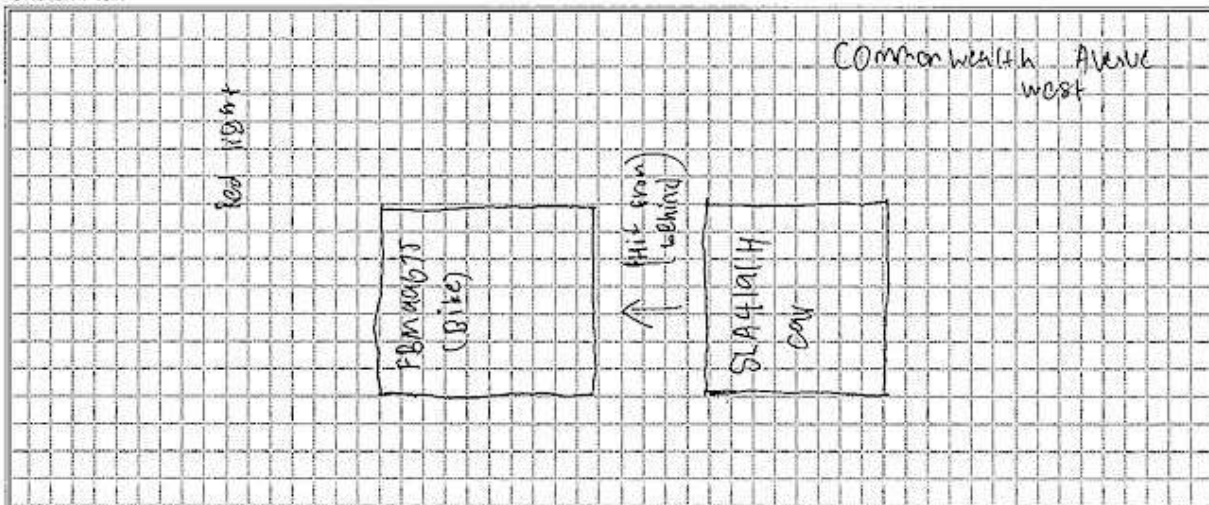
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

Sketch Plan




Describe Circumstance of the Accident	
VEHICLE NO:	ACCIDENT DATE & TIME:
CONTACT NUMBER:	E-MAIL:
LOCATION:	
<p>At 1310 Hrs I was serving order to a customer Place and I stop at a traffic light as it was a red light. And all of a sudden a go-go rental car hit me from behind. I went down from my vehicle to exchange detail and she ask me to pull the side first which we did. And once again I ask for her details she only give her phone number and name when I ask for her home address she didn't comply so I had to call the police</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
<p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	



Declaration

I/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

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



**SINGAPORE
POLICE FORCE**



T/20240622/2060

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20240622/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2024 20:05		Vide Report No.: D/20240622/0077		Station Diary No.: 74	
Informant's Particulars					
Name of Informant: MUHAMMAD FARHAN BIN ZAINAL			Address: 911 JURONG WEST STREET 91 #04-297 SINGAPORE 640911		
ID Type / ID No.: NRIC NO / T0001065G			Contact No.: Home/Office: 84886094 Mobile: 81765608		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 07/01/2000	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: SECURITY			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/06/2024 13:10	Type of Location: Straight Road
Location: COMMONWEALTH AVENUE WEST				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		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
FBM9967J	Motorcycle	YAMAHA	GDR155A (AEROX)	Blue	Slightly Damaged	0
SLA4191H	Motor car	SSANGYONG	TIVOLI 1.6G 6AT ABS 2WD	Grey		0



**SINGAPORE
POLICE FORCE**



T/20240622/2060

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20240622/2060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FARHAN BIN ZAINAL	ID No.	T0001065G
Related Vehicle	FBM9967J (Motorcycle)	Contact No.	84886094
Hospital/Clinic	ONECARE CLINIC BOON LAY	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date Treatment	22/06/2024	Date Discharge	22/06/2024
No. of Days granted Medical Leave	03	Degree of	NIL
Driver			
Name	Ruva	ID No.	T0003222G
Related Vehicle	SLA4191H (Motor car)	Contact No.	91643635
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 22/06/2024 at about 1310hrs, I was riding my motorcycle bearing FBM9967J along Commonwealth Ave West. I was travelling on lane 2/4. I stopped at the traffic light waiting at the red light to turn green. Suddenly, a GetGo car bearing SLA4191H hit at the back of my motorcycle. I moved forward but I did not fall onto the road. I still managed to balance myself.

Hence, I approached her wanting to private settle the matter. Thereafter, we parked our vehicle to the side of the road. I told her that I wanted to settle the matter privately. She only provided me her name, NRIC and contact number. I also asked for her address, but she is not willing to provide and gave me many excuses. As such, I called for police assistance. I can feel minor pain at my lower back, but I do not wish to be conveyed to hospital.

The police advised to lodge a police report if the doctor issues me 3 days medical certificate or more. When I arrived home, I felt bad aching on my back. I visited the doctor, and I was given 3 days medical certificate. I do not have a camera on my motorcycle.



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POLICE FORCE**



T/20240622/2060

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Report No. T/20240622/2060

CONTINUATION OF REPORT

Signature of Officer Recording The J/ SGT 3 LOH JIAN HONG, DAN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / SR STAFF SGT MUHAMMAD AZHAR BIN ANUAR Contact No.: 96191462	

NP168

Signature Of Informant:	
Date/Time: 22/06/2024 20:05	
Classification Of Case:	