

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	04/06/2024 16:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/06/2024 17:53 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SEMBAWANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX7009H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMAD SYUKRI BIN MOHAMMAD SALLEH
NRIC No	T0045661B
Email Address	KIIDZZZZ11@GMAIL.COM
Mobile Phone No	(Phone) +65-81837661
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	RXZ
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

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5144347530

DRIVER

Name of Driver	MOHAMMAD SYUKRI BIN MOHAMMAD SALLEH
NRIC No	T0045661B
Date Of Birth	22/12/2000
Occupation	Indoor

Driving Pass Date	19/10/2005
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81837661
Alt. Phone Number	-
Email Address	KIIDZZZZ11@GMAIL.COM
Address	BLK 269A YISHUN STREET 22 #05-527
Address complement	-
Postcode	761269
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	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?	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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
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	CB3300T
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Bus
Name of Driver	UNKNOWN
Contact Number	(Phone) +65-80732368
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMMAD SYUKRI BIN MOHAMMAD SALLEH
Gender	Male
Phone No	(Phone) +65-81837661
Address	BLK 269A YISHUN STREET 22 #05-527
Address Complement	-
Post Code	761269
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FX7009H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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.
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.

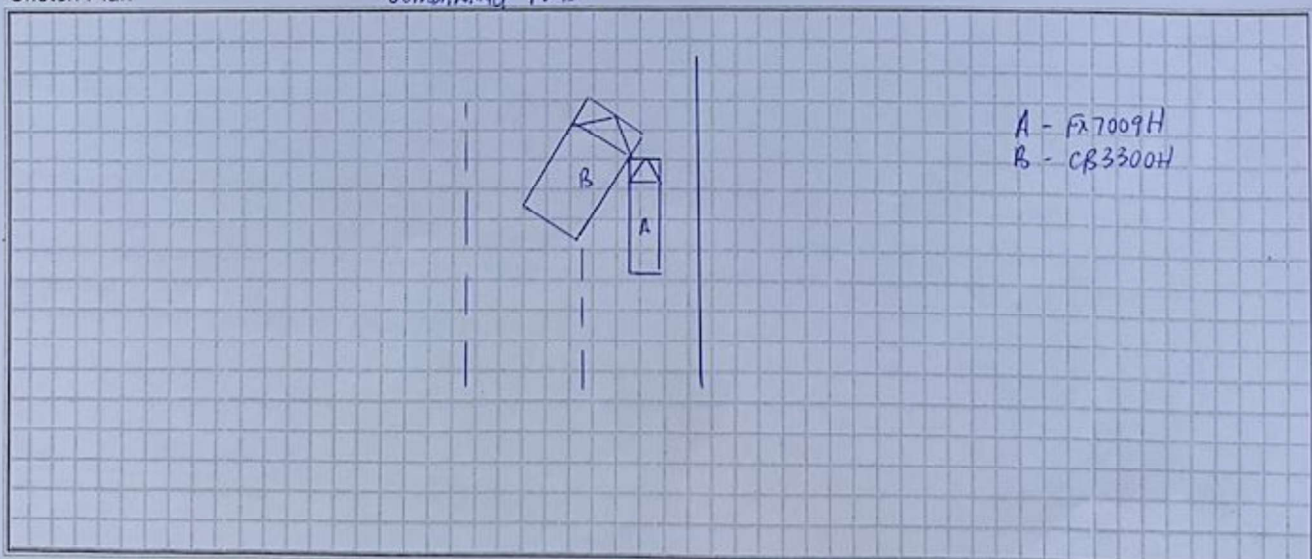
Int 4/6/24 16:10
Policyholder's Signature / Date & Time

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

MUHAMMAD HAZIQ SHAH BAAS A
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

SEMBALANG ROAD



Describe Circumstance of the Accident

REFER TO REPORT Num T/20240603/2068

Declaration

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

Sul 4/6/24 1610
Policyholder's Signature / Date & Time

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

MUHAMMAD HAZIQ SAMH BANS
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

















**SINGAPORE
POLICE FORCE**



T/20240603/2088

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20240603/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2024 22:34	Vide Report No.: L/20240603/0082	Station Diary No.: 70
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Informant's Particulars

Name of Informant: MOHAMMAD SYUKRI BIN MOHAMMAD SALLEH			Address: 269A YISHUN STREET 22 #05-527 SINGAPORE 761269		
ID Type / ID No.: NRIC NO / T0045661B			Contact No.: Home/Office: Mobile: 81837661		
Nationality:			Email:		
Sex: Male	Age: 23	Date of Birth: 22/12/2000	Type of Informant: Rider		
Race: Malay			Language:		
Occupation: AETOS OFFICER			Driving Licence Information: Class: 2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/06/2024 00:00	Type of Location: Straight Road
Location: SEMBAWANG ROAD				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
CB3300H	Bus/Coach/Mi nibus					0
FX7009H	Motorcycle				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/20240603/2088

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20240603/2088

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD SYUKRI BIN MOHAMMAD SALLEH	ID No.	T0045661B
Related Vehicle	FX7009H (Motorcycle)	Contact No.	81837661
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A Date of Expiry: NIL
Date Treatment	03/06/2024	Date Discharge	03/06/2024
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 3/6/2024 at around 5.53pm, I was riding along Sembawang Rd on my motorcycle bearing the plate number FX7009H. I was riding at the rightmost lane and out of the sudden, there was one bus bearing the plate number CB3300H who entered into my lane and hit me.

Traffic police and ambulance were at scene. I was then conveyed to KTPH by the ambulance. I did not exchange any particulars with the driver. I only have his contact number which is 80732368.

I had received 5 days of MC dated from 3/6/2024 to 7/6/2024 due to abrasions on my right leg and left hand.

**SINGAPORE
POLICE FORCE**

T/20240603/2088

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20240603/2088

CONTINUATION OF REPORT

Signature of Officer Recording The
L /

SGT 2 SYAKIRAH BINTE
AMRAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/06/2024 22:34

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN072464000T Vehicle Registration No: 7X7009H
 Name (as shown in NRIC): MUHAMMAD SYAKFI BIN MUHAMMAD SALEH NRIC/FIN/Passport No: T00456618
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 209A YISHUN STREET 22 H05-07 Singapore (761261)
 Contact (Tel): _____ Mobile No.: 8183 7661
 Email Address: kinder2221@gmail.com
 Date of Accident: 5/6/24 Time of Accident: 00 00
 Place of Accident: Sembawang Road
 Insurance Company: N THE INSURE

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND THIRD PARTY VEHICLE NUM TO CB3500T

Int
 Policyholder / Driver's Signature
 Date: 5/6/24

8
 Reporting Centre Personnel's Signature
 Name: HK20
 NRIC/FIN No.: 5971750
 Date: 5/6/24