

## 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

## IMPORTANT NOTICE

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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.

*[Signature]*

4/6/24 16.10

Policyholder's Signature / Date & Time

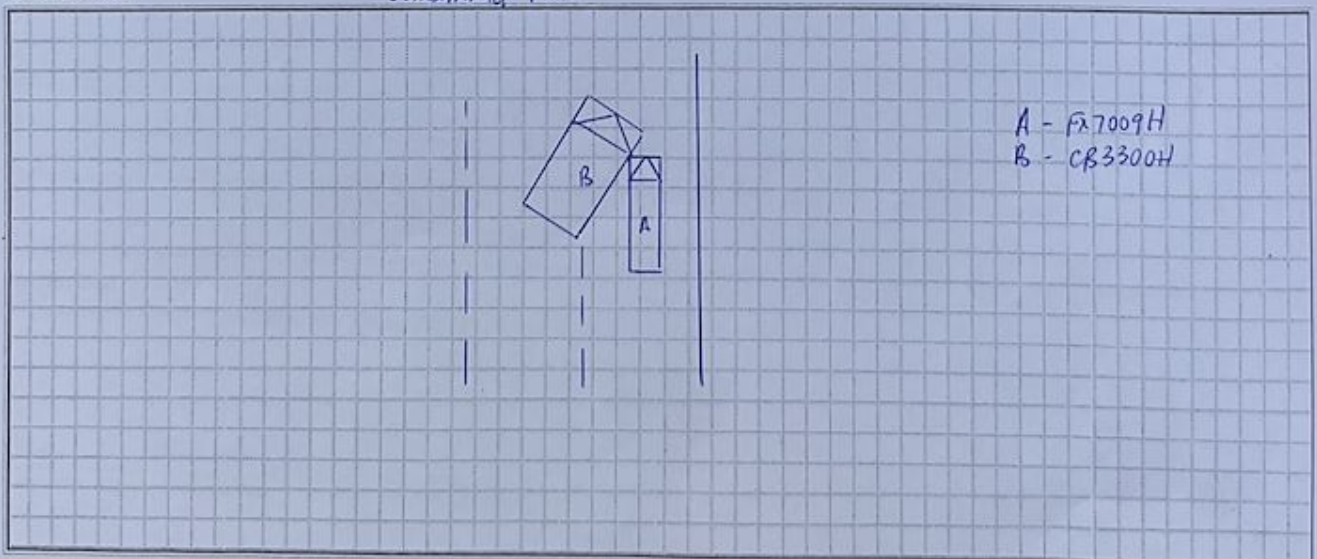
Driver's Signature (if driver is not the policyholder) / Date & Time

SEMBALANG ROAD

MUHAMMAD HAZIQ SIMI BAAS *[Signature]*

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

Sketch Plan



Describe Circumstance of the Accident

REFER TO REPORT NUM T/20240603/2088

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 HARIS SIMH 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 SYAFI BIN MUHAMMAD SALEH NRIC/FIN/Passport No: T00456618  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 209A YISHUN STREET 22 H05-877 Singapore (761261)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8183 7661  
 Email Address: kidd2221@gmail.com  
 Date of Accident: 3/6/24 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 CB3800T

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

8  
 Reporting Centre Personnel's Signature  
 Name: Hk20  
 NRIC/FIN No.: 5971750  
 Date: 5/6/24