

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	25/11/2024 13:52 (SGT)
Reported by	Actual Driver
Date of Accident	22/11/2024 18:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN ST 31
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL982D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMAD ISA BIN MUSTAFFA KAMAR
NRIC No	S8321279I
Email Address	ICHERBELLA@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-89490567
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fzn150
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	150
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	5127507318-02

DRIVER

Name of Driver	MUHAMMAD SYAAMIL AMRI BIN JOHARI SHAM
NRIC No	T0311758D
Date Of Birth	05/05/2003
Occupation	Outdoor
Driving Pass Date	20/04/2022
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80425613
Alt. Phone Number	-
Email Address	Syaamil760@gmail.com
Address	336B YISHUN ST 31
Address complement	#04-25
Postcode	762336
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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?	Yes
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER AS 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	SMN9489L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Muha zaidi bin hamzah
NRIC No	S7225620D
Contact Number	(Phone) +65-92713872
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 SYAAMIL AMRI BIN JOHARI SHAM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	21
Injuries Sustained	Injuries to both legs,bruises on right arm and palm area
Injured person in which vehicle?	FBL982D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	Mr Farhan
Phone	(Phone) +65-89274034
Email	-

SKETCH PLAN

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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.

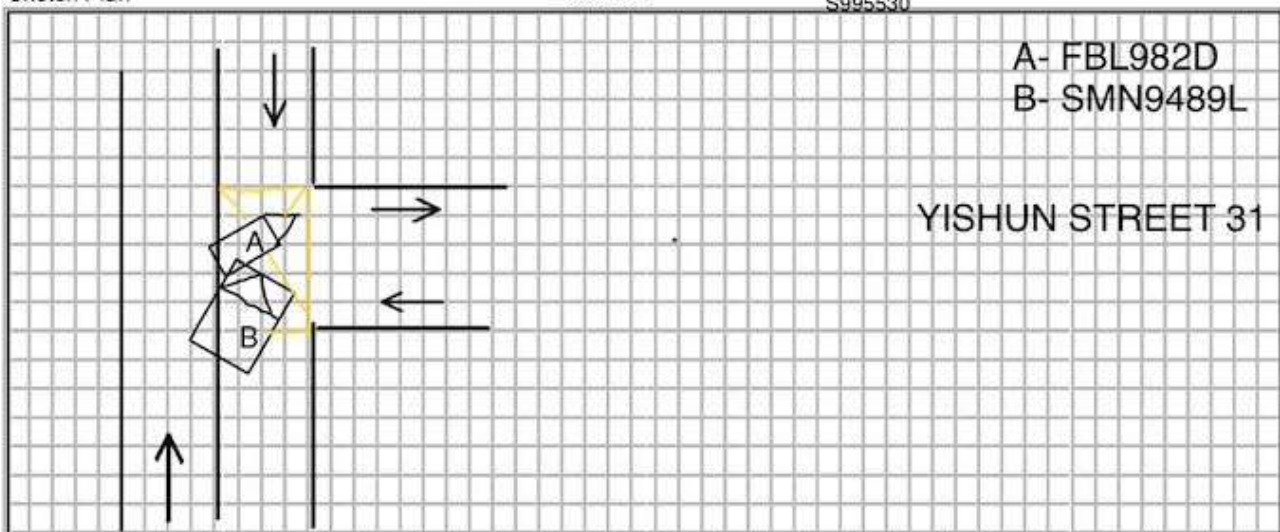
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
Muhammad Sumardi Bin Mohd Affandi
S995530

Sketch Plan

25/11/2024
13:00Hrs



Describe Circumstance of the Accident

REFER TO GEARS

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

25/11/2024
13:00hrs

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

Muhammad Sumardi Bin Mohd Affandi₂
S995530



SINGAPORE POLICE FORCE



T/20241123/7071

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No: T/20241123/7071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2024 15:33		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: MUHAMMAD SYAAMIL AMR B IN JOHAR SHAM		Address: 336B YISHUN STREET 31 #04-25 SINGAPORE 762336		
ID Type / ID No: NRIC NO / T0311758D		Contact No: Home/Office: Mobile: 80425613		
Nationality: SINGAPORE CITIZEN		Email: SYAAMIL760@GMAIL.COM		
Sex: Male	Age: 21	Date of Birth: 05/05/2003	Type of Informant: Rider	
Race: Malay		Language: English		
Occupation: Student		Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/11/2024 18:50	Type of Location: Car Park
Location: YISHUN STREET 31				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		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
FBL982D	Motorcycle	YAMAHA	FZN 150	Red	Seriously Damaged	0
SMN9489L	Motor car	KIA	KIA Carena	Silver	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
FBL982D	NTUC Income Insurance Co-Operative Limited	5127507318-02	13/05/2024	12/05/2025



**SINGAPORE
POLICE FORCE**



T/20241123/7071

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No: T/20241123/7071

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SYAAMIL AMRI BIN JOHARI SHAM	ID No.	T0311758D
Related Vehicle	FBL982D (Motorcycle)	Contact No.	80425613
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	22/11/2024	Date Discharge	23/11/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight
Driver			
Name	MUHAMMAD ZAIDI BIN HAMZAH	ID No.	S7225620D
Related Vehicle	SMN9489L (Motor car)	Contact No.	92713872
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

I was entering the gantry carpark at 333D from yishun street 31 and just to note I was also the first vehicle in front. Before making the turn I ensured that oncoming traffic was clear and my signal was on. After ensuring both is good I proceeded to make the right turn. However as I am making the turn a car behind me also decided to make the turn at the same time as me. This caused the car to hit me at the right side of my motorcycle and caused me to be flung off my motorcycle. I suffered injuries to my legs and was then brought to KTPH by the driver who hit me and was hospitalised for 1 day. I am also given 5 days of hospitalisation leave by doctors. There is also a witness that came up to me and provided with me his number.



**SINGAPORE
POLICE FORCE**



T/20241123/7071

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20241123/7071

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
CHUA SOON KEONG
Contact No.: 65476030

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
23/11/2024 15:33

Classification Of Case: