

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	24/06/2024 16:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/06/2024 08:20 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE EXITING HAVELOCK RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4479U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD DANIAL BIN ROSLAN
NRIC No	TXXXX354F
Email Address	DANI22MAYBOY@GMAIL.COM
Mobile Phone No	(Phone) +65-88155286
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400x
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	399

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	MX115993

DRIVER

Name of Driver	MUHAMMAD DANIAL BIN ROSLAN
NRIC No	TXXXX354F
Date Of Birth	22/05/2001
Occupation	Indoor

Driving Pass Date	19/04/2021
Driving experience	3 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88155286
Alt. Phone Number	-
Email Address	DANI22MAYBOY@GMAIL.COM
Address	612 WOODLANDS AVE 4
Address complement	#11-453
Postcode	730612
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	Side Swipe
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	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

PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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	SHC3578U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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

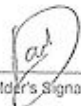
INJURED 1

Name of injured person	MUHAMMAD DANIAL BIN ROSLAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASION ON BOTH ELBOWS & KNEES, ANKLE
Injured person in which vehicle?	FBK4479U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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.

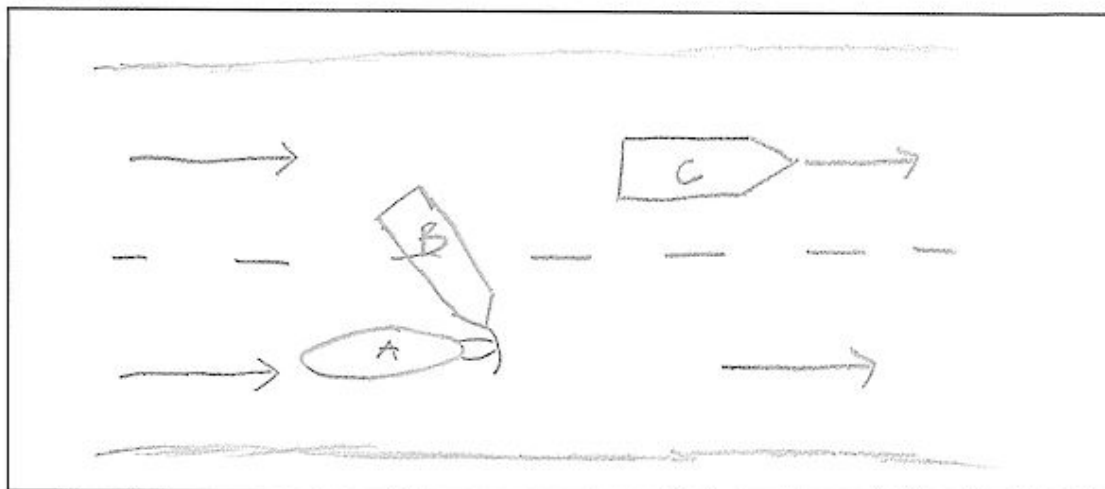

Policyholder's Signature / Date & Time

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



Describe Circumstance of the Accident

Date of Accident: 20/06/2024 Time: 08:00 am Location: CTE tunnel slip road exiting Havelock Rd

My Vehicle A: Motorcycle (FBK99714) Vehicle B: Taxi (SHC 3578 u) Vehicle C: Car (Unknown)

Refer to the police report.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident Report to:

My Workshop: _____

Workshop Email Address: _____

☒ Note: Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information

Declaration

I/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**



T/20240621/7028

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

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Report No. T/20240621/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2024 12:02		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD DANIAL BIN ROSLAN			Address: 612 WOODLANDS AVENUE 4 #11-453 SINGAPORE 730612		
ID Type / ID No.: NRIC NO / T0116354F			Contact No.: Home/Office: Mobile: 88155286		
Nationality: SINGAPORE CITIZEN			Email: DANI22MAYBOY@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 22/05/2001	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Other stock clerks			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/06/2024 08:20	Type of Location: Expressway Exit
Location: UNITY STREET				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Condition	No of Passenger
FBK4479U	Motorcycle	HONDA	CB400X	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBK4479U	ETIQA INSURANCE BERHAD	AN3217388	08/01/2024	07/01/2025



**SINGAPORE
POLICE FORCE**



T/20240621/7028

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

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Report No. T/20240621/7028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD DANIAL BIN ROSLAN	ID No.	T0116354F
Related Vehicle	FBK4479U (Motorcycle)	Contact No.	88155286
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	20/06/2024	Date Discharge	20/06/2024
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Slight

Brief Details.

Greetings Sir / Madam ,

Yes, I do have the pictures of the car and my motorbike damage.
I was riding from CTE expressway tunnel towards exiting Havelock Road. As I am exiting the expressway, I was riding around 70-80km/h towards the exit of Havelock Road from CTE expressway. I was riding at the right lane of the accident venue. The taxi was driving at the left lane and I remembered there was a car in front of him. As I was riding towards the exit, I know myself was beside the taxi at his blindspot which is the passenger door. Unfortunately, the taxi did an abrupt lane change to the right lane from the left lane. As a result, me the rider was beside him could not brake in time as he swerved in my lane and did abrupt lane change. Thus, my handle hitting his side mirror and my motorbike hit the driver's taxi door. I lost my balance and fell off from the bike. Without hesitation, I tried to control but I might get squeezed to the wall on the right. Hence, I fell and rolled over quite a distance as a result, I was at the front and my bike was at the back. In conclusion, the taxi did an abrupt lane change and as a result, me being sideswiped. I do have pictures of my motorcycle damage and all.

Thank you for your attention sir.



**SINGAPORE
POLICE FORCE**

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



T/20240621/7028

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Report No. T/20240621/7028

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
YEO HOE HUAT, TONY
Contact No.: 97393866

NP168

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

Date/Time:
21/06/2024 12:02

Classification Of Case:



INTERVIEW FORM

Name (Driver): Muhammad Daniel Bin Paslan

Policy No: MY 115493

Vehicle No: FBK 44200

Place of Accident: ~~Highway~~ CTE

Insured Driver's relationship with Insured: Owner

Drink Driving of Insured and/or Insured Driver: -

No of passenger(s) in Insured vehicle: 1 Pax

Injury to Insured and/or Insured driver, please indicate which hospital:
Accident on left arm & knee

Third Party Vehicle No (if any): SHC 35704

No of passenger(s) in Third Party Vehicle: 2 Pax

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
-

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
Side swipe

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
-

Traffic Police report (enclosed) : ☒ Yes ☐ No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) / Date
I, affirmed the above information is given to
my best knowledge

Attended by (Name & Signature) / Date
Workshop Name: AH LIM MOTOR COMPANY

Etiqa Insurance Pte Ltd
One Raffles Quay
#22-01 North Tower
Singapore 048583

T +65 63360477
F +65 63322109

www.etiqa.com.sg
Company Reg. No. 201310014

Attended by Group



Arranged by:
ANDA INSURANCE AGENCIES PTE LTD
 1 King George's Avenue #06-00 Rehau Building Singapore 208557
 Tel: 6534 2288 Email: motor@anda.com.sg
 Co. Reg. No.: 197903504K



CERTIFICATE OF INSURANCE

* MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) * MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 * ROAD TRANSPORT ACT, 1987 (MALAYSIA) * MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No. MX115993	
1. Index Mark and Registration Number of Vehicle	FBK4479U
2. Name of Policyholder	MUHAMMAD DANIAL BIN ROSLAN
3. Effective Date of Commencement of Insurance for the purposes of the Act	08-01-2024 THIRD PARTY ONLY Excess: NIL
4. Date of Expiry of Insurance	07-01-2025
5. Persons or Classes of Persons entitled to drive	Engine Number : NC47ES000417 Chassis No : JH2NC4798EK000422 Hire Purchase : N/A
THE POLICYHOLDER	ROSLAN BIN MOHD LAZIM
MUHAMMAD DANIAL BIN ROSLAN Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.	
6. Limitations as to Use: USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION. THE POLICY DOES NOT COVER: (i) USE FOR HIRE OR REWARD. (ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING. (iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS. (iv) FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bindings.	
Policy Owner's Protection Scheme This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdlic.org.sg).	
I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).	

For and on behalf of Etiqa Insurance Pte. Ltd.
 Approved Insurer


 Authorised Signature