

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	26/06/2024 09:50 (SGT)
Reported by	Actual Driver
Date of Accident	19/06/2024 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Bedok Reservoir Road Block 134
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT6818P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Urban Tortoise LLP
Company Reg No	TXXXXX194K
Email Address	hello@theriderscollective.com
Mobile Phone No	(Phone) +65-89309190
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	155

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	M0029445

DRIVER

Name of Driver	Shaikh Nur Muhammad Bin Shikh Abdullah
NRIC No	TXXXX781J
Date Of Birth	12/11/2005
Occupation	Outdoor

Driving Pass Date	14/05/2024
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91880434
Alt. Phone Number	-
Email Address	shaikhs.sg@gmail.com
Address	Blk 130 Bedok Reservoir Road #12-1353
Address complement	-
Postcode	470130
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Rental Company
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 - Major/Minor Rd
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?	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	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

Please refer to the police report and accident statement

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	SHB5205M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Lim Leong Aik
Contact Number	(Phone) +65-81111414
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	Shaikh Nur Muhammad Bin Shikh Abdullah
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Contusion Right Thigh, Shoulder And Left Clavicle Abrasion
Injured person in which vehicle?	FBT6818P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

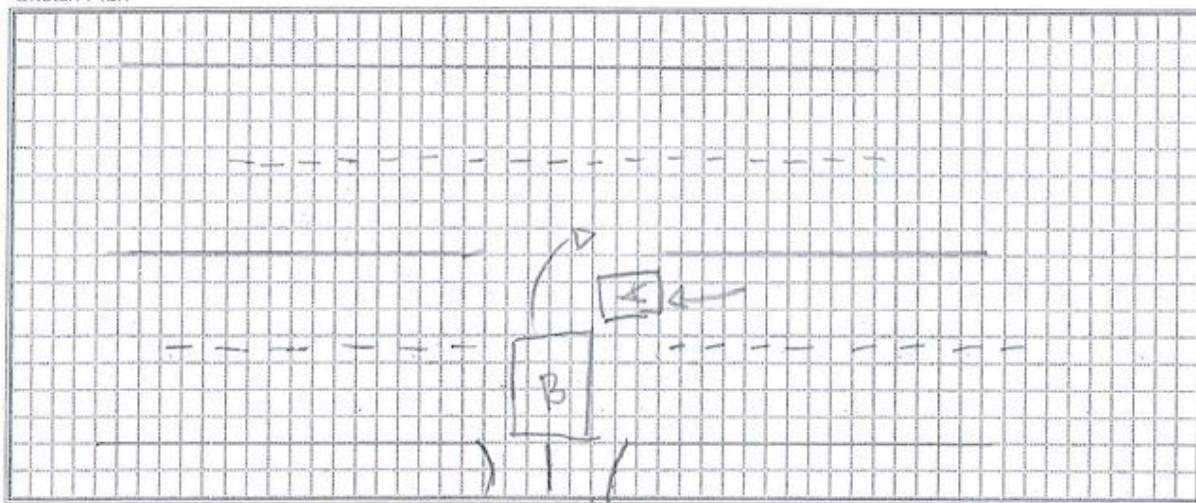
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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



vJun2022

car park

1

Describe Circumstance of the Accident


I was riding normally along a straight road on Bedok reservoir road when a taxi drove out of the carpark without checking for oncoming traffic.

Declaration



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

X  

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/20240619/7080

1 of 3

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

Report No. T/20240619/7080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2024 17:18		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHAIKH NUR MUHAMMAD BIN SHIKH ABDULLAH			Address: 130 BEDOK RESERVOIR ROAD #12-1353 SINGAPORE 470130		
ID Type / ID No.: NRIC NO / T0532781J			Contact No.: Home/Office: Mobile: 91880434		
Nationality: SINGAPORE CITIZEN			Email: SHAIKHS.SG@GMAIL.COM		
Sex: Male	Age: 18	Date of Birth: 12/11/2005	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Student			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2024 15:30	Type of Location: Straight Road
Location: BEDOK RESERVOIR ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBT6818P	Motorcycle	YAMAHA	AEROX	Multi-Colored	Seriously Damaged	0
SHB5205M	Motor car	TOYOTA	PRIUS	Brown	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBT6818P	ETIQA INSURANCE BERHAD	M0029445	01/08/2023	01/08/2024



**SINGAPORE
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T/20240619/7080

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

2 of 3

Report No. T/20240619/7080

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHAIKH NUR MUHAMMAD BIN SHIKH ABDULLAH	ID No.	T0532781J
Related Vehicle	FBT6818P (Motorcycle)	Contact No.	91880434
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	LIM LEONG AIK	ID No.	S8970467G
Related Vehicle	SHB5205M (Motor car)	Contact No.	81111414
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

YES I HAVE PICTURES
I WAS TRAVELLING ON A STRAIGHT ROAD WHEN A TAXI CAME OUT OF THE CARPARK,
BEDOK RESEVOIR ROAD.
NO IT DID NOT TAKE PLACE AT A PEDESTRIAN CROSSING.



**SINGAPORE
POLICE FORCE**

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



T/20240619/7080

3 of 3

Report No. T/20240619/7080

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

This report is lodged at Eunus NPP Kiosk
NP168

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

Date/Time:
19/06/2024 17:18

Classification Of Case: