SA1D246S0003 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 29/06/2024 16:08 (SGT) SUBMITTED BY: Sabitra VERSION: 1 (29/06/2024 16:08 (SGT))



# 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 witholding 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

Exact Location of Accident Additional Location Information Country/State of Loss	Singapore MCE, MARINA COASTAL DRIVE TOWARDS AYE Singapore  FOWN VEHICLE
Date of First Submission Reported by Date of Accident	29/06/2024 16:08 (SGT) Actual Driver 26/06/2024 09:50 (SGT)

### Vehicle Registration Number FBL8420G

INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ABDUL SHARIFF BIN SHAIK AHMAD
NRIC No	S9229004B
Email Address	FATTAH94@outlook.com
Mobile Phone No	(Phone) +65-98522547
Alternative Phone No	-

# VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SUPER TENERE 1200Z
Variant	NA
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	1200
INSURANCE COMPANY	
INCOTARIOL COMPANY	

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MC/00496611/06

Name of Driver	ABDUL FATTAH BIN SHAIK AHMAD
NRIC No	S9431819Z
Date Of Birth	05/09/1994
Occupation	Indoor

Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	20/01/2017 7 YEARS AND 5 MONTHS Male (Phone) +65-91396094 FATTAH94@outlook.com 29, BALAM ROAD #18-13 S370029 No Sibling No
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collided into Motorcyclist
Weather Conditions	Clear
Road Surface	Dry
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's email Original language used in the statement	No 2 Yes Yes Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name	Yes 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?	7
CIRCUMSTANCES OF ACCIDENT	

# Brief Details.

Prior to the accident, I was cruising along MCE highway towards West coast highway for work.

Before Keppel exit sign, I was at the second lane(Closer to the right side), spotted a blue taxi initiate a left signal followed by abruptly swerving to the left which caught me by surprise. Within seconds, he swerved back to the right.

At the same time I reacted by braking on my front and rear brakes. Neither I could stop in time nor avoid collision.

Unfortunately, I contacted at speed of approximately 30-40 km/hr to the taxi left quarter side which caused my bike to lose control and fall on the right-side. The car behind me managed to stop in time. I managed to get myself standing and move to the right road shoulder.

LTA traffic marshal was the first responder, to take down my particular. The driver's car behind me managed to exchange information with the LTA officer before moving off
I was conveyed to Singapore General Hospital by SCDF ambulance. Multiple X-ray was done, no sign of fracture.

Sustained multiple abrasions on right arm and hand. Received 3 days outpatient leave.

The statement is the best to my knowledge.

ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category 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)	SH6959C Hyundai Ae ioniq - Blue Taxi LEE SECK HAN
PASSENGER 1  Name  Gender	NO DETAIL Female
INJURED PE	RSONS DETAILS
INJURED 1	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	ABDUL FATTAH BIN SHAIK AHMAD Male (Phone) +65-91396094 FBL8420G - Yes

# WITNESS DETAILS

 WITNESS 1

 Name
 CHANG

 Phone
 (Phone) +65-96680036

 Email

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Rease report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy tability on the part of the insurance companies.
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- The report will be forwarded by the insurers of the GAR Records Management Centre established by the General insurence Association
  of Singapore (GA) for archiving and that copies of this report will for a fee be made available upon application by interested pacies.
   By the loagement 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 aforesald.
- 5. Consent under the Personal Data Protection Act (PDPA)
- Lunderstand, 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 (all insurer(s) who have insured vehicle(s) for this accident shall be collectively referred to as the "Insurers"), the insurers law yershaw 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;

(%) investigating the accident and/or my claims;

(s) partying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, stalements, involves, reports or nolices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as wiel 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 law yers haw firms, may rare 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 GN, to their first party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Witnessed By Reporting Officer Hashim Bin Kamari

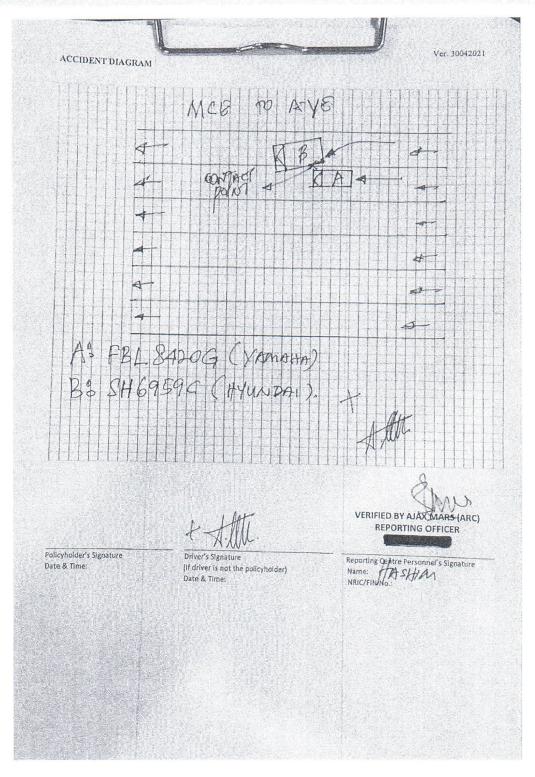
Poloyholder's Signature / Date & Driver's Signature (if driver is not the poloyholder) / Date

Witnessed by Reporting Centre personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

AS DED ATTACH	ED POLICE REPORT LODGED	ON LINE VIDE
REPORT NO T/20	240626/7113.	Off Circ VIDE
Declaration		
WVe declare the foregoing particula	rs are true in every respect.	
9 6 7		
	4.10	Witnessed By Reporting Office Hashim Bin Kamari
	Q-MC	Ligation on transan





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



1013 Report No. T/20240626/7113

### REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: 26/06/2024 22 28 Vide Report No. Station Diary No.: Informant's Particulars Name of Informant ABDUL FATTAH BIN SHAIK AHMAD Address: 29 Balam Road #18-13 SINGAPORE 370029 ID Type / ID No.: NRIC NO / S9431819Z Contact No.: Home/Office: Mobile: 91396094 Nationality SINGAPORE CITIZEN fattah94@outlook.com Sex. Type of Informant: Rider Age: Date of Birth: Male 05/09/1994 Race. Language: English Indian Occupation. Driving Licence Information: Class: 28,2A,2,3 Harbour pilot. Date of Expiry: General Information of the Accident Drink Drive: No Injury Attended by Police Date/Time of Accident 26/06/2024 09:50 Type of Accident Type of Location: Straight Road Location: MARINA COASTAL DRIVE Weather. Road Surface: Clear Dry Traffic Flow Traffic Control: Traffic Volume: One Way Not Controlled Moderate Type of Collision Between Moving Vehicles - Head To Side Anyone conveyed by ambulance: Yes Details of Vehicle Involved

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBL8420G	Motorcycle	YAMAHA	Super Tenere 1200Z	Black	Seriously	0
SH6959C	JEDERO ILL	Blue cab lonic hybrid	Blue	Slightly Damaged	1	

Vehicle No.	Insurance Company		
	DIRECT ASIA INSURANCE (SING	Insurance No	Effective Date Expiry Date
	PTE LTD	SAPORE)	Parameter State and Research



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



Report No. T/20240626/7113

CONTINUATION OF REPORT

Details of Person	Involved				
Any Pedestrian In	volved: No			4-17	
No of Pedestrian	s Injured: NIL	Use of Ped	estrian	Crossii	ng: NA
Rider					
Name	ABOUL FATTAH BIN SHAIK AHMAD		ID No.		S9431819Z
Related Vehicle	FBL8420G (Motorcycle)		Contact No.		91396094
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date		Class: 28,2A,2,3 Date of Expiry: NIL
Date Treatment	26/06/2024 Date Disc		charge   26/06/2024		5/2024
CONTROL OF THE PARTY OF THE PAR	of Days granted Medical Leave (MC)   03   Degree o		of Injury Serious		
Onver					
Name	LEE SECK HAN		ID No.		\$6926667C
Related Vehicle	SH6959C (Motor car)		Contact No.		NIL
Hospital/Clinic	NL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha	arge	NIL	I West State
No. of Days grante	d Medical Leave (MC) NIL	Degree of I		NIL	

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



3 of 3 Report No. T/20240626/7113

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Oate/Time: 28/06/2024 22:28
Officer in Charge Of Case: TP / TPIB / MUHAMMAD KHAIRI SUFRIE BIN SUHAIMI Contact No.: 96207105	Classification Of Case:
ND160	