SY05247A0005 / YEW TEE AUTOMOBILE TECH PTE LTD [737856] ENTRY DATE & TIME: 10/07/2024 17:51 (SGT) SUBMITTED BY: TOH TZE CHANG VERSION: 1 (10/07/2024 17:51 (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**

Date of First Submission 10/07/2024 17:51 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 03/07/2024 22:30 (SGT) Exact Location of Accident Singapore Additional Location Information JURONG WEST AVENUE 1 Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Suzuki

Vehicle Registration Number FZ2530R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ABDUL SALAAMUDIN BIN AB WAHAB NRIC No S9210419B Fmail Address ABDEAN@OUTLOOK.COM Mobile Phone No (Phone) +65-91813735 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

Model Drz400smk5 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 No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Manual

#### **INSURANCE COMPANY**

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5146032434

#### DRIVER

CC

Name of Driver ABDUL SALAAMUDIN BIN AB WAHAB NRIC No S9210419B Date Of Birth 28/03/1992 Occupation Indoor

Driving Pass Date 01/10/2012 Driving experience 11 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-91813735 Alt. Phone Number Email Address ABDEAN@OUTLOOK.COM Address 476 JURONG WEST STREET 41 #09-336 Address complement Postcode 640476 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 on collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED 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 SMK6971X

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	NA / Unknown
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 Gender	ABDUL SALAAMUDIN BIN AB WAHAB Male
Phone No	(Phone) +65-91813735
Address	476 JURONG WEST STREET 41 #09-336
Address Complement	-
Post Code	640476
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FZ2530R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

#### SKETCHPLAN

#### 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.
- 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 Insurence 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 vahicle(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/euthority (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 recessary investigations relating to the claims;

- (ii) investigating the accident and/or my daims;
- (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/mall 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 filtrd-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.

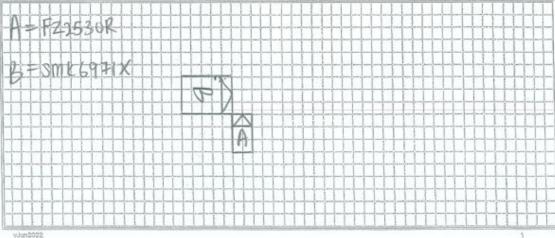
Policyholder's Signature / Date & Time

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

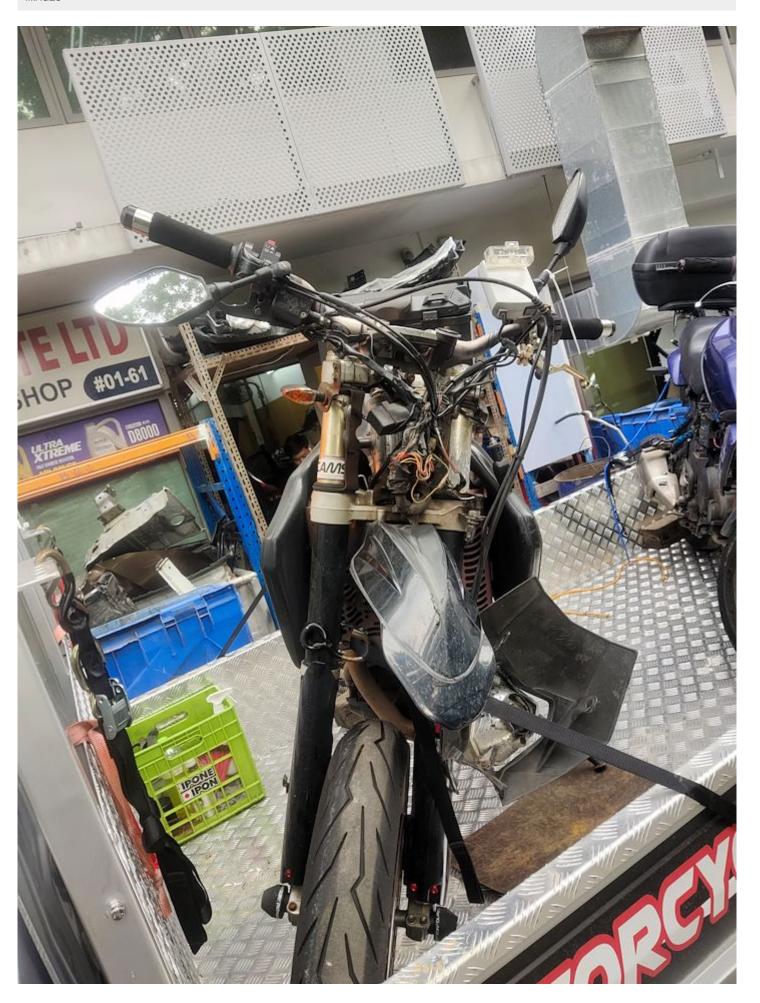
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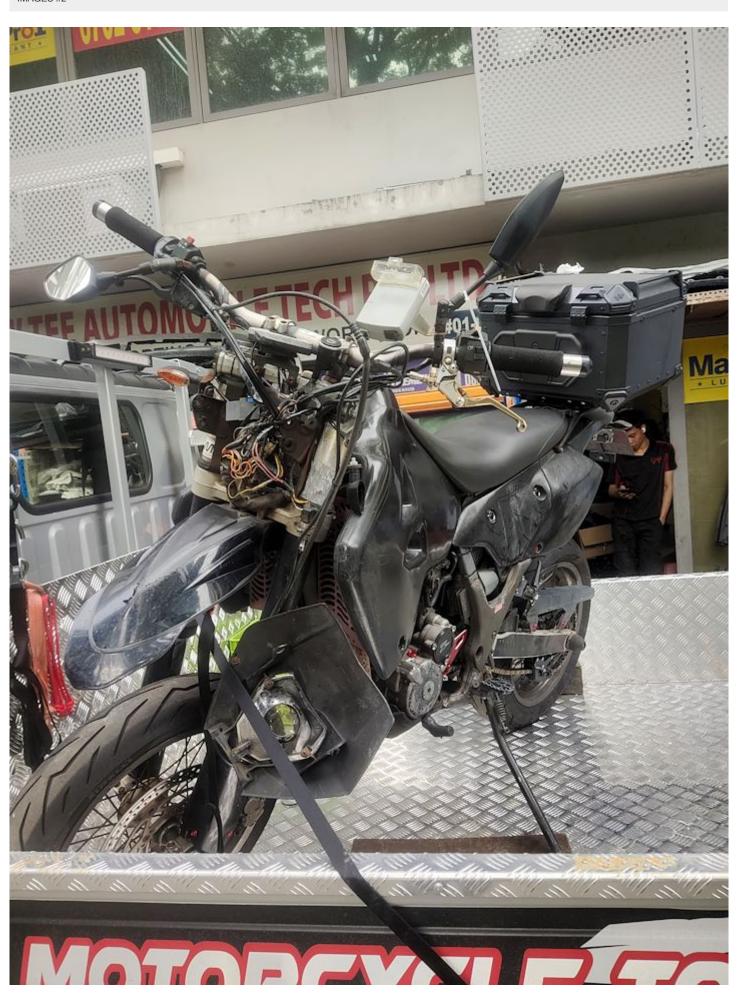
Witnessed by Reporting Centre Personnel (Name as In NRIC/ID card)

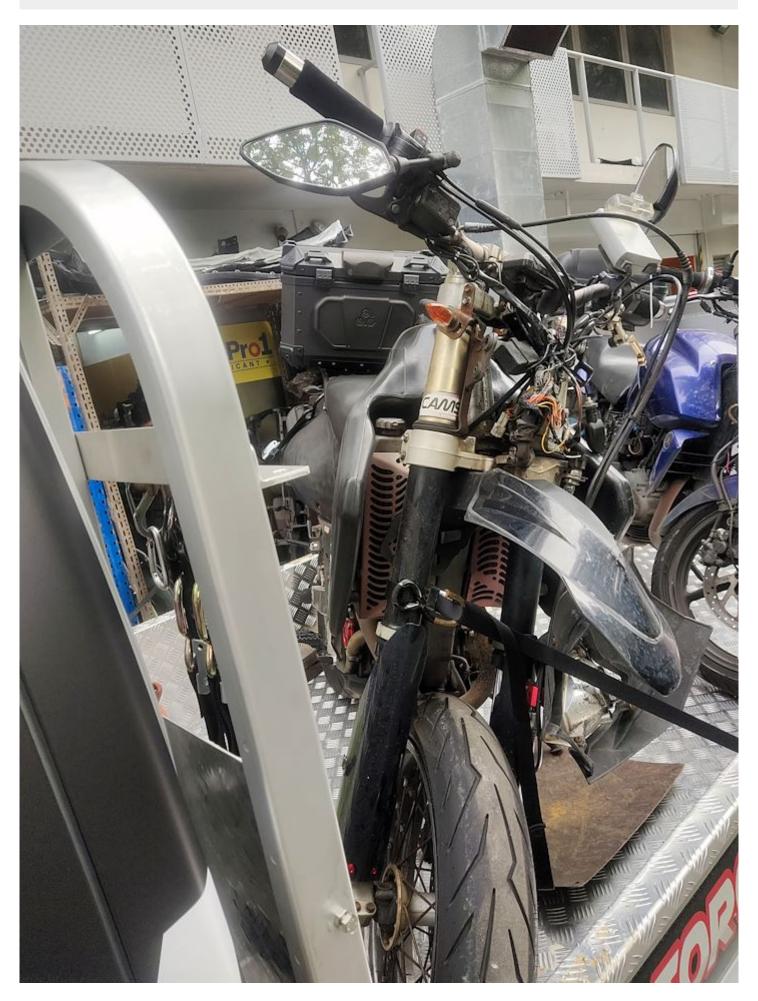
#### Sketch Plan



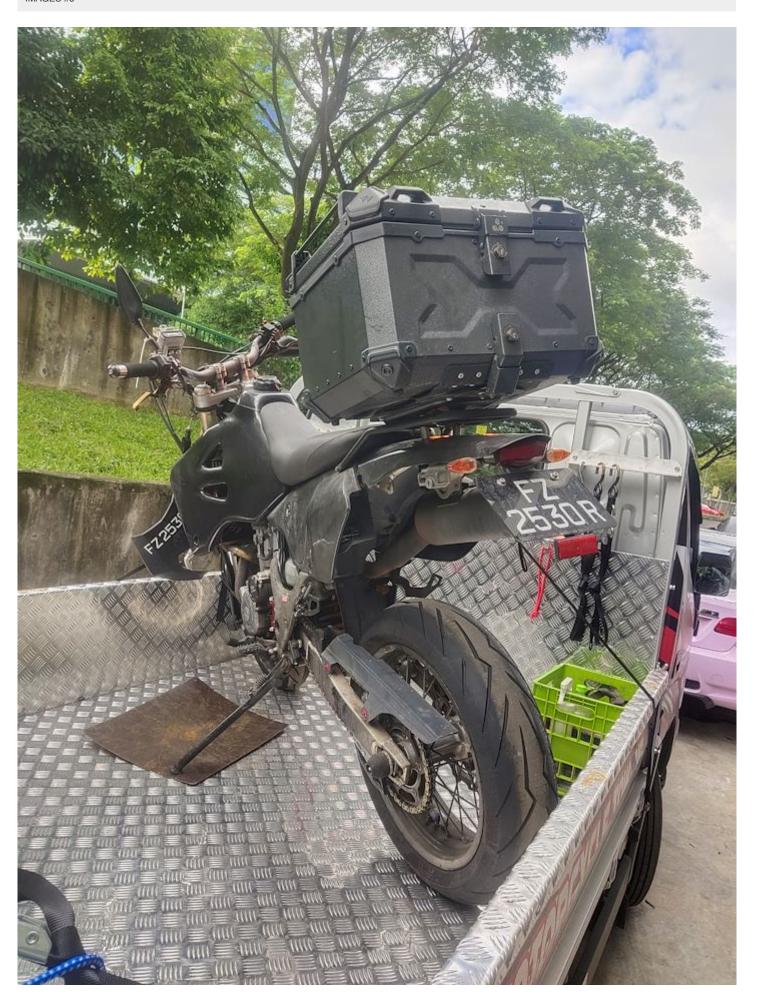
Describe Circumstance of the Refer to the	the Accident	
Kelei In Inie	ponce report	
Declaration		
I/We declare the foregoing	particulars are true in every respect.	
^	~	
1h	Br.	LOH
M		
Policyholder's Signature /	Date & Time Actual Driver's Signature (if driver is not the pol / Date & Time	licyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



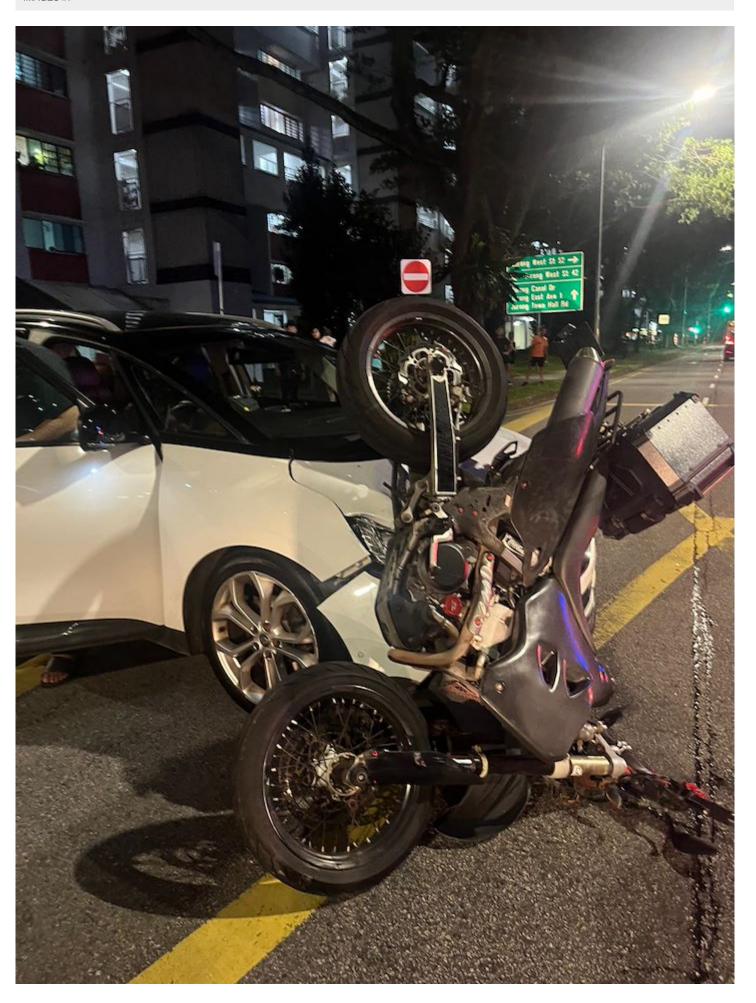


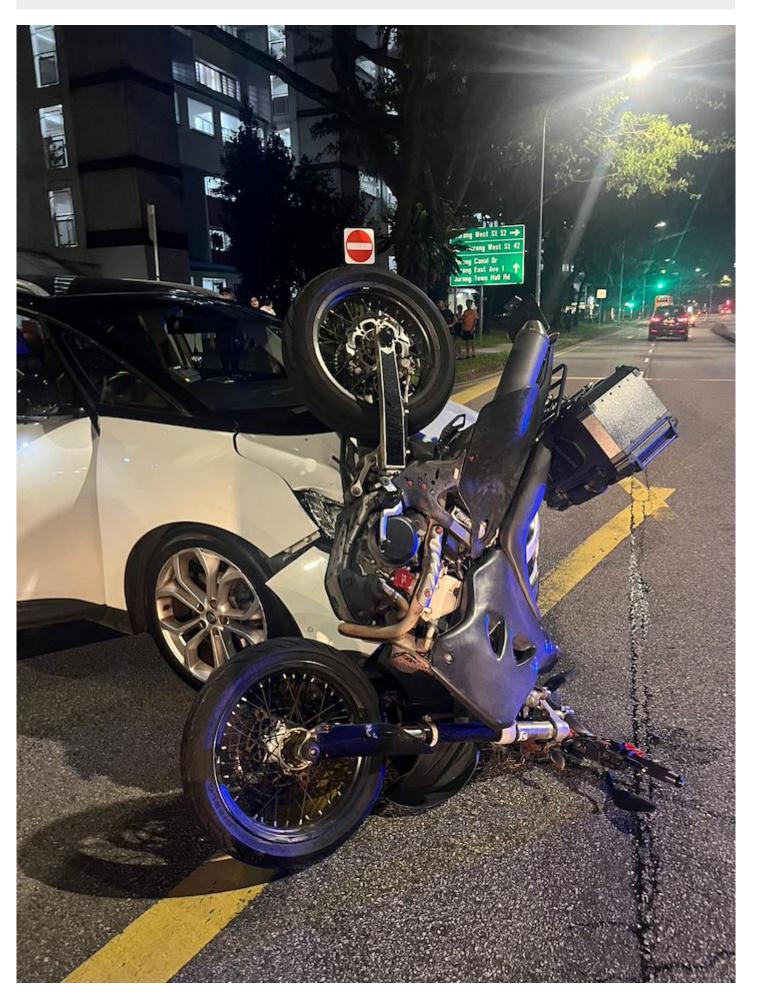
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20240704/7009

## REPORT OF A TRAFFIC ACCIDENT

04/07/2024 04:00		ade:	Vide Report No.: J/20240703/0137	Station Diary No.:	
Informan	t's Particular	rs .			
Name of Informant: Address: 476 JURONG WEST STREET 41 #09-336 SINGA			41 #09-336 SINGAPORE 640476		
ID Type / ID No.: NRIC NO / S9210419B		9B	Contact No.: Home/Office: Mobile: 91813735		
Nationality: SINGAPORE CITIZEN		N	Email: abdean@outlook.com		
Sex:         Age:         Date of Birth:           Male         32         28/03/1992		-7 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: IT infrastructure specialist			Driving Licence Information: Class: 2B.2A.2.3	Date of Expiry: 31/07/2024	

Type of Accident:	Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 03/07/2024 22:30	Type of Location: Straight Road	
Location: JURONG WEST A	VENUE 1	In-us f			
Weather: Clear		Road Surface: Dry			
	1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A		Traffic Control: Traffic Volume: Not Controlled No Traffic		
CONTRACTOR OF THE PROPERTY OF THE PARTY OF T		Not Controlled	No	Traffic	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FZ2530R	Motorcycle			Black	Seriously Damaged	0
SMK6971X	Motor car			White	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FZ2530R	NTUC Income Insurance Co-Operative Limited	5146032434	25/05/2024	24/05/2025





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240704/7009

#### CONTINUATION OF REPORT

Details of Person	Involved				
Any Pedestrian In	volved: No				
No. of Pedestrians Injured: NIL Use of			of Pedestrian Crossing: NA		
Rider		10			
Name	ABDUL SALAAMUDIN BIN AB WAHAB		ID No		S9210419B
Related Vehicle	FZ2530R (Motorcycle)		Conta	ct No.	91813735
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class Drivin Licent Expiry	g	Class: 2B,2A,2,3 Date of Expiry: 31/07/2024
Date Treatment	04/07/2024 Date Disc		arge	04/07	/2024
No. of Days grant	ed Medical Leave (MC) NIL	Degree of	Injury	Serio	us

#### Brief Details.

Hi Sir/Madam,

The incident took place at about 10.30pm when i was heading home. I was going straight after passing Caltex Jurong Spring, 100 Jurong West Ave 1 when i hit the side of the car. The road wasn't even congested hence the driver should be able to see my clearly.

I first saw the car hinging out of the carpark from about 10-15 meters away. I slowed down & pressed the horn to warn the driver of my existance when i noticed him/her going passed the stop line. I noticed that the vehicle stopped after the horn & i proceeded to accelerate straight as it was my right of way.

To my horror, the vehicle suddenly moved forward. I managed to hold onto the horn but didn't managed to jam brake as it was super close. I think that was the reason why i flung because i didn't managed to brake at all. I flew & landed on my knee & was in excruciating pain that made me immobilized throughout the ordeal.

My motorbike was in perfect working condition prior, even for the braking system as i had the rear disc brake replaced & had the rear brake pump serviced in early May before the annual inspection so i got no problem applying the brakes.

I'm a defensive style rider/driver & had never had a serious accident like this before.

I didn't had the chance to interview the driver after the accident but i'm guessing the driver is either drunk or using his/her phone when the accident happened.

A witness contacted me & mentioned that he saw the car moving out when it was clearly my right of way.

I really hope justice would be served & hope the driver gets the proper punishment so he/she won't repeat this mistake & endanger people's lives.



T/20240704/7009

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20240704/7009

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	Date/Time: 04/07/2024 04:00
Officer In Charge Of Case: TP / DDGVT / JOFILIANO BIN MOHAMED ALI Contact No.: 65476960	Classification Of Case:
NP168	