



## 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	20/07/2024 13:12 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/07/2024 19:10 (SGT)
Exact Location of Accident	Near Aft Haw Par Glass Twr, Singapore
Additional Location Information	FORT CANNING ROAD FILTERING LEFT INTO CLEMENCEAU AVENUE.
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBW5196R
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#### INSURED/POLICYHOLDER

Is company?	No
Name of Registered Owner	SITI FATIMAH BT MOHTAR
NRIC No	S9390632B
Email Address	EDDBLAINE25@GMAIL.COM
Mobile Phone No	(Phone) +65-88173969
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mt-15
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	160

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5146671833

#### DRIVER

Name of Driver	SITI FATIMAH BT MOHTAR
NRIC No	S9390632B
Date Of Birth	25/12/1993



Occupation	Outdoor
Driving Pass Date	24/05/2024
Driving experience	2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88173969
Alt. Phone Number	-
Email Address	EDDBLAINE25@GMAIL.COM
Address	400E FERNVALE LANE
Address complement	#13-262
Postcode	795400
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	Collision - Head to Rear
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?	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	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002369999
Alt. Police Station Phone No	(Fax) +65-62204360
Police Station Address	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20240719/2006

#### 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	SHB1778C
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM YANG KIANG
NRIC No	S7218123I
Contact Number	(Phone) +65-86862993
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	SITI FATIMAH BT MOHTAR
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MEDICAL LEAVE WITH SUBSEQUENTLY FOLLOW UP.
Injured person in which vehicle?	FBW5196R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

**SKETCH PLAN**


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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.


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

I understand, acknowledge, agree and consent that:

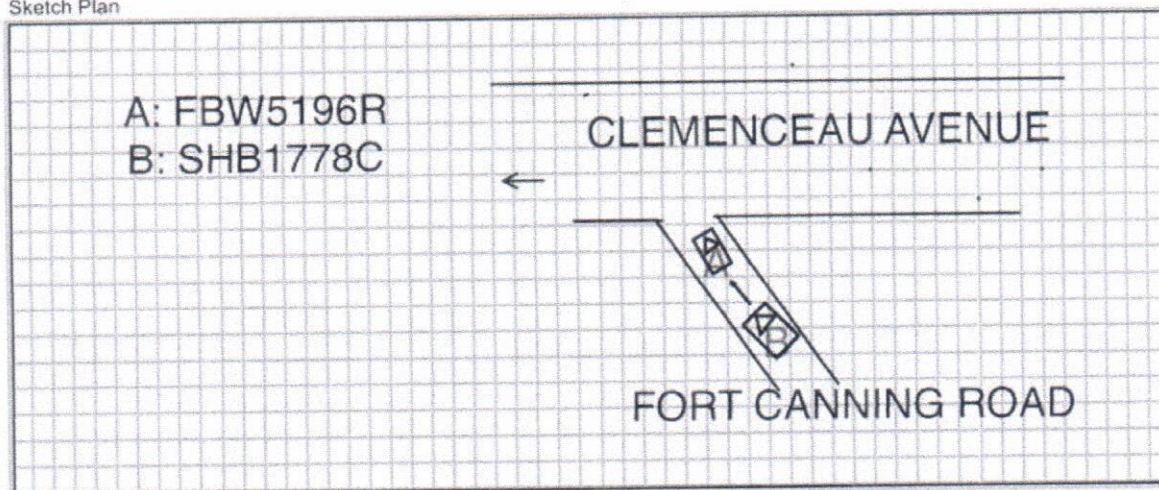
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
1/07/2024/1430HRS  
Policyholder's Signature / Date & Time

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

  
MUHAMMAD ZAKI BIN SUPIAN  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



1

2 of 2

Describe Circumstance of the Accident

Declaration

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

20072024/1300HRS

Policyholder's Signature / Date & Time

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

Muhammad Zaki bin Supian

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


**SINGAPORE  
POLICE FORCE**


TQ024071K000A

1 of 1

Report No: TQ024071K000A

Police Station Of Origin:  
Bukit Merah East N.P.C  
391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
18/07/2024 01:52

Vide Report No.:

Station Diary No:  
8

**Informant's Particulars**

Name of Informant SITI FATIMAH BTE MOHTAR	Address 400E FERNVALE LANE #13-262 SINGAPORE 765400		
ID Type / ID No.: NRIC NO / S9390632B	Contact No.:	Mobile: 86173869	
Nationality: SINGAPORE CITIZEN	Home/Office:		
	Email: EDDBLAINE25@GMAIL.COM		
Sex: Female	Age: 30	Date of Birth: 25/12/1993	Type of Informant: Rider
Race: Malay	Language: English		
Occupation: DELIVERY RIDER	Driving Licence Information: Class: 2B		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/07/2024 19:10	Type of Location: Straight Road
Location: CLEMENCEAU AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
FBW5196R	Motorcycle				Slightly Damaged	1
SHB1778C	Motor car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No  
No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: No

11:17AM

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Merah East N.P.C  
391 New Bridge Road Police Cantonment  
Complex SINGAPORE 068762  
Tel No: 1800-2369999



T/2024/71K2006

1 of 1

Report No: T/2024/71K2006

**CONTINUATION OF REPORT**

Rider Name	SITI FATIMAH BTE MOHTAR	ID No.	593906328
Related Vehicle	FBW5196H (Motorcycle)	Contact No.	88173969
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date Treatment	18/07/2024	Date Discharge	18/07/2024
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

On 18/07/2024 at about 1910hrs, while I was riding down slope from Fort Canning Rd towards Clemenceau Ave, I stop for few seconds to check on my blindspot and I was hit by a taxi.

I wish to state that I have a slight injury on my left side of the body and was conveyed by an ambulance from scene.

**11:17 AM**

**SINGAPORE  
POLICE FORCE**

1/20240719/2006

1 of 1

Police Station Of Origin:  
Bukit Merah East N.P.C  
391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

Report No: 1/20240719/2006

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
A7  
SGT 1 MUHAMMAD MIRZA BIN  
FATAH

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
19/07/2024 01:52

Officer In Charge Of Case:  
TP / AEIT /  
INSP (1) BOON YEN KIAN  
Contact No.: 65472079

Classification Of Case:

HP168