

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 Authorised 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 Report	27/06/2019 15:23
Date Of Accident	21/02/2018 20:00
Exact Location Of Accident	YISHUN CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD4017G
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Insured/Policyholder

Name Of Registered Owner	MUHAMMAD HAIDIR BIN IBRAHIM
NRIC No	S9545714B
Email Address	HAYHAIDIR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96179545
Alternative Phone No	OTHERS-96179545

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC

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

If No, Please state action to be taken REPORTING ONLY

Vehicle Category	MOTORCYCLE
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P1955397
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HAIDIR BIN IBRAHIM
NRIC No	S9545714B
Date Of Birth	13/12/1995
Occupation	INDOOR
Date Of Driving Pass	09/03/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96179545
Fax Number	
Contact Number	OTHERS-96179545
Email Address	HAYHAIDIR@GMAIL.COM

Address	BLK 134 YISHUN STREET 11 #05-165 SINGAPORE
Postcode	760134
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHONG PANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 141 YISHUN RING ROAD , POSTCODE: 760141 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7529999 - FAX NO: 67528913
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ5792U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD HAIDIR BIN IBRAHIM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBD4017G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan


SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time: 27/6/19 3:30pm

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Pemen
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Vehicle
A - FED4017G
B - SLJ5792 u

Legend

Vehicle

Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

3:29pm
27/6/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]
[Name]

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident: <u>21/2/18</u> Time: <u>7:00</u>		2 Exact location of accident: <u>Opp Yishun Central 1</u>	3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	To objects other than vehicles: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>

Registration No. (VEHICLE A) FBD 4017G

6 Insured / policyholder (see insurance cert.)
 Name: Muhammad Haidir
 (capital letters) Bin Ibrahim
 Address: _____
 NRIC / Passport no. S9545714B
 Tel no. (from 9am till 5pm) _____
 HP 9617 9545

7 Vehicle
 Make, type Yamaha T135

8 Insurance company
AXA ☐ C ☐ TPFT ☒ TPO
 Does the policy cover damage to vehicle A?
 No ☒ Yes ☐
 Policy No. P1955397

9 Driver ☒ Same as Insured
 Name: _____
 (capital letters) _____
 NRIC / Passport no. _____
 Class of licence 2B
 HP _____
 Gender: Male ☒ Female ☐

12 CIRCUMSTANCES
 Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Clear Collision
<input type="checkbox"/>	Collided into Object
<input type="checkbox"/>	Collided into Motorcycle
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Error of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) SLJ 5792U

6 Insured / policyholder (see insurance cert.)
 Name: _____
 (capital letters) _____
 Address: _____
 NRIC / Passport no. _____
 Tel no. (from 9am till 5pm) _____
 HP _____

7 Vehicle
 Make, type _____

8 Insurance company
☐ C ☐ TPFT ☐ TPO
 Does the policy cover damage to vehicle B?
 No ☐ Yes ☐
 Policy No. (if available) _____

9 Driver (See driving licence)
 (if different from insured B above)
 Name: _____
 (capital letters) _____
 NRIC / Passport no. _____
 Class of licence _____
 HP _____
 Gender: Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

13 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

Alternatively please make reference to one of the sketches on page 4

15 Signatures of drivers

A

B

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing

Subsequently, each driver should take one copy

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)				<small>Own Workshop Email / Fax (if any)</small>												
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)																
Insured Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	1 Occupation (If more than one, state all) _____		Email: <u>hahaidr@gmail.com</u>													
	2 Vehicle registration no. _____		C.C. _____		If commercial vehicle, state permissible carrying capacity _____											
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner: _____		state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____													
	4 Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____															
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present: _____ Tel no. _____															
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)															
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth: <u>13/12/95</u>		Occupation: <u>Indoor</u> <u>Outdoor</u>		Date of license pass: <u>9/3/2017</u>											
	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability: _____															
	9 Full details of all driving convictions including pending prosecutions in the last 36 months: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 20%;">Date</th> <th style="width: 50%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					Date	Offence	Penalty								
Date	Offence	Penalty														
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained		If vehicle occupants, state in which vehicle											
	Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>													
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>													
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>													
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>													
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property		Nature of damage											
	Insurer's name and address (if known)		_____													
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station: <u>Chong pang NPP</u>															
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____															
Accident details	14 Weather conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____		15 Road surface: Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others: _____													
	16 Speed of vehicles: A _____ km/hr B _____ km/hr		17 What warnings were given by driver or other party? _____													
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>															
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____															
	20 If your vehicle is commercial, state weight of load carried at time of accident: _____															
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)															
	22 State number of Passengers (including Driver) <u>1</u>															
	Declaration: I/We declare the foregoing particulars are true in every respect															
Policyholder's signature: _____ Date: _____																
Driver's signature (if driver is not the policyholder): _____ Date: _____																



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999



T/20180302/2181

1 of 3

Report No. T/20180302/2181 /

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2018 20:08	Vide Report No.: F/20180221/0222	Station Diary No.: 24
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Informant's Particulars

Name of Informant: MUHAMMAD HADIR BIN IBRAHIM		Address: APT BLK 134 YISHUN STREET 11 #05-165 SINGAPORE 760134	
ID Type / ID No.: NRIC NO / S9545714B	Contact No.: Home/Office	Mobile: 96179545	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 22	Date of Birth: 13/12/1995	Type of Informant: Rider
Race: Malay	Language: English		Institution / School Name:
Occupation: STOREMAN	Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/02/2018 20:00	Type of Location: Straight Road
Location: Along Road 1 YISHUN CENTRAL TOWARDS YISHUN AVENUE 11				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Self Skid			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC4017G	Motorcycle				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180302/2161

2 of 3

Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

Report No: T/20180302/2161

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD HAIDIR BIN IBRAHIM	ID No.	S9545714B
Related Vehicle	FBD4017G (Motorcycle)	Contact No.	96179545
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	21/02/2018	Date Discharge	23/02/2018
No. of Days granted Medical Leave	17	Degree of Injury	Serious

Brief Details.

On 21/02/2018 at about 7.59pm, I was riding my motorcycle on the right lane of a 2 lane road, along Yishun Central towards Yishun Avenue 11. However, I noticed that there was a private bus who was slightly in front, on the left lane and it suddenly made a lane change to the lane I was in. The bus was closed to my motorcycle, as such, I made a lane change to the left. When I changed lane to the left, I saw a stationary vehicle (SLJ5792U). I managed to jam my brakes but could not stop in time. I had then self skidded and my body was thrown forward causing me to collide onto the rear of the stationary vehicle. Ambulance later came down to the incident and had later conveyed me to Khoo Teck Puat Hospital for further treatment. I was discharged on 23/02/2018 and subsequently given 17 days of MC (21/02/2018-09/03/2018).



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Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 750141
Tel No: 1800-7529999



T/20180302/2161

3 of 3

Report No: T/20180302/2161

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474865 stating the report number as reference.

Signature Of Officer Recording The Report:

F /
Staff Sgt MUHAMMAD KHAIRI SUFYAN BIN
YUNOS

Signature Of Informant:

[Signature]

Signature Of Interpreter:
Not applicable

Date/Time:
02/03/2018 20:08

Officer In Charge Of Case:
TP / GIT /
SI TAN LEE HWANG DAWN
Contact No.: 65476215

Classification Of Case:

Authentication Stamp
NH108



Signature


SN 085

[Signature]

Singapore Police Force

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9545714B



Name
MUHAMMAD HAIDIR BIN IBRAHIM

Race
MALAY

Date of birth
13-12-1995

Sex
M

Country of birth
SINGAPORE

S9545714B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9545714B**


Name
MUHAMMAD HAIDIR BIN IBRAHIM

Birth Date **13 Dec 1995**


Issue Date **09 Mar 2017**

002664332C

4869047



NRIC No. S9545714B



Date of issue
20-07-2012

Address
**APT BLK 134 YISHUN STREET 11
#05-165
SINGAPORE 760134**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE
09 Mar 2017

NP 428A

Licence No: S9545714B

SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

