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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	04/05/2018 18:26
Date Of Accident	01/05/2018 12:30
Exact Location Of Accident	PIE TOWARD TUAS 8KM AFTER BEDOK EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL8563C
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HIDAYAT BIN ABD WAHAB
NRIC No	S9238207I
Email Address	HIDAYATABDWHB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93632465
Alternative Phone No	OFFICE-93632465
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400SF MANUAL
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMMPHQ18-000215
Cover Note Number	

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Name of Driver MUHAMMAD HIDAYAT BIN ABD WAHAB

 NRIC No
 \$9238207I

 Date Of Birth
 19/10/1992

 Occupation
 INDOOR

 Date Of Driving Pass
 15/04/2015

Driving Experience 3 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93632465

Fax Number

Contact Number OFFICE-93632465

EMail Address HIDAYATABDWHB@GMAIL.COM

Address 442B FAJAR ROAD

#08-20

Postcode 672442

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 DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

NO

NO

1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] TRAFFIC POLICE DIVISION HQ

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO.T/20180501/7011 LODGED AT TRAFFIC POLICE DIVISION HQ On 1st May 2018, at about 1229hrs, I was riding my vehicle FBL8563C, a Black Honda Motorcycle, along PIE towards Tuas on the extreme right lane of the four lane road. Traffic was smooth and I was going about 80-90kmh. In front of mr was a Yellow citycab taxi bearing plate number, SHA9150R. I was about 1 car length behind the said taxi. I was about to change to the second lane. As such I check to see if my blindspot was clear. Upon turning back to face front, i saw that the taxi infront of me had slowed down extremely fast and was half a car length away from me. I tried to brake and tried to avoid the taxi however I was unable to stop in time as it was too close. My vehicle hit onto the rear left side of the taxi and I fell onto the left side of my body. The impact caused me to be flung over my vehicle and rolled a few times on the ground before coming to a stop. I felt pain on my groin area and my legs. The taxi driver came out and started telling me that i had banged onto his rear repeatedly and did not assisted me in anyway. An SCDF personnel and somemore other drivers had stopped and then assisted me to called for ambulance. Traffic Police arrived followed by the Ambulance. I was then conveyed to Changi General Hospital for further assessment of my injuries. One of the passerbys then assisted to take photographs of the accident scene using my phone before I left for the hospital. I was discharged with 3 days medical leave from 2nd to 4th May 2018 due to multiple abrasions and swelling. I wish to state that my vehicle is equipped with a dual facing camera.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: PENDING VIDEO FROM INSURED

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA9150R

Vehicle Make/Model/Colour HYUNDA/I40 1.7 CRDI F/L AT ABS AIRBAG 4DR / YELLOW

Details Of Properties

Vehicle Category TAXI

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number UNKNOWN

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD HIDAYAT BIN ABD WAHAB

Approximate Age

Injuries Sustain MULTIPLE ABRASIONS AND SWELLING

Injured person in which vehicle? FBL8563C

Were seat belts worn?

Was this injured conveyed to hospital by

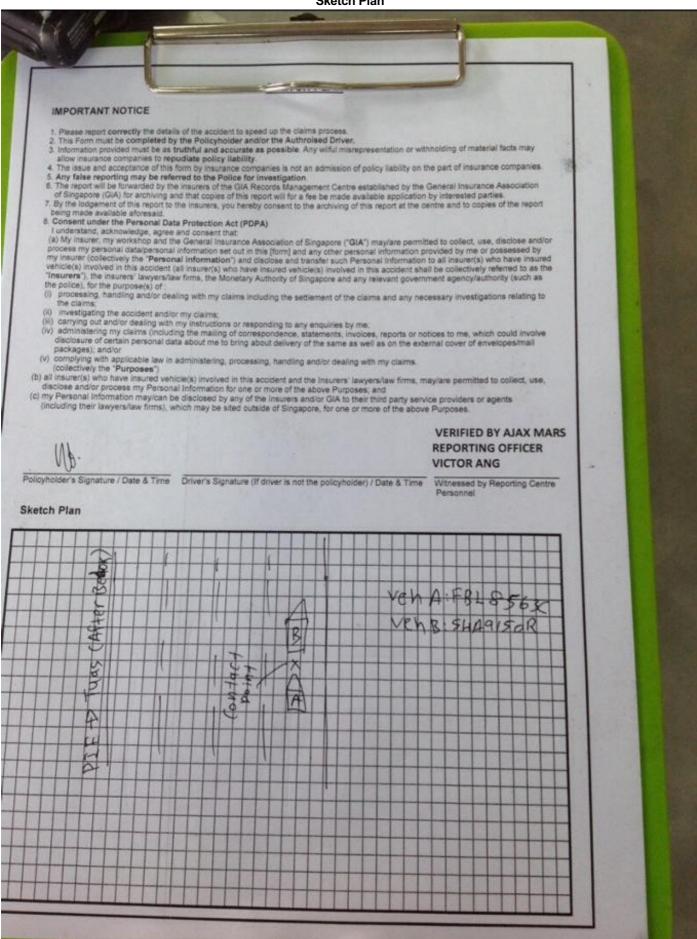
ambulance?

YES

1

Address Postcode

Sketch Plan



POLICE REPORT Pg. 1





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20180501/7011

REPORT OF A TRAFFIC ACCIDENT

01/05/2018 23:39		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD HIDAYAT B	IN ARD	Address: APT BLK 442B FAJAR ROAD #08-20 SINGAPORE 672442			
WAHAB		7.1 1 221 7.121 7.107 11.107 12.1		57 11 OTTE 07 E171E	
ID Type / ID No.: NRIC NO / S9238207I		Contact No.: Home/Office: Mobile: 93632465			
Nationality: SINGAPORE CITIZEN		Email: Muhd_Hidayat_ABDUL_WAHAB@spf.gov.sg			
	e of Birth: 10/1992	Type of Informant: Rider			
Race: Indian		Language: Institution / School N English		School Name:	
Occupation: POLICE OFFICER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		piry:	

General Informati	on of the Accident					
Type of Accident:	Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 01/05/2018 12	:29	Type of Location: Straight Road
Location:						
NIL						
PIE towards Tuas	after the slip road from	m Bedo	k Reservoi	r Road		
Weather: Clear	Road Surface: Dry			Road Speed Limit: 90 Km/h		
				Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear						one conveyed by ulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBL8563C	Motorcycle	HONDA	CB400SF	Black	Seriously	0
			MANUAL		Damaged	
SHA9150R	Taxi	HYUNDAI		Yellow	Slightly	0
					Damaged	

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL8563C	EQ INSURANCE COMPANY LTD.	DMMPHQ18-	10/04/2018	09/04/2019
		000215		

POLICE REPORT Pg. 1





1/20100301//011

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180501/7011

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA			sing: NA
Rider						
Name	MUHAMMAD HIDAYAT BIN ABD WAHAB ID No.				S92382071	
Related Vehicle	FBL8563C (Motorcycle)			Contact No. 9		93632465
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Driving Licent Expiry	g ce &	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	01/05/2018 Date Dis-			harge	01/05	V2018
No. of Days granted Medical Leave 03			Degree of	Degree of Injury Slight		t

Brief Details.

On 1st May 2018, at about 1229hrs, I was riding my vehicle FBL8563C, a Black Honda Motorcycle, along PIE towards Tuas on the extreme right lane of the four lane road. Traffic was smooth and I was going about 80-90kmh. In front of mr was a Yellow citycab taxi bearing plate number, SHA9150R. I was about 1 car length behind the said taxi. I was about to change to the second lane. As such I check to see if my blindspot was clear. Upon turning back to face front, i saw that the taxi infront of me had slowed down extremely fast and was half a car length away from me. I tried to brake and tried to avoid the taxi however I was unable to stop in time as it was too close. My vehicle hit onto the rear left side of the taxi and I fell onto the left side of my body. The impact caused me to be flung over my vehicle and rolled a few times on the ground before coming to a stop. I felt pain on my groin area and my legs. The taxi driver came out and started telling me that i had banged onto his rear repeatedly and did not assisted me in anyway. An SCDF personnel and somemore other drivers had stopped and then assisted me to called for ambulance.

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POLICE REPORT Pg. 1





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20180501/7011

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

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: 01/05/2018 23:39
Officer In Charge Of Case:	Classification Of Case:
Authentication Stamp	

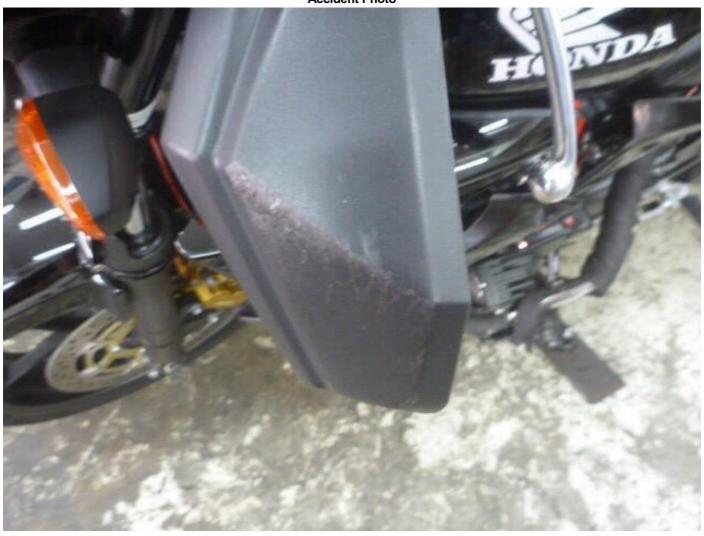






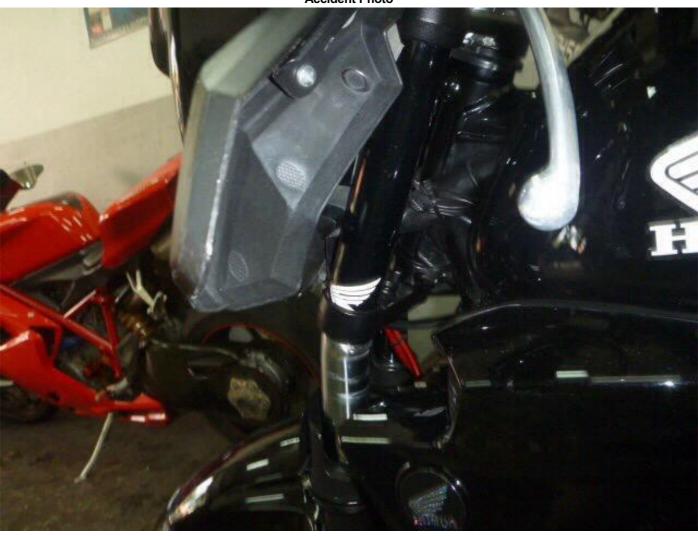






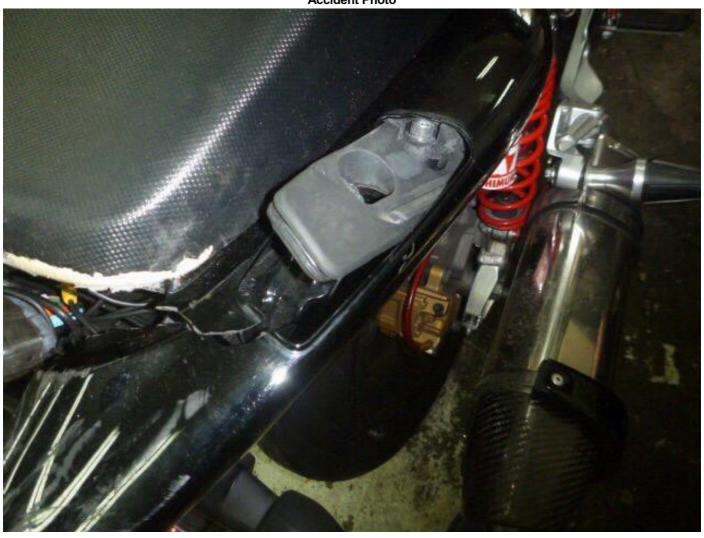


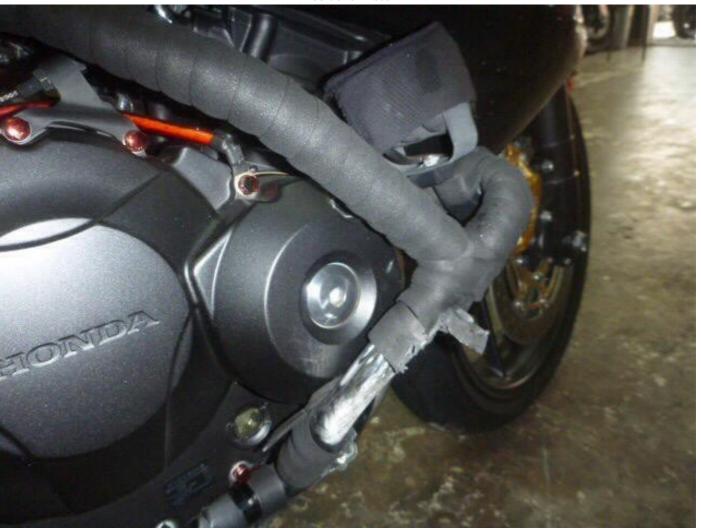










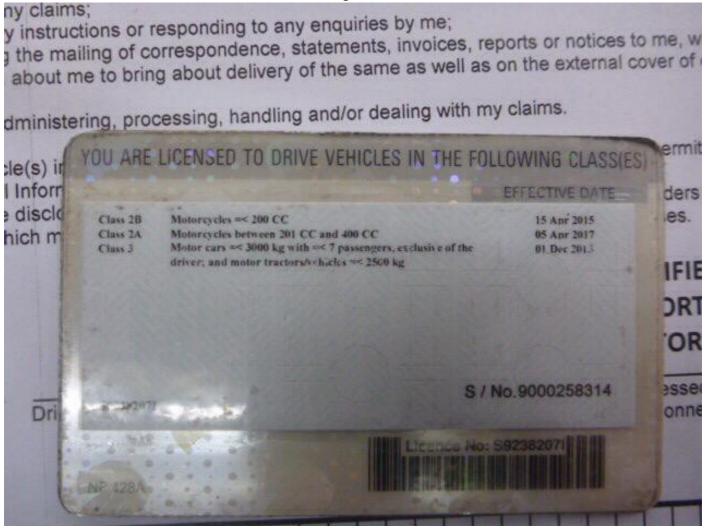




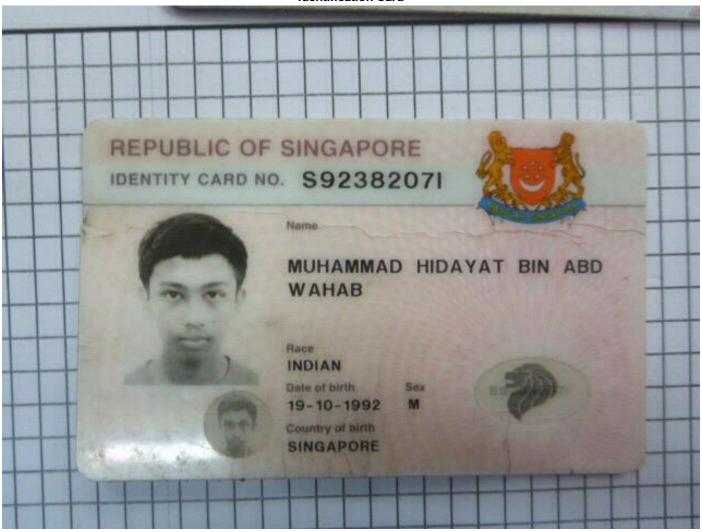
Driving License



Driving License



Identification Card



Identification Card

