

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	15/04/2020 09:56
Date Of Accident	08/04/2020 20:00
Exact Location Of Accident	BUKIT BATOK EAST AVE 6 & AVE 2 JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL8381K
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARIS BIN SUKIMAN
NRIC No	SXXXX514G
Email Address	ADMIN@MYCAR.SG
Mobile Phone No	(LOCAL) +65-98511142
Alternative Phone No	OFFICE-98511142

Vehicle Particulars

Manufacturer	KYMCO
Model	X-TOWN 300I ABS
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5114413469
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARIS BIN SUKIMAN
NRIC No	SXXXX514G
Date Of Birth	03/08/1989
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2009
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98511142
Fax Number	
Contact Number	OFFICE-98511142
Email Address	ADMIN@MYCAR.SG

Address	BLK 228 BUKIT BATOK CENTRAL #03-01 SINGAPORE
Postcode	650228
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 ON COLLISION
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.	NO
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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT 1,2&3 REF:T/20200409/2049 REF:T/20200409/2071 REF:T/20200415/7003

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	SMB1638P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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 FARIS BIN SUKIMAN
Approximate Age	
Injuries Sustain	NECK, BACK & LEG
Injured person in which vehicle?	FBL8381K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 Police for investigation.
6. The 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 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:

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

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

Accident Sketch Plan

Vehicle A:
FBL8381K

Vehicle B:
SMB1638P

LOCATION: BUKIT BATOK
EAST AVE 6 and AVE 2
JUNCTION

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

REF: T/20200409/2049

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

0047-2689/00/0000-0000\$10.00/0

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

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200409/2049

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

1 of 3

Report No. T/20200409/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2020 15:22		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD FARIS BIN SUKIMAN			Address: APT BLK 226 BUKIT BATOK CENTRAL #03-01 SINGAPORE 650226		
ID Type / ID No.: NRIC NO / S8925514G			Contact No.: Home/Office: Mobile: 98511142		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 03/08/1989	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/04/2020 21:00	Type of Location:
Location: Junction of Road 1 and Road 2 BUKIT BATOK EAST AVENUE 6 BUKIT BATOK EAST AVENUE 2 AT THE JUNCTION OF BUKIT BATOK EAST AVE 6 AND BUKIT BATOK EAST AVE 2				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL8381K	Motorcycle	KYMCO	X-TOWN 300I ABS	Black		0
SKF1225A	Car	MERCEDES BENZ	C 180 KOMPRESSOR	Yellow		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



SINGAPORE
POLICE FORCE



T/20200409/2049

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

3 of 3

Report No. T/20200409/2049

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 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
MUHAMMAD AMIRUL M

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

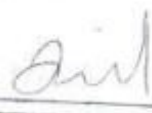
Signature Of Informant:

Date/Time:
09/04/2020 15:22

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: 

Police Report

**SINGAPORE
POLICE FORCE**



T/20200409/2049

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

2 of 3

Report No. T/20200409/2049

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL8381K	NTUC Income Insurance Co-Operative Limited	5114413469	27/11/2019	25/11/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FARIS BIN SUKIMAN	ID No.	S8925514G
Related Vehicle	FBL8381K (Motorcycle)	Contact No.	98511142
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/04/2020	Date Discharge	08/04/2020
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

ON THE STATED DATE, TIME AND LOCATION,
I WAS RIDING ALONG BUKIT BATOK EAST AVE 6 TOWARDS OLD JURONG ROAD ON LEFTMOST LANE. AS I CAME CLOSER TO THE JUNCTION, I SAW THAT THE TRAFFIC LIGHT WAS GREEN. HENCE, I CONTINUED GOING STRAIGHT. A BUS MADE A RIGHT TURN FROM BUKIT BATOK AVE 6 INTO BUKIT BATOK EAST AVE 2 ALTHOUGH THE GREEN LIGHT WAS IN MY FAVOR. AS A RESULT, I WAS UNABLE TO AVOID AND WAS KNOCKED DOWN BY THE BUS. ONE OF THE WITNESS OF THE ACCIDENT CONTACTED THE AMBULANCE AND POLICE. WHEN THE AMBULANCE ARRIVED, I WAS CONVEYED TO NG TENG FONG HOSPITAL. MR HACTER, DRIVER OF CAR (SKF1225A), WAS A WITNESS OF THIS ACCIDENT AS HE WAS DRIVING A DISTANCE BEHIND ME AND SAW THE ENTIRE ACCIDENT UNFOLD. THAT'S ALL.
IO IN-CHARGE: DAVID YAP

Police Report



T/20200409/2071

1 of 3

Report No. T/20200409/2071

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 0

Report Number T/20200409/2071

Vide Report Number T/20200409/2049

Date/Time of Report Made 09/04/2020 18:17

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant MUHAMMAD FARIS BIN SUKIMAN

ID Type / ID No. NRIC NO / S8925514G

Home/Office

Mobile 98511142

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 08/04/2020 21:00

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMB1638P	Bus/Coach/Minibus	MAN	NL 320F (A22) 11L AUTO ABS TURBO	Multi-Colored	Slightly Damaged	0

Police Report



T/20200409/2071

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Report No. T/20200409/2071

Continuation of CSF For NP168

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 65474885 stating the report number as reference.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / THABAGESH JEYATHESH
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE



Police Report



T/20200409/2071

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Report No. T/20200409/2071

Continuation of CSF For NP168

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PENG CHANGSHENG	ID No.	G8763318M
Related Vehicle	SMB1638P (Bus/Coach/Minibus)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	MUHAMMAD FARIS BIN SUKIMAN	ID No.	S8925514G
Related Vehicle	NIL	Contact No.	98511142
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Facts.

In the report T/20200409/2049, the bus belong to this company 'SMRT' and the car plate is SMB1638P. I would wish to add another witness contact number H/P: 91466955 however I was not able to get his name.



Police Report



**SINGAPORE
POLICE FORCE**



T/20200415/7003

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

1 of 3

Report No. T/20200415/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2020 11:12	Vide Report No.: T/20200409/2049	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD FARIS BIN SUKIMAN			Address: APT BLK 226 BUKIT BATOK CENTRAL #03-01 SINGAPORE 650226		
ID Type / ID No.: NRIC NO / S8925514G			Contact No.: Home/Office: Mobile: 98511142		
Nationality: SINGAPORE CITIZEN			Email: mdfarys@gmail.com		
Sex: Male	Age: 30	Date of Birth: 03/08/1989	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/04/2020 20:00	Type of Location: 4 way yellow box junction
Location: Along Bukit Batok East Ave 6				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 40 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL8381K	Motorcycle	KYMCO	X-TOWN 300I ABS	Black		0
SMB1638P	Bus/Coach/Mi nibus	MAN		Multi-Colored	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL8381K	NTUC Income Insurance Co-Operative Limited	5114413469	27/11/2019	25/11/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200415/7003

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

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Report No. T/20200415/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FARIS BIN SUKIMAN	ID No.	S8925514G
Related Vehicle	FBL8381K (Motorcycle)	Contact No.	98511142
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

This report is to amend the accident timing from 9pm to 8pm
please attach this report to existing report no. T/20200409/2049

Police Report



**SINGAPORE
POLICE FORCE**



T/20200415/7003

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

3 of 3

Report No. T/20200415/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
15/04/2020 11:12

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

