

## 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	11/07/2020 09:01
Date Of Accident	28/06/2020 17:20
Exact Location Of Accident	ALONG LOYANG AVE JUNC OF OLD TAMPINES ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP1561H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD IRFAN BIN OSMAN
NRIC No	SXXXX694Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94254095
Alternative Phone No	OTHERS-94254095

### Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX
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	5107623982-01
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD IRFAN BIN OSMAN
NRIC No	SXXXX694Z
Date Of Birth	27/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	05/02/2009
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94254095
Fax Number	
Contact Number	OTHERS-94254095
Email Address	NOEMAIL

Address	BLK 758 PASIR RIS ST 71 #04-178
Postcode	510758
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200629-2093

#### 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 Witness 1

Name	LU HWEE HONG
Phone Number	90668204
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD9531E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AFIQ REZZA BIN NORREZAT
NRIC/Passport Number	SXXXX210Z

Contact Number	98803765
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJK5123U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PEGGY
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 IRFAN BIN OSMAN
Approximate Age	
Injuries Sustain	LEG & LOWER BACK
Injured person in which vehicle?	FBP1561H
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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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: 09/07/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

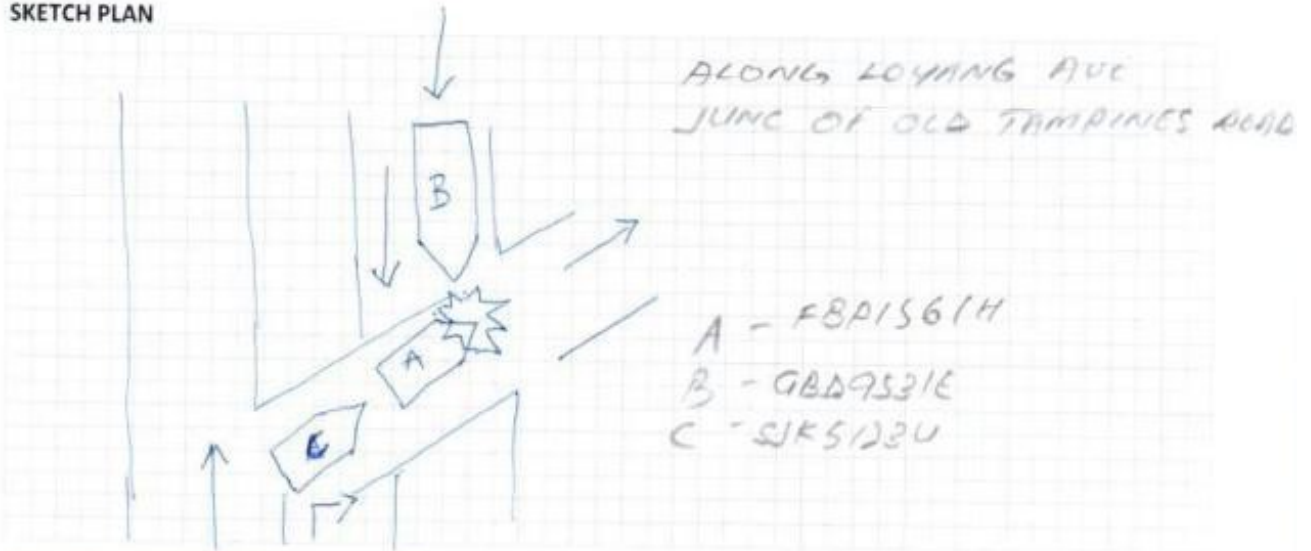
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s ref to the police report: T/20200629/2093  
AFTER THE IMPACT MY VEHICLE HIT ONTO VEHICLE C  
I GOT TO KNOW THAT VEHICLE C WAS HIT FROM VEHICLE A AFTER  
7 DAYS WARDEN IN HOSPITAL

## DECLARATION

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

Policyholder's Signature

Date & Time: 09/07/2020

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200629/2093

2 of 4

Report No. T/20200629/2093

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1561H	NTUC Income Insurance Co-Operative Limited	5107623982-01	18/02/2020	17/02/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL				
Rider			Use of Pedestrian Crossing: NA	
Name	MUHAMMAD IRFAN BIN OSMAN		ID No.	S8818694Z
Related Vehicle	FBP1561H (Motorcycle)		Contact No.	94254095
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	28/06/2020		Date Discharge	29/06/2020
No. of Days granted Medical Leave	14		Degree of Injury	NIL
Driver				
Name	AFIQ REZZA BIN NORREZAT		ID No.	S9001210Z
Related Vehicle	GBD9531E (Van)		Contact No.	98803705
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 Details.

On 28/06/2020 at about 1720hrs, I was riding my motorcycle (Greyish Black Yamaha AEROX GDR155A CVT bearing license plate FBP1561H) along Loyang Avenue. When the green arrow showed for the right turn onto Old Tampines Road, I began to ride towards Old Tampines Road. All of a sudden, a van (Black Nissan van bearing license plate GBD9531E) collided into the front left of my motorcycle. I then flew across the road with my motorcycle due to the impact. While I laid on the road, several by-standers came to assist me. One of the by-standers then called for ambulance and an off-duty Traffic Police came to my assistance as well. One of the witnesses (Name: Lu Hwee Hong, Vehicle license plate number: SLU1688G, Contact number: 90668204) approached me and informed me that his vehicle's front-facing camera captured the accident and that the black van had beat the red light. The witness had also sent me the footage via WhatsApp.

Subsequently, Traffic Police and ambulance arrived. I was then conveyed to Changi General Hospital for my leg and lower back injuries. I was warded and discharged on 29/06/2020 and given 13days Hospitalization Leave.

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200629/2093

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457

Tel No: 1800-5852999

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Report No. T/20200629/2093

CONTINUATION OF REPORT

I did not have any recording device that captured the accident.

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200629/2093

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No: T/20200629/2093

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2020 20:18		Vide Report No.:		Station Diary No.: 63	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD IRFAN BIN OSMAN			Address: APT BLK 758 PASIR RIS STREET 71 #04-176 SINGAPORE 519758		
ID Type / ID No.: NRIC NO / S8818634Z			Contact No.: Home/Office: Mobile: 94254095		
Nationality: SINGAPORE CITIZEN			Email: IRFANOSM@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 27/05/1988	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: AVIATION TECHNICIAN			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/06/2020 17:20	Type of Location: Straight Road
Location: Along Road 1 LOYANG AVENUE  LOYANG AVENUE, TURNING RIGHT ONTO OLD TAMPINES ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1561H	Motorcycle	YAMAHA	AEROX GDR155A CVT	Black		0
GBD9531E	Van	NISSAN		Black		0

## Details of Vehicle Insurance

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



**SINGAPORE  
POLICE FORCE**



T/20200628/2093

2 of 4

Report No. T/20200628/2093

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5952999

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBP1581H	NTUC Income Insurance Co-Operative Limited	5107623962-01	18/02/2020	17/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	MUHAMMAD IRFAN BIN OSMAN	ID No.	S8818694Z
Related Vehicle	FBP1581H (Motorcycle)	Contact No.	94254095
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	28/06/2020	Date Discharge	29/06/2020
No. of Days granted Medical Leave	14	Degree of Injury	NIL
Driver			
Name	AFIQ REZZA BIN NORREZAT	ID No.	S9001210Z
Related Vehicle	GBD9531E (Van)	Contact No.	98803705
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 Details.

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## Police Report



**SINGAPORE  
POLICE FORCE**



T20200520/2093

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457

Tel No: 1800-5852999

3 of 4

Report No: T20200520/2093

CONTINUATION OF REPORT

I did not have any recording device that captured the accident.