

## 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	02/10/2020 18:00
Date Of Accident	29/09/2020 19:00
Exact Location Of Accident	TAMPINES AVE 7 JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP8089J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD NASRUL BIN RADZUAN
NRIC No	SXXXX113Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91159643
Alternative Phone No	OFFICE-91159643

### 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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AN3184314
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HAMDAN BIN DULJALIL
NRIC No	SXXXX328Z
Date Of Birth	20/02/1991
Occupation	OUTDOOR
Date Of Driving Pass	29/05/2009
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91159643
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address APT BLK 862 TAMPINES ST 83 #04-406  
Postcode 520862  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured FRIEND  
Vehicle Registration Number of Driver's Own Vehicle -  
Insurance Company of Driver's Own Vehicle -

**General Information of the Accident**

Type Of Accident COLLISION - CROSS JUNCTION  
Weather Conditions RAINING  
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 TAMPINES N.P.C  
Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , 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 ATTACHED

**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 GRAB FOOD RIDER  
Phone Number 91291842  
Email Address

**Details of Witness 2**

Name CISCO OFFICER  
Phone Number 83954796  
Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLV6682J  
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 HAMDAN BIN DULJALIL  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? FBP8089J  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address APT BLK 862 TAMPINES ST 83 #04-406  
Postcode 520862

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

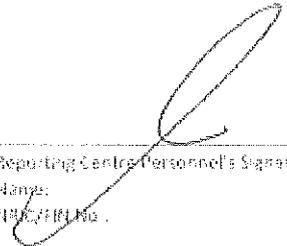
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This form must be **completed by the Policyholder and/or the Authorised Driver**
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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. 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 the 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 seeking 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 him 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) who may be used outside of Singapore, the state or states of the Republic of Singapore.
- (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: \_\_\_\_\_  
NIC/FIN No.: \_\_\_\_\_





**SINGAPORE  
POLICE FORCE**



T/20200930/2044

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20200930/2044

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2020 14:23		Vide Report No.: G/20200929/0157		Station Diary No.: 52	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD HAMDAN BIN DUL JALIL			Address: APT BLK 862 TAMPINES STREET 83 #04-406 SINGAPORE 520862		
ID Type / ID No.: NRIC NO / S9106328Z			Contact No.: Home/Office: Mobile: 91159643		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 20/02/1991	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Resident technical officer			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/09/2020 19:00	Type of Location: T-Junction
Location:  TAMPINES AVENUE 7				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP8089J	Motorcycle	YAMAHA	AEROS	Black	Seriously Damaged	0
SLV6682J	Car	KIA		Red	Slightly Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP8089J	AXA INSURANCE SINGAPORE PTE LTD	AN3184314	11/06/2020	10/06/2021



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Report No. T/20200930/2044

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HAMDAN BIN DUL JALIL	ID No.	S9106328Z
Related Vehicle	FBP8089J (Motorcycle)	Contact No.	91159643
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	29/09/2020	Date Discharge	29/09/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	MOHD HAFIZ	ID No.	S82380011
Related Vehicle	NIL	Contact No.	96650951
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 29/9/2020 at about 7pm, I was riding on the left lane on Tampines avenue 7 towards Tampines avenue 9 direction. I saw a red car with the plate number:SLV6682J on the opposite lane turning right and I wanted to avoid colliding to the car but it was too late and I feel an impact on the right side of my motorcycle along the T junction of Tampines avenue 7 and Tampines Central 7. After being hit, I slide with the motor and fell on the left side of the motor. I was lying on the ground after being hit, then there was two guys, another GrabFood rider(HP:91291842) and a Cisco Officer(HP:83954796), who helped me up. We exchange contact number with the car driver for future contact purposes.

I suffered multiple body abrasion on my leg arm, left thigh and left calf after the accident. I was conveyed to Changi General Hospital by ambulance services and was given 4 days MC after seeking treatment from Changi General Hospital with the total cost of medical treatment amounting to SGD127.25/-.

The right side on my motorbike is being scratched, the exhaust pipe has been damaged and the front left side of my motorcycle body is also scratched.

The other party was not injured.



**SINGAPORE  
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T/20200930/2044

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Report No. T/20200930/2044  
1800-5871999

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CONTINUATION OF REPORT



SINGAPORE  
POLICE FORCE



T/20200930/2044

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Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20200930/2044

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: G/ <del>SALEH</del> <i>Sgt 2 Kaha Was Jee</i> Sr-Staff Sgt MUHAMMAD FAISAL BIN MOHD- SALEH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/09/2020 14:23
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN POLICE FORCE Contact No.: 65476367	Classification Of Case:
Authentication Stamp NP168 