

## 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 02/11/2020 18:47  
Date Of Accident 01/11/2020 11:30  
Exact Location Of Accident SIN MING WALK  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN8872A

#### Insured/Policyholder

Name Of Registered Owner MUHAMMAD SHAFIE BIN ABDUL MALEK  
NRIC No SXXXX218E  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-92235126  
Alternative Phone No OFFICE-92235126

#### Vehicle Particulars

Manufacturer YAMAHA  
Model MX KING T150 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 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 5106733087-01  
Cover Note Number

#### Driver

Name of Driver OH KER SOON, ALAN  
NRIC No SXXXX805F  
Date Of Birth 23/06/1978  
Occupation OUTDOOR  
Date Of Driving Pass 02/10/1997  
Driving Experience 23 YEARS AND 0 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-92235126  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address 8 ANG MO KIO CENTRAL 3 #14-10  
 Postcode 567744  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - SUB-DRIVER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Insurance Company of Driver's Own Vehicle -

#### General Information

Type Of Accident COLLISION - CROSS JUNCTION  
 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 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 Station

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-4519999 - FAX NO: 65535679  
 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKZ5688R  
 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	OH KER SOON, ALAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBN8872A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	8 ANG MO KIO CENTRAL 3 #14-10
Postcode	567744

### Sketch Plan #2

### SKETCH PLAN

[illegible]

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Ref: to Police Report.

### DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

2015.12.26 星期一 晴

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

Reporting Officer/Personnel's Signature  
Name: NRI, FBI No.:





# SINGAPORE POLICE FORCE



T/20201101/2072

1 of 3

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20201101/2072

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2020 18:37	Vide Report No.:	Station Diary No.: 55
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Name of Informant: OH KER SOON, ALAN		Address: 8 ANG MO KIO CENTRAL 3 #14-10 SINGAPORE 567744	
ID Type / ID No.: NRIC NO / S7816805F		Contact No.: Home/Office:	Mobile: 92235126
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 23/06/1978	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: FOOD DELIVERY		Driving Licence Information: Class: 2B,2A,2,3,4,5      Date of Expiry:	

Type of Accident:		Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/11/2020 11:30	Type of Location: Straight Road
Location: SIN M'NG WALK					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side					Anyone conveyed by ambulance: Yes

Vehicle	Type	Color	Category	No of Passenger
FBN8872A	Motorcycle		Seriously Damaged	0
SKZ5688R	Car			0

Vehicle	Insurer	Policy No	Effective Date	Expiry Date
FBN8872A	NTUC Income Insurance Co-Operative Limited	5106733087-01	31/12/2019	30/12/2020



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**CONTINUATION OF REPORT**

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>PERSON</b>			
Name	OH KER SOON, ALAN	ID No.	S7816805F
Related Vehicle	FBN8872A (Motorcycle)	Contact No.	92235126
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	01/11/2020	Date Discharge	01/11/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 01/11/2020 at about 1130hr, I was riding my motorbike FBN 8872A delivering food at The Gardens at Bishan Condominium located at 9 Sin Ming Walk. I was going straight when suddenly a car SKZ 5688R came out of the carpark and hit my motorbike at the front left side. I fall off from my motorbike and my motorbike landed on me.

I was conveyed to TTSH by the Ambulance. I received 5 days MC. I suffer abrasions and bruises on left hand and both legs. My motorbike cover set and the gear lever were damaged, I have not make a total check on the damages of my motorbike.

There were witnesses who saw the accident. He is Richard, Hp: 98151774 and Sky, Hp:98192201.





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T/20201101/2072

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**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:

F /

SI SITI QAMARIYAH BINTE MOHD NAJIB

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SYED MUHAMMAD ISA BIN OMAR  
ALHABSHEE

Contact No.: 65476214

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

01/11/2020 18:37

Classification Of Case:



Signature:

SN 085

Singapore Police Force