

MYT220062235 / Yew Tee Automobile Tech Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 23/07/2020 18:02  
SUBMITTED BY: Toh Lei Ming

## 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	23/07/2020 18:02
Date Of Accident	22/07/2020 17:00
Exact Location Of Accident	ALONG TAMPINES AVE 7
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU396B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IRSHAD AHMED S/O MOHAMMED IQBAL
NRIC No	S9720822J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88942062
Alternative Phone No	Office-88942062

### 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	AN3184666
Cover Note Number	

### Driver

Name of Driver	IRSHAD AHMED S/O MOHAMMED IQBAL
NRIC No	S9720822J
Date Of Birth	28/06/1997
Occupation	INDOOR
Date Of Driving Pass	01/03/2018
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88942062

Fax Number	
Contact Number	OFFICE-88942062
EMail Address	NOEMAIL
Address	APT BLK 426 TAMPINES ST 41 #04-429
Postcode	520426
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 - 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?	NO
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	<b>ROAD:</b> TAMPINES N.P.C , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
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	SLG4749T
Vehicle Make/Model/Colour	NISSAN WHITE
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

IRSHAD AHMED S/O MOHAMMED IQBAL

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FU396B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

APT BLK 426 TAMPINES ST 41 #04-429

Postcode

520426

## Sketch Plan


SKETCH PLANIMPORTANT NOTICE


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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 insurer 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.

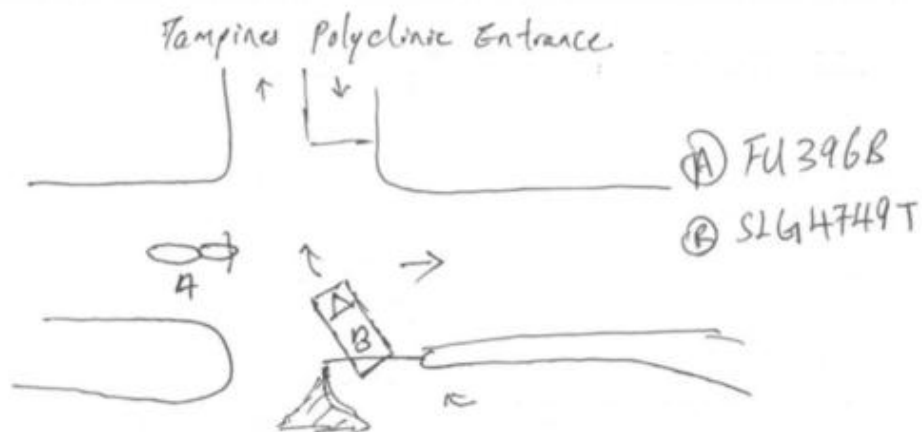
  
 Policyholder's Signature  
 Date & Time:

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

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

## Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no. 7/20200723/2000.

*[A large handwritten 'Z' is drawn across the lined area.]*

## DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:

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

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

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200723/2000

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

1 of 4

Report No. T/20200723/2000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/07/2020 00:44		Vide Report No.:		Station Diary No.: 13
<b>Informant's Particulars</b>				
Name of Informant: IRSHAD AHMED S/O MOHAMMED IQBAL		Address: APT BLK 426 TAMPINES STREET 41 #04-429 SINGAPORE 520426		
ID Type / ID No.: NRIC NO / S9720822J		Contact No.: Home/Office: Mobile: 88942062		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 23	Date of Birth: 28/06/1997	Type of Informant: Rider	
Race: Indian		Language:	Institution / School Name:	
Occupation: Student		Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/07/2020 17:00	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 7 Tampines Polyclinic				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU396B	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Red	Seriously Damaged	0
SLG4749T	Car	NISSAN		White	Seriously Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200723/2000

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

Report No. T/20200723/2000

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FU396B	AXA INSURANCE SINGAPORE PTE LTD	AN3184666	18/06/2020	17/06/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	IRSHAD AHMED S/O MOHAMMED IQBAL		ID No.	S9720822J
Related Vehicle	FU396B (Motorcycle)		Contact No.	88942062
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/07/2020		Date Discharge	23/07/2020
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Driver				
Name	RITZNI NASHRIN BIN KIRSAN		ID No.	S7834730I
Related Vehicle	SLG4749T (Car)		Contact No.	84481444
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 23/07/2020 at about 1700hrs, I (FU396B) was driving along Tampines Avenue 7. It was the right of my way. However, vehicle (SLG4749T) was turning right entering Tampines Polyclinic. At that point of time, vehicle (SLG4749T) did not see me and I collided to his front bumper. He admitted it was his fault as he did not see me coming and he did not check his blind spot.

No mechanical faults and no police attended. We also exchanged particulars.

I was injured at the back of my neck, wrist and left leg. I was given 4 days of MC.

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200723/2000

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/20200723/2000

CONTINUATION OF REPORT

**POLICE REPORT**





**SINGAPORE  
POLICE FORCE**



T/20200723/2000

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/20200723/2000

**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 /  
Sgt 1 CHONG WAN XIN, CERES *Chong*

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
23/07/2020 00:44

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No.: 65476219

Classification Of Case:

Authentication Stamp  
NP168

*Chong*

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

