

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 Submission 30/12/2020 17:11 (SGT)
Date of Accident 24/12/2020 19:00 (SGT)
Exact Location of Accident Bukit Timah Rd, Singapore
Additional Location Information twds upp bukit timah rd before balmoral rd
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ6594A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD SYAFIQ BIN SALAMON
NRIC No SXXXX145J
Email Address fiquesiksin98@gmail.com
Mobile Phone No (Phone) +65-86544745
Alternative Phone No +--

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Mx king t150
Variant -
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 - Claiming third party
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5119917042
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD SYAFIQ BIN SALAMON
NRIC No SXXXX145J
Date Of Birth 24/01/1998
Occupation Indoor

Date Of Driving Pass	24/10/2019
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86544745
Alt. Phone Number	+--
Email Address	fiqiesiksin98@gmail.com
Address	62 FLORA DRIVE
Address complement	#08-42
Postcode	506859
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201224/2129.

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	SHC5909K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MUHAMMAD SYAFIQ BIN SALAMON
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? FBQ6594A
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

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 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. 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:

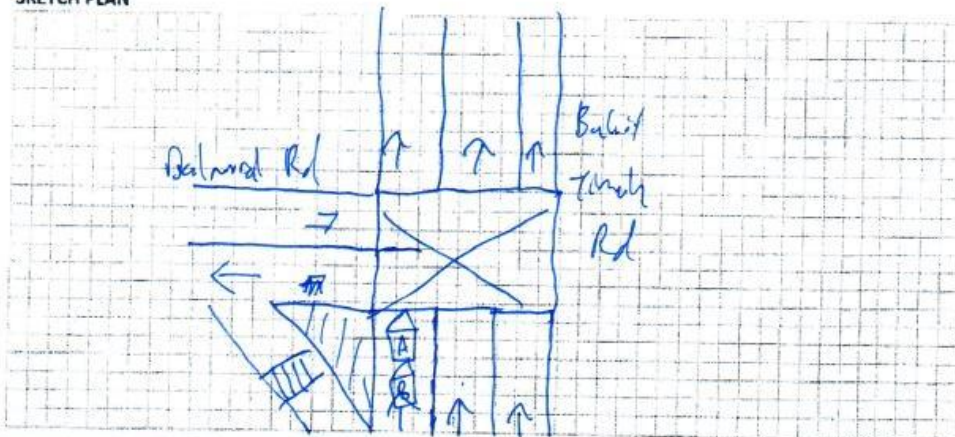

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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

SKETCH PLAN (Accident Report)

A - FBQ 6594A
B - SHC5909K

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the mentioned date & time, I was travelling along Bukit Timah Rd towards Upper Bukit Timah Rd before Belmord Rd. It was a red light so I stop my bike when suddenly I felt an impact coming from my rear, and I fell down. I got up and realise that a red taxi collided into my rear. The red taxi bears a carplate SHC5909K.

DECLARATION

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


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.:































**SINGAPORE
POLICE FORCE**



T/20201224/2129

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

1 of 3

Report No. T/20201224/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2020 21:49	Vide Report No.:	Station Diary No.: 89
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MUHAMMAD SYAFIQ BIN SALAMON			Address: 62 FLORA DRIVE #08-42 SINGAPORE 506859		
ID Type / ID No.: NRIC NO / S9802145J			Contact No.: Home/Office: Mobile: 86544745		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 24/01/1998	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: ADMIN OFFICER			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/12/2020 19:00	Type of Location: Straight Road
Location: STEVENS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ6594A	Motorcycle	YAMAHA	MX KING T150 MANUAL	Blue	Slightly Damaged	0
SHC5909K	Car				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20201224/2129

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

2 of 3

Report No. T/20201224/2129

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ6594A	NTUC Income Insurance Co-Operative Limited	5119917042	23/11/2020	22/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SYAFIQ BIN SALAMON	ID No.	S9802145J
Related Vehicle	FBQ6594A (Motorcycle)	Contact No.	86544745
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 24/12/2020 at around 1900hrs, I was waiting for the traffic light at junction of Stevens Road in the middle of the line beside a taxi (SHC 5909K). As it was too squeezey, I tried to make way and move in front of the taxi. When the traffic light turned green, I moved off and notice that the taxi was tail gating me.

I then moved to the left lane, and he followed me as well. While I was moving to the right lane, the taxi suddenly sped and overtake me. The taxi driver also switched on his front wiper, spraying water at my visor. When he barged into my lane, I could not control my motorcycle as it was too fast, and I lost my motorcycle (FBQ 6594A) balance and scratched against the curved wall.

I sped up trying catch up to him. And when we reached the junction, I was in front of his taxi, and signaled him to stop at the side. However, he was not cooperative and I tried to take photo of his car plate. I also noticed that he pointed middle finger at me. His vehicle inched out a bit and hit my motorcycle, causing my motorcycle fell to the right. A few of motorcyclist witnessed and helped me with my motorcycle whereas some of them were talking to the taxi driver.

I pushed my motorcycle to the side, and the next moment, I noticed that the taxi driver went back into his vehicle and drove off. I noticed that there were scratches on the left side of my motorcycle.

I wish to state that I am only suffering from abrasions on my left arm and leg. I will be proceeding to consult the doctor after lodging the report.



**SINGAPORE
POLICE FORCE**



T/20201224/2129

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

3 of 3

Report No. T/20201224/2129

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 2 Lee Wan Jing

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/12/2020 21:49

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168