

# 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 ..... 05/01/2021 10:41 (SGT)  
Date of Accident ..... 30/12/2020 18:20 (SGT)  
Exact Location of Accident ..... Hougang Ave 4, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBG2158E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SOUTHERN MOTOR  
Company Reg No ..... 2XXXX700L  
Email Address ..... syhenaziq@gmail.com  
Mobile Phone No ..... (Phone) +65-85001358  
Alternative Phone No ..... +65-85001358

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Cbr150r  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
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 ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5109280207-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMMAD HAZIQ BIN ABDUL RAHIM  
NRIC No ..... SXXXX122I  
Date Of Birth ..... 01/10/1993  
Occupation ..... Outdoor

Date Of Driving Pass .....	30/10/2015
Driving experience .....	5 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85001358
Alt. Phone Number .....	-
Email Address .....	syhenaziq@gmail.com
Address .....	BLK 228 JURONG EAST STREET 21 #05-757
Address complement .....	-
Postcode .....	600228
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 on collision
Weather Conditions .....	DRIZZLING
Road Surface .....	Wet

#### 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 .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT D/20201230/7000 AND F/20201230/7060

#### 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 .....	SLV6047T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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




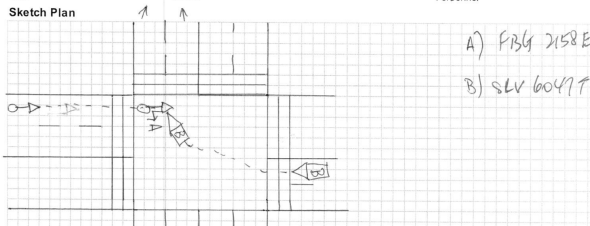
##### INJURED 1

Name of injured person ..... MOHAMMAD HAZIQ BIN ABDUL RAHIM  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT INJURY  
Injured person in which vehicle? ..... FBG2158E  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

SKETCH PLAN

IMPORTANT NOTICE

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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.
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.

 Policyholder's Signature / Date & Time 4/1/2021	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
<p><b>Sketch Plan</b></p> 		







































SINGAPORE  
POLICE FORCE



D/20201230/7000

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**POLICE REPORT (NP299)**

Report No. D/20201230/7000

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 30/12/2020 00:17	Vide Report No.	Station Diary No.
Name Of Informant MOHAMMAD HAZIQ BIN ABDUL RAHIM	Address 228 JURONG EAST STREET 21 #05-757 SINGAPORE 600228	
ID Type / ID No. NRIC NO / S93361221	Contact No. Home/Office:	Mobile: 85001358
Nationality SINGAPORE CITIZEN	Email Address SYHENAZIQ@GMAIL.COM	
Occupation Despatch rider	Sex Male	Age 27
Institution/School Name	Date of Birth 01/10/1993	Race Malay
Date/Time Of Incident 29/12/2020 22:15 - 29/12/2020 22:30	Location Of Incident 228 JURONG EAST STREET 21 #05-757 SINGAPORE 600228	

**Brief details.**

I was on Hougang Ave 4 sending order to my customer address. I was heading straight when a car made a discreet right turn and hit onto me. Driver did not stop and check safety, made a discreet right turn before the Green arrow lit up and hit onto me. I have seen a doctor and I am covered with five days of MC.

**Subjects Involved**

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/12/2020 00:17
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



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POLICE FORCE



D/20201230/7000

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201230/7000

<b>Suspect</b>			
Person Name	Tay Boon Heng Jason		
ID Type	NRIC NO	ID No	S8337372E
Gender	Male	Age	37
Race	Chinese	Language	English
Occupation	Others	Relation To Informant	Driver that hit me.
<b>Victim</b>			
Person Name	MOHAMMAD HAZIQ BIN ABDUL RAHIM		
ID Type	NRIC NO	ID No	S9336122I
Gender	Male	Age	27
Race	Malay	Language	English
Occupation	Despatch rider	Address	228 JURONG EAST STREET 21 #05-757 SINGAPORE 600228
Mobile No	85001358	Is Informant A Victim?	Yes
Person Name	MOHAMMAD HAZIQ BIN ABDUL RAHIM (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.  Date/Time: 30/12/2020 00:17  Classification Of Case:
Not applicable	
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	
Authentication Stamp	





SINGAPORE  
POLICE FORCE



F/20201230/7060

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**POLICE REPORT (NP299)**

Report No. F/20201230/7060

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 30/12/2020 18:29	Vide Report No.	Station Diary No.
Name Of Informant MOHAMMAD HAZIQ BIN ABDUL RAHIM	Address 460 HOUGANG AVENUE 10 #02-986 SINGAPORE 530460	
ID Type / ID No. NRIC NO / S9336122I	Contact No. Home/Office:	Mobile: 85001358
Nationality SINGAPORE CITIZEN	Email Address SYHENAZIQ@GMAIL.COM	
Occupation Despatch worker	Sex Male	Age 27
Institution/School Name	Date of Birth 01/10/1993	Race Malay
Date/Time Of Incident 30/12/2020 18:20 - 30/12/2020 18:25	Location Of Incident 460 HOUGANG AVENUE 10 #02-986 SINGAPORE 530460	

**Brief details.**

I wish to add on in incident report D/20201230/7000 that the vehicle i was on is a bike ( FBG2158E) . And the third party vehicle that collided on to me was SLV6047T.

<b>Subjects Involved</b>	
Victim	
Person Name	MOHAMMAD HAZIQ BIN ABDUL RAHIM
Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	30/12/2020 18:29
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

SINGAPORE  
POLICE FORCE

F/20201230/7060

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201230/7060

ID Type	NRIC NO	ID No	S93361221
Gender	Male	Age	27
Race	Malay	Language	English
Occupation	Despatch worker	Address	460 HOUGANG AVENUE 10 #02-986 SINGAPORE 530460
Mobile No	85001358	Is Informant A Victim?	Yes
Person Name MOHAMMAD HAZIQ BIN ABDUL RAHIM (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this  
report has been authenticated by  
SingPass. No signature is required.

Date/Time:

30/12/2020 18:29

Classification Of Case: