

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	12/01/2021 20:07 (SGT)
Date of Accident	26/12/2020 22:20 (SGT)
Exact Location of Accident	Compassvale Walk, #01-416 Blk 230, Singapore 540230
Additional Location Information	ALONG COMPASSVALE WALK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU7158B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD YAZID BIN ISHAK
NRIC No	SXXXX084F
Email Address	MUHDYAZIDISHAK@GMAIL.COM
Mobile Phone No	(Phone) +65-90068267
Alternative Phone No	+65-90068267

VEHICLE PARTICULARS

Manufacturer	Honda
Model	PHANTOM TA200
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	Axa
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	-
Cover Note Number	AN3188522

DRIVER

Name of Driver	MUHAMMAD YAZID BIN ISHAK
NRIC No	SXXXX084F
Date Of Birth	12/03/1996
Occupation	Indoor

Date Of Driving Pass	19/03/2019
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90068267
Alt. Phone Number	+65-90068267
Email Address	MUHDYAZIDISHAK@GMAIL.COM
Address	BLK 237 COMPASSVALE WALK #02-524
Address complement	-
Postcode	540237
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 - Cross Junction
Weather Conditions	Raining
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?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	AISHAH BINTE SAPLI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SHA5318B
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 YAZID BIN ISHAK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	AISHAH BINTE SAPLI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FU7158B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.

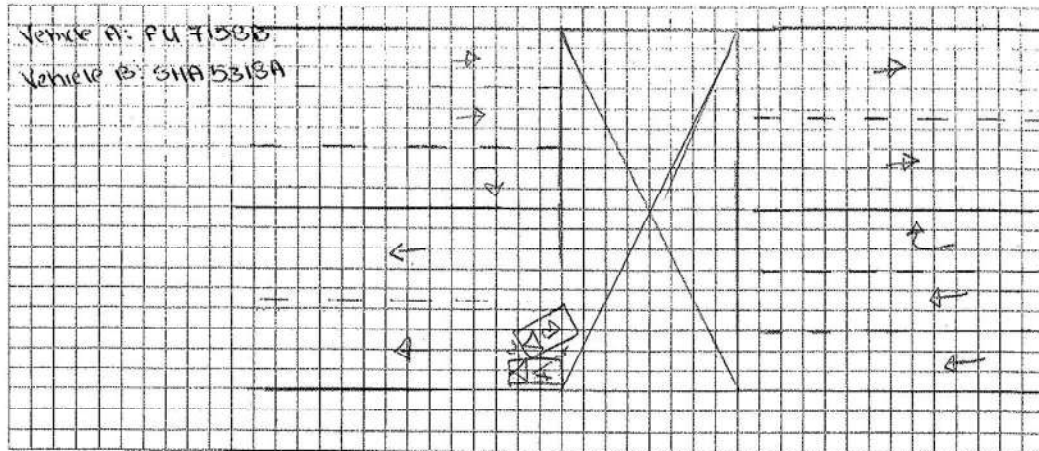
Yiw
12/1/2021
1145 PM
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref Police Report: T/20001031/2050

TP claim @ Toh Motor. Email report to them.

Bike has been towed out to my motor shop.
Photos given by them.

Bike not towed to repairing centre K. Kim Hia Auto.

Yin

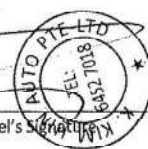
DECLARATION

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

Yin
Policyholder's Signature
Date & Time:

12/11/2021
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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









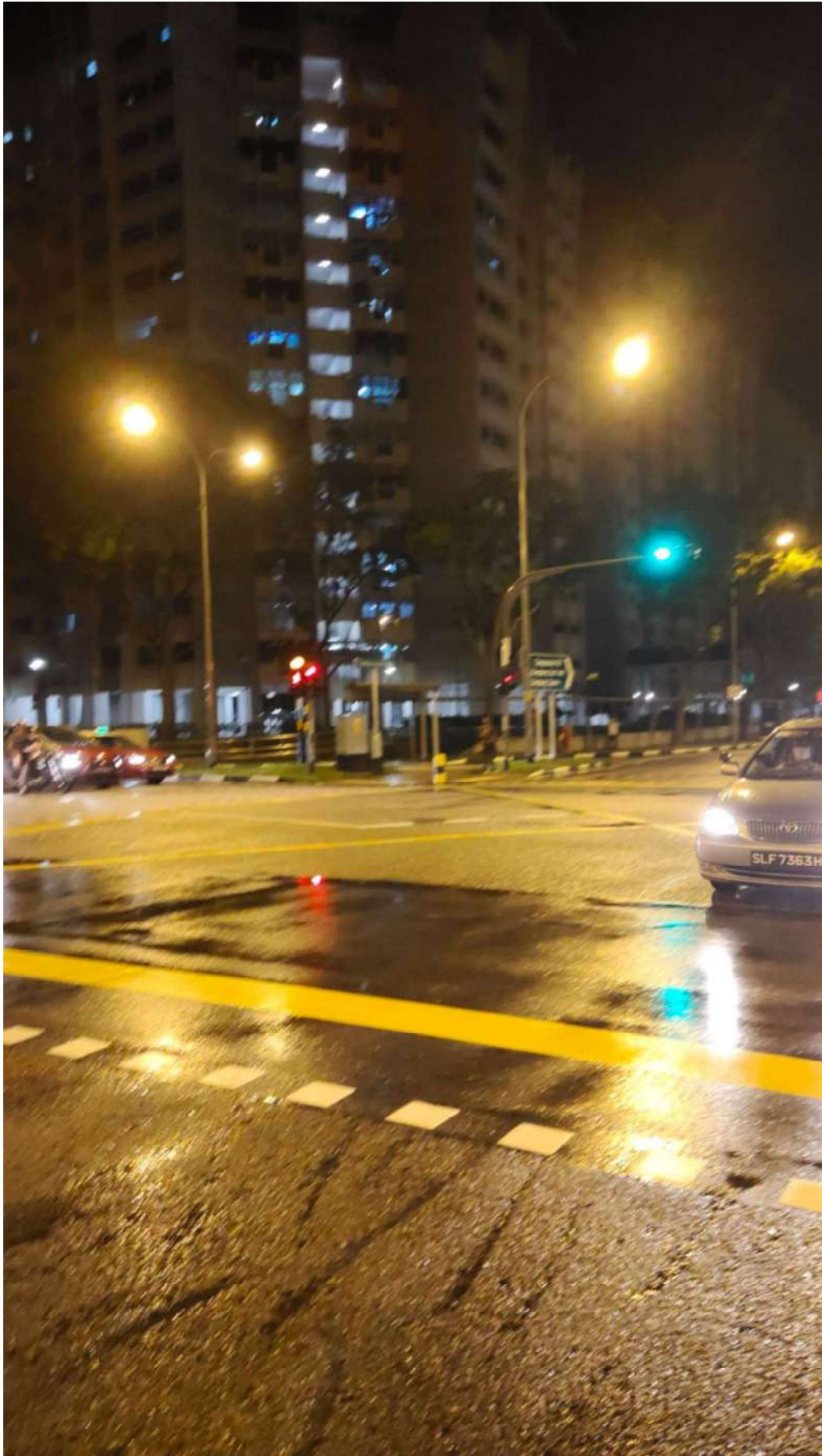




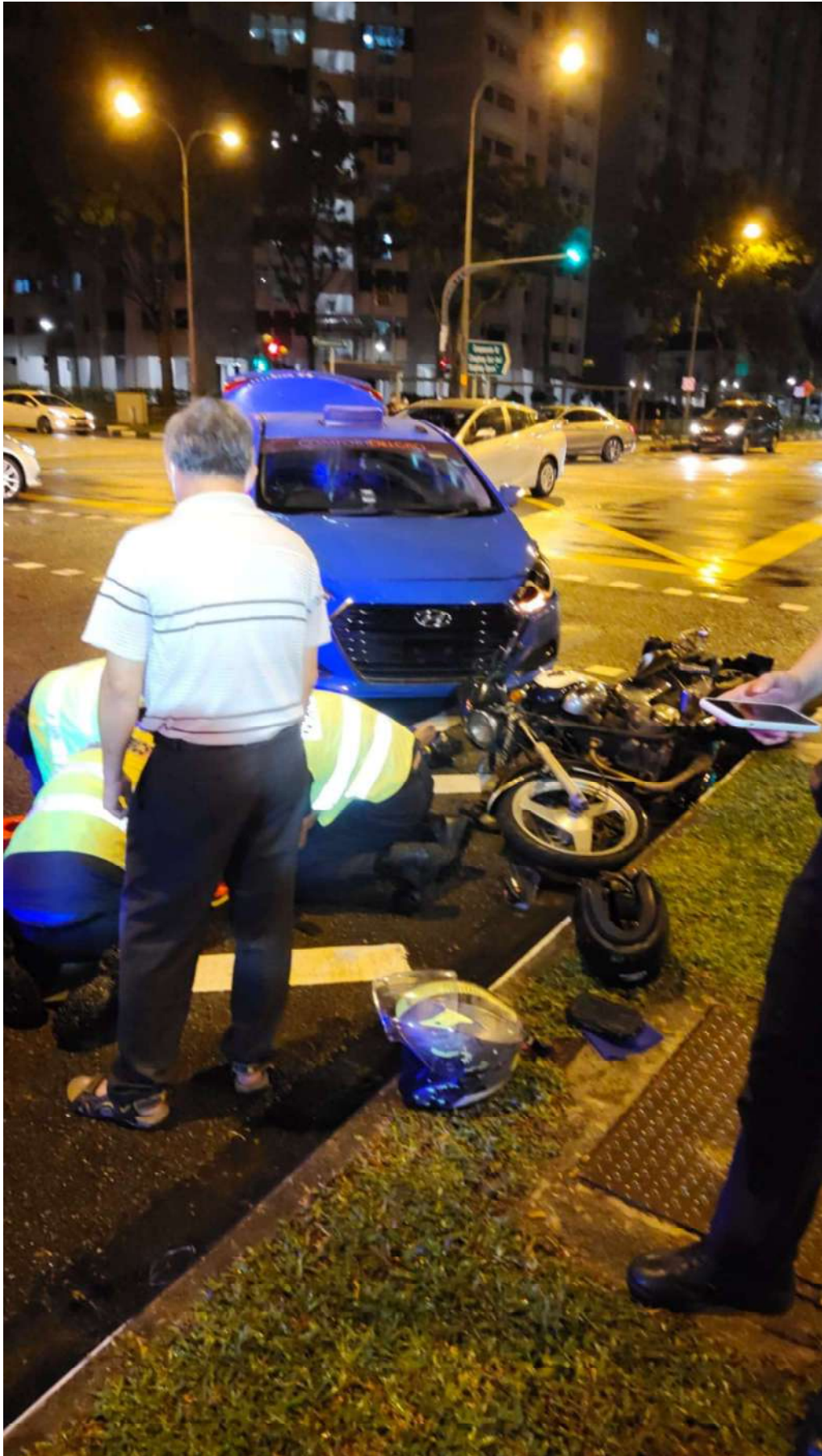


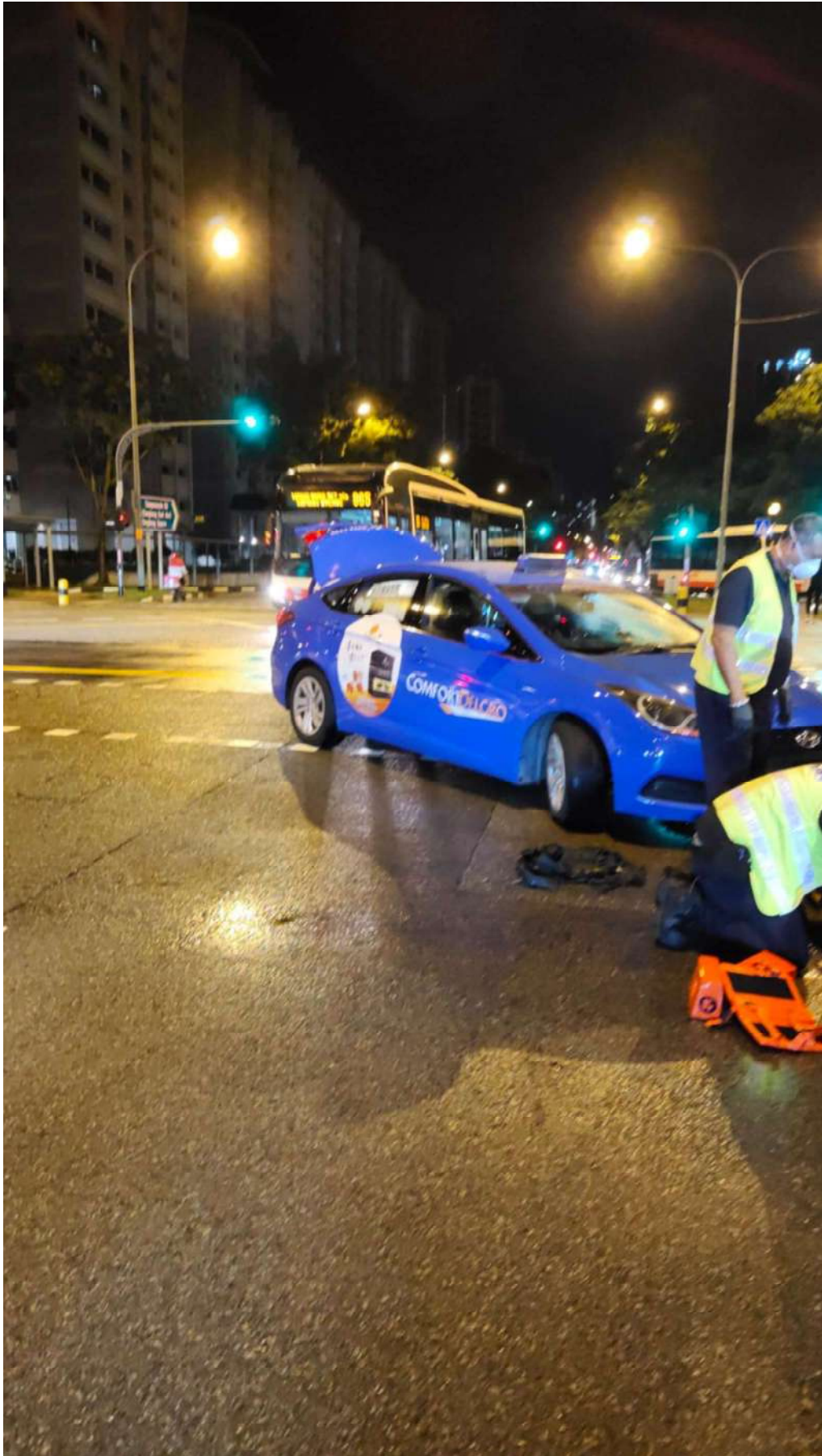


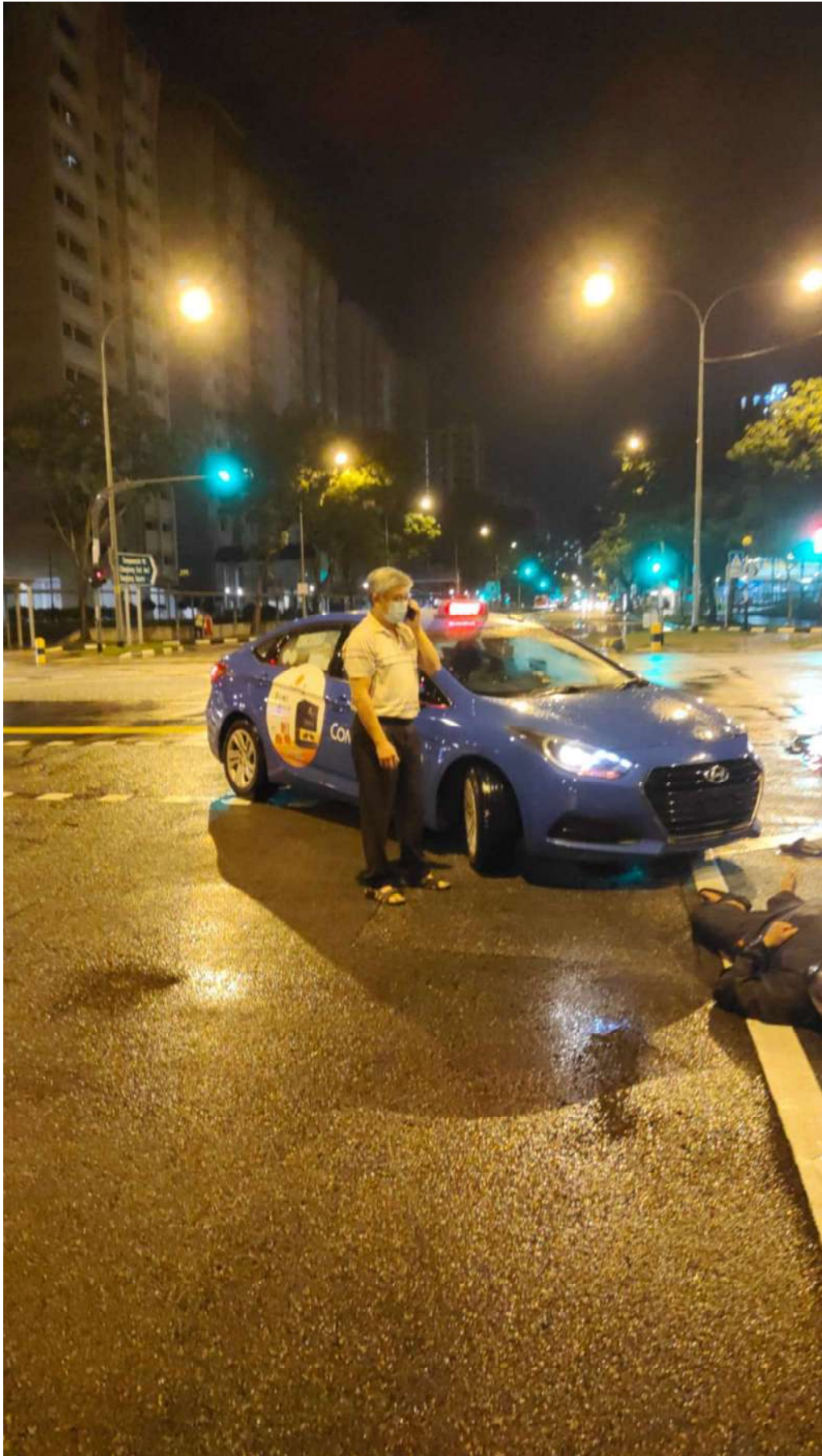
















**SINGAPORE
POLICE FORCE**



T/20201231/2050

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20201231/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2020 14:19	Vide Report No.:	Station Diary No.: 85
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Informant's Particulars

Name of Informant: MUHAMMAD YAZID BIN ISHAK			Address: APT BLK 237 COMPASSVALE WALK #02-524 SINGAPORE 540237		
ID Type / ID No.: NRIC NO / S9609084F			Contact No.: Home/Office: Mobile: 90068267		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 12/03/1996	Type of Informant: Rider		
Race: Boyanese			Language:		Institution / School Name:
Occupation: SAF Regular			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/12/2020 22:20	Type of Location:
Location: COMPASSVALE WALK				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU7158B	Motorcycle	HONDA	TA200	Black	Seriously Damaged	1
SHA5318B	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FU7158B	AXA INSURANCE SINGAPORE PTE LTD	P2365355	15/11/2020	14/11/2021



**SINGAPORE
POLICE FORCE**



T/20201231/2050

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20201231/2050

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD YAZID BIN ISHAK	ID No.	S9609084F
Related Vehicle	FU7158B (Motorcycle)	Contact No.	90068267
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	26/12/2020	Date Discharge	30/12/2020
No. of Days granted Medical Leave	21	Degree of Injury	Serious
Pillion			
Name	AISHAH BINTE SAPII	ID No.	NIL
Related Vehicle	FU7158B (Motorcycle)	Contact No.	92998160
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/12/2020	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 26/12/2020 at about 2200hrs , I was riding my vehicle bearing vehicle number(FU7158B) together with a pillion(Name : Aishah Binte Sapii) along Compassvale Road junction of Sengkang East Way , while crossing the traffic junction, the green light was in my favor , as such I proceeded forward straight while keeping to the left most lane.

Subsequently , a Taxi bearing vehicle number(SHA5318B) was making a U-turn from the opposite direction at the traffic junction as well , however I saw the green arrow was not being lighted up.

Subsequently when I was in the yellow box , the taxi proceeded to make a wide U-turn and turned into the outer left lane and thereafter collided into my motorcycle. Me and my pillion then fall off the motorcycle and was injured.

My injuries is Left palm slight abrasion , right knee about 2cm laceration cut and lower right back in pain.

My pillion injuries is left knee abrasion and slight swollen.

Police and ambulance was at scene and vide TP report is TP/IP/57551/2020

Both me and my pillion was being conveyed to CGH on the same day.



**SINGAPORE
POLICE FORCE**



T/20201231/2050

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20201231/2050

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 / Sgt 1 EUGENE NG YONG JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/12/2020 14:19
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case: GN 153
Authentication Stamp NP 158	SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20201231/2050

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Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20201231/2050

CONTINUATION OF REPORT

I was warded from 27/12/2020 and was discharged on 30/12/2020.

I was given 21 days of hospitalization leave and my pillion was given 04 days MC.

No government property was damaged.