

# 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 .....	18/01/2021 17:42 (SGT)
Date of Accident .....	16/01/2021 12:20 (SGT)
Exact Location of Accident .....	Jurong West Street 93, Singapore
Additional Location Information .....	SLIP RD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBH9662P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MOHAMAD KHAIRULFAHMI BIN RASHIDEE
NRIC No .....	SXXXX362C
Email Address .....	khairulfahmi101@gmail.com
Mobile Phone No .....	(Phone) +65-81334537
Alternative Phone No .....	+65-81334537

### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	Fz16
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 .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	5112930172-01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MOHAMAD KHAIRULFAHMI BIN RASHIDEE
NRIC No .....	SXXXX362C
Date Of Birth .....	20/09/1994
Occupation .....	Outdoor

Date Of Driving Pass .....	14/08/2019
Driving experience .....	1 YEAR AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81334537
Alt. Phone Number .....	+65-81334537
Email Address .....	khairulfahmi101@gmail.com
Address .....	BLK 657B JURONG WEST ST 65
Address complement .....	#05-662
Postcode .....	642657
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210116/7064

#### 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 .....	SJX1811A
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 .....	MOHAMAD KHAIRULFAHMI BIN RASHIDEE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	FBH9662P
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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- 2) This Form must be **completely 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 fact 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 as 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 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)**

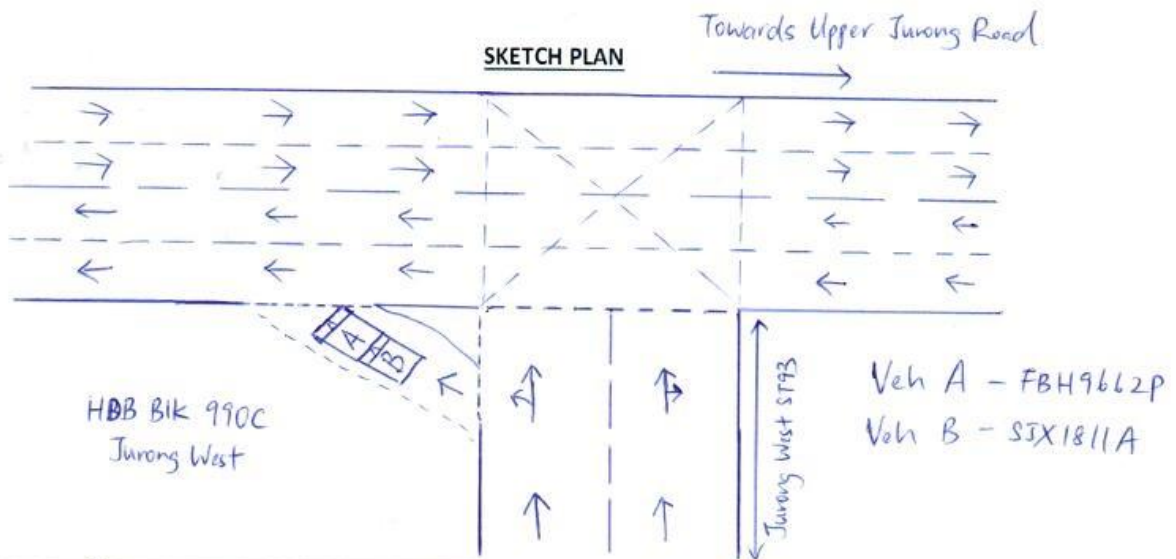
I understand, acknowledge, agree and consent that:

- 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
  - ii. For complying with the requirements under any regulations, law or court orders.

  
 Policyholder's Signature  
 Date & Time:

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

 18/01/21  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/ FIN No:



Refer to Police Report - T/20210116/7064

**DECLARATION**

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

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

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

 18/01/21  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/ FIN No:





**SINGAPORE  
POLICE FORCE**



T/20210116/7064

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210116/7064

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH9662P	NTUC Income Insurance Co-Operative Limited	5112930172-01	20/11/2020	19/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMAD KHAIRULFAHMI BIN RASHIDEE	ID No.	S9434362C
Related Vehicle	FBH9662P (Motorcycle)	Contact No.	81334537
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	16/01/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

On the stated date and time , I was travelling along Jurong West Street 93 . I was stationary inside a left filtering lane in a T junction waiting for oncoming vehicles to pass before exiting . Suddenly I felt an impact from the rear . I fall off my motorcycle and landed on my right . I then realised a vehicle bearing carplate number SJX1811A collided onto my Motorcycle from the rear . The driver then alight his vehicle and conveyed me to the hospital as i suffered injuries . I went to the hospital and was issued 5 days of MC .







































# SINGAPORE POLICE FORCE



T/20210116/7064

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210116/7064

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2021 17:39	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: MOHAMAD KHAIRULFAHMI BIN RASHIDEE			Address: 657B JURONG WEST STREET 65 #05-662 SINGAPORE 642657	
ID Type / ID No.: NRIC NO / S9434362C			Contact No.: Home/Office: Mobile: 81334537	
Nationality: SINGAPORE CITIZEN			Email: KHAIRULFAHMI101@GMAIL.COM	
Sex: Male	Age: 26	Date of Birth: 20/09/1994	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: Food Panda Rider			Driving Licence Information: Class: 2B	Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/01/2021 12:20	Type of Location: T-Junction
Location:  JURONG WEST STREET 93				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No			

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBH9662P	Motorcycle	YAMAHA	FZ 16	Black		0
SJX1811A	Car					0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# SINGAPORE POLICE FORCE



T/20210116/7064

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210116/7064

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH9662P	NTUC Income Insurance Co-Operative Limited	5112930172-01	20/11/2020	19/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMAD KHAIRULFAHMI BIN RASHIDEE	ID No.	S9434362C
Related Vehicle	FBH9662P (Motorcycle)	Contact No.	81334537
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	16/01/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

## Brief Details.

On the stated date and time , I was travelling along Jurong West Street 93 . I was stationary inside a left filtering lane in a T junction waiting for oncoming vehicles to pass before exiting . Suddenly I felt an impact from the rear . I fall off my motorcycle and landed on my right . I then realised a vehicle bearing carplate number SJX1811A collided onto my Motorcycle from the rear . The driver then alight his vehicle and conveyed me to the hospital as i suffered injuries . I went to the hospital and was issued 5 days of MC .

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20210116/7064

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Report No. T/20210116/7064

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476256

Authentication Stamp  
NP168

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

Date/Time:  
16/01/2021 17:39

Classification Of Case: