

# 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 ..... 24/02/2021 13:14 (SGT)  
Date of Accident ..... 22/02/2021 12:00 (SGT)  
Exact Location of Accident ..... King's Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBQ8536E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ARDY ISKANDAR BIN MUHAMMAD RAFI  
NRIC No ..... SXXXX922Z  
Email Address ..... zackiskandar5230@gmail.com  
Mobile Phone No ..... (Phone) +65-92330439  
Alternative Phone No ..... +65-92330439

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Cb150r  
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 ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5115606226-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ARDY ISKANDAR BIN MUHAMMAD RAFI  
NRIC No ..... SXXXX922Z  
Date Of Birth ..... 29/10/1994  
Occupation ..... Outdoor

Date Of Driving Pass .....	16/05/2018
Driving experience .....	2 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92330439
Alt. Phone Number .....	+65-92330439
Email Address .....	zackiskandar5230@gmail.com
Address .....	BLK 165 STIRLING ROAD #12-1249
Address complement .....	-
Postcode .....	140165
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 - Major/Minor Rd
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 .....	Queenstown Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004719999
Alt. Police Station Phone No .....	(Fax) +65-64715299
Police Station Address .....	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210222/2119

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMF8535K
Vehicle Manufacturer .....	Kia
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NG MIN HUAT
NRIC No .....	SXXXXX767C

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 .....	ARDY ISKANDAR BIN MUHAMMAD RAFI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBQ8536E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No




## Describe Circumstances of the Accident


REFER TO POLICE REPORT 7/20210222/2119

## Declaration

We declare the foregoing particulars are true in every respect.

  
24/2/2021  
1200 hrs  
Policyholder's Signature / Date & Time

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

  
24/02/2021  
Witnessed by Reporting Centre Personnel













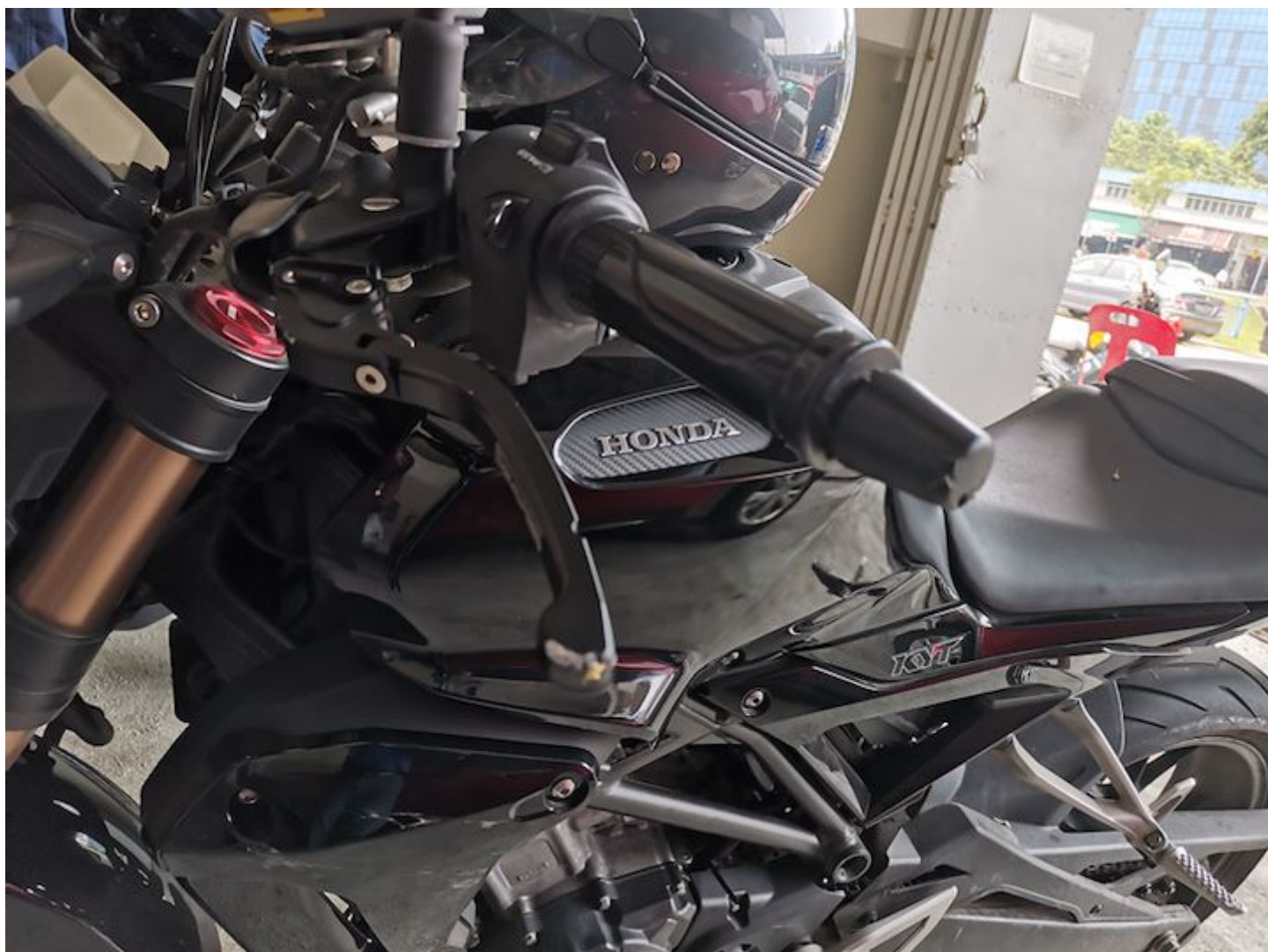
















































**SINGAPORE  
POLICE FORCE**



T/20210222/2119

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Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20210222/2119

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/02/2021 18:09	Vide Report No.:	Station Diary No.: 77
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**Informant's Particulars**

Name of Informant: ARDY ISKANDAR BIN MUHAMMAD RAFI	Address: APT BLK 165 STIRLING ROAD #12-1249 SINGAPORE 140165
ID Type / ID No.: NRIC NO / S9439922Z	Contact No.: Home/Office: Mobile: 92330439
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 26 Date of Birth: 29/10/1994	Type of Informant: Rider
Race: Malay	Language: English Institution / School Name:
Occupation: Rider	Driving Licence Information: Class: 2B Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/02/2021 12:00	Type of Location: T-Junction
Location: EMPRESS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ8536E	Motorcycle	HONDA	CB150R MANUAL	Red	Slightly Damaged	0
SMF8535K	Car	KIA		Blue	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ8536E	NTUC Income Insurance Co-Operative Limited	5115606226-01	15/01/2021	14/01/2022



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T/20210222/2119

Police Station Of Origin:  
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Report No. T/20210222/2119

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ARDY ISKANDAR BIN MUHAMMAD RAFI	ID No.	S9439922Z
Related Vehicle	FBQ8536E (Motorcycle)	Contact No.	92330439
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	22/02/2021	Date Discharge	22/02/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Ng Min Huat	ID No.	S0163767C
Related Vehicle	NIL	Contact No.	NIL
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 the abovementioned date, time and location, I was riding along Empress road when a car, SMF8535K, came out from the minor road on the left, failing to check for oncoming traffic. I couldn't evade in time and collided onto the front right bumper of the car. I subsequently went to seek treatment at Alexandra Hospital for back and head injury and was given 3 days of medical leave, commencing on the 22/02/2021. I was diagnosed as having back aches and given medication. I was told to monitor my condition due to my head injury and told to seek treatment again if it persists. My motorcycle is slightly damaged and I had sent it for repair.



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Report No. T/20210222/2119

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:  
D /  
Sr Staff Sgt HAZALI BIN SANUSI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/02/2021 18:09

Officer In Charge Of Case:  
TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476229

Classification Of Case:



Authentication Stamp  
NP168

SN 49

SIGNATURE