

# 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 .....	01/03/2021 20:11 (SGT)
Date of Accident .....	26/02/2021 09:10 (SGT)
Exact Location of Accident .....	Napier Rd, Singapore
Additional Location Information .....	TOWARDS TANGLIN ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBS2199Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD NOR IMAN B SULAIMAN
NRIC No .....	TXXXX008D
Email Address .....	iman.2409@gmail.com
Mobile Phone No .....	(Phone) +65-90177814
Alternative Phone No .....	+65-90177814

### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	R15 ABS MANUAL
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 .....	5121082349
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MUHAMMAD NOR IMAN B SULAIMAN
NRIC No .....	TXXXX008D
Date Of Birth .....	24/09/2001
Occupation .....	Indoor

Date Of Driving Pass .....	08/02/2021
Driving experience .....	0 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-90177814
Alt. Phone Number .....	+65-90177814
Email Address .....	iman.2409@gmail.com
Address .....	BLK 510 WEST COAST DRIVE #06-311
Address complement .....	-
Postcode .....	120510
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 .....	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 SKETCH AND POLICE REPORT T/2021/2094

#### 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 .....	SHC6851K
Vehicle Manufacturer .....	Kia
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	GOH ENG KIM
NRIC No .....	SXXXX432Z

Contact Number .....	(Phone) +65-93248988
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 NOR IMAN B SULAIMAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBS2199Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

#### WITNESS DETAILS

##### WITNESS 1

Name .....	UNKNOWN FEMALE
Phone .....	(Phone) +65-92724074
Email .....	-

**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.
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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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

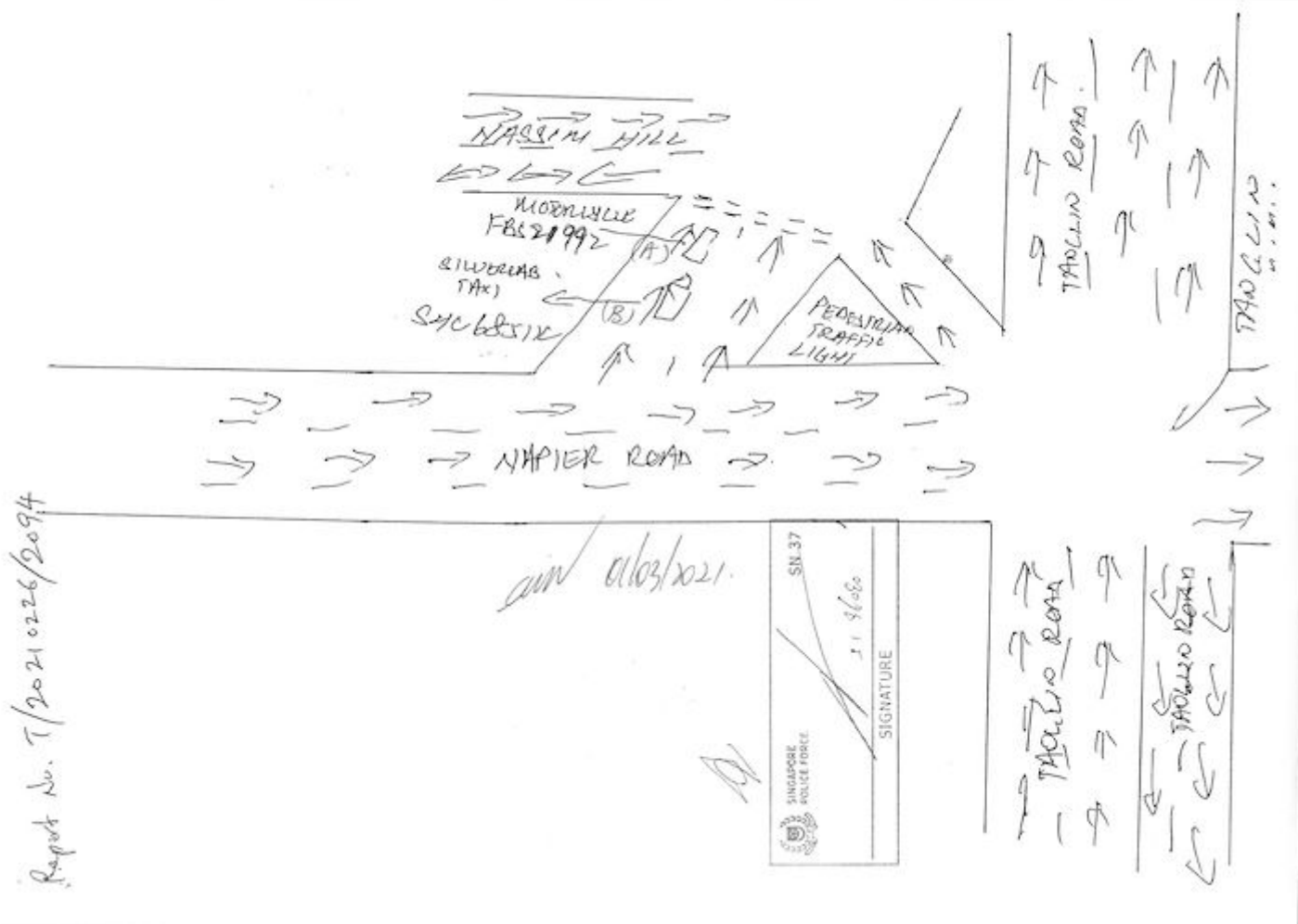
014126V5  
01/03/2021

Policyholder's Signature / Date & Time

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

01/03/2021  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Describe Circumstances of the Accident

REFER TO POLICE REPORT 1/20210226/2094

## Declaration

We declare the foregoing particulars are true in every respect.

01/03/2021 1412hrs  
Policyholder's Signature / Date & Time

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

01/03/2021  
Witnessed by Reporting Centre Personnel










































**SINGAPORE  
POLICE FORCE**


T/20210226/2094

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Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20210226/2094

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/02/2021 17:32		Vide Report No.:		Station Diary No.: 81	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD NOR IMAN BIN SULAIMAN			Address: APT BLK 510 WEST COAST DRIVE #06-311 SINGAPORE 120510		
ID Type / ID No.: NRIC NO / T0129008D			Contact No.: Home/Office: Mobile: 90177814		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 24/09/2001	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/02/2021 09:10	Type of Location: Bend
Location:  NAPIER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
FBS2199Z	Motorcycle	YAMAHA	R15 ABS MANUAL	Black	Seriously Damaged	0
SHC6851K	Car	KIA		Silver	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS2199Z	NTUC Income Insurance Co-Operative Limited	5121082349	19/02/2021	18/02/2022





**SINGAPORE  
POLICE FORCE**



T/20210226/2094

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20210226/2094

**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	MUHAMMAD NOR IMAN BIN SULAIMAN	ID No.	T0129008D
Related Vehicle	FBS2199Z (Motorcycle)	Contact No.	90177814
Hospital/Clinic	My Health Medical Centre	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	26/02/2021	Date Discharge	26/02/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	GOH ENG KIM	ID No.	S1358432Z
Related Vehicle	SHC6851K (Car)	Contact No.	93248988
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 26/02/2021 at about 9.11am, while I was riding my motorcycle of reg no. FBS2199Z along Napier Road, I met with a road traffic accident with a silver cab of reg no. SHC6851K.

- At that juncture, I was turning left into the slip road to Tanglin Road, heading to Orchard Road. While I was slowing down on the extreme left lane of the two lanes road to check on the blind spot and also clearance from major road, suddenly the taxi front portion collided onto the rear of my motorcycle.
- After the accident happened, there was a Caucasian lady of unknown name came forward as she had witnessed the accident. I only managed to get her handphone number which is 92724074. The taxi driver and I thereafter exchanged particulars and left the scene. I wish to state that I noticed that the taxi has an in car camera.
- On the same day, at about 11.40am, I sought medical treatment from My Health Medical Clinic located at Blk 501 West Coast Drive #01-256. I was then given three days of MC, reference 1614312159.
- Following that, I learnt from my bike shop who had towed my bike to the workshop that my bike was issued with a summon at 11.27am for parking on footway of road, reference ILPCESCC202102262305.
- Attached behind is the MC and also the sketch plan of the accident site.



**SINGAPORE  
POLICE FORCE**



T/20210226/2094

Police Station Of Origin:  
Clementi N.P.C  
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Tel No: 1800-8729999

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Report No. T/20210226/2094

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
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20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999



T/20210226/2094

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Report No. T/20210226/2094

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 /

SI LOH WEE CHOON

96080

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Authentication Stamp  
NP168

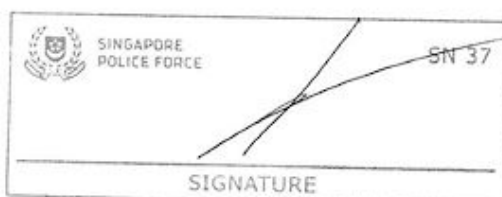
Signature Of Informant:

*[Handwritten Signature]*

Date/Time:

26/02/2021 17:32

Classification Of Case:



# MyHealthMedicalCentre

我的健康医疗中心 Pusat Perubatan Saya 我的健康医疗中心 மருத்துவ மையம்

Blk 501 West Coast Drive  
#01-256 Singapore 120501  
Phone: +65 68726920

Fax: +65 68726919  
Email: admin@myhealthmedctr.sg

Muhammad Nor Iman B Sulaiman  
Patient Id: P1205  
NRIC ID: T0129008D  
+6590177814

510 West Coast Drive #06-311, -120510

By: **Dr. Saiful Nizam**

Registration Number: 100121

Date: **26 Feb, 2021**

Medical Leave Number : 1614312159

This is to certify that the above named is unfit for duty for a period of 3 (Three) day(s) from 26 Feb, 2021 to 28 Feb, 2021 inclusive.

Issued on: 26 Feb, 2021

Signature:

Doctor : **Dr Saiful Nizam**

**Dr Saiful Nizam Bin Subari**  
MCR 100121  
MBBS (S'pore) G.Dip (Occ Medicine)  
MyHealth Medical Centre  
Blk 501 West Coast Drive #01-256  
Singapore 120501  
Tel: 6872 6920 Fax: 6872 6919

**Dr Saiful Nizam Bin Subari**  
MCR 100121  
MBBS (Singapore)  
G.Dip (Occ Medicine)

Generated On: 26 Feb 2021

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