# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 09/03/2021 15:55 (SGT) Date of Accident 24/02/2021 22:15 (SGT) Exact Location of Accident Bukit Timah Rd, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Yamaha

Vehicle Registration Number FBN8271J

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MUHAMMAD SYAHMI BIN ABDUL WAHAB NRIC No. SXXXX851I Email Address SMIKO96@GMAIL.COM Mobile Phone No (Phone) +65-87005969 Alternative Phone No +65-87005969

### VEHICLE PARTICULARS

Manufacturer

Model SNIPER T150 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 ThirdPartyFireTheft Fleet Policy Policy Number 5120159476 Cover Note Number

### DRIVER

Name of Driver MUHAMMAD SYAHMI BIN ABDUL WAHAB NRIC No SXXXX851I Date Of Birth 08/08/1996 Occupation Outdoor

Date Of Driving Pass 10/12/2018 Driving experience 2 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-87005969 Alt. Phone Number +65-87005969 Email Address SMIKO96@GMAIL.COM Address BLK 19 UPPER BOON KENG ROAD Address complement #11-1214 Postcode 380019 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name KATHRINA JOLLENE Gender Female **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/20210225/7009 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** 

SJU9158R

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

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)	-

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SCN1180Y
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)	-

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	UNKNOWN
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 Address	MUHAMMAD SYAHMI BIN ABDUL WAHAB
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	FBN8271J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person KATHRINA JOLLENE Address -

Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	FBN8271J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

### SKETCH PLAN

### IMPORTANT NOTICE

- Hease report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- Any false reporting may be referred to the Police for investigation.
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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)

l 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
- (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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time Sketch Plan	Driver's & Time	e (if driver						Witn		by Re			
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Pls relu to	the police report - 7/20	210225 / 2009
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01/03/21		olym 09/03
holder's Signature / Date &	Debugge Signature (A debugg is not the patential to 1944	
noiser's oignature / Date &	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
		. viavinioi



T/20210225/7009

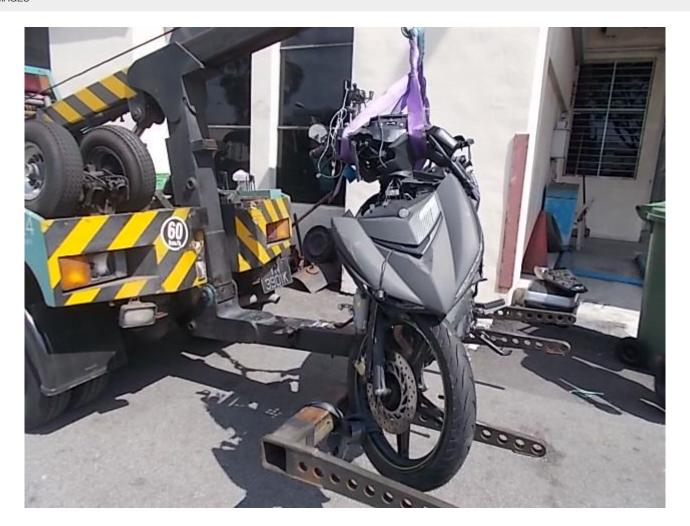
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20210225/7009

### CONTINUATION OF REPORT

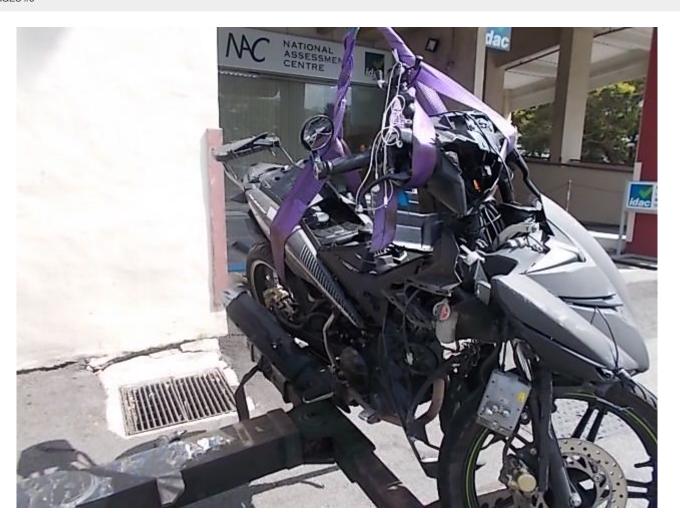
Driver	NAME OF STREET	March 19	1400-1500VA			
Name	Unknown Driver			ID No.	NIL	
Related Vehicle	SJU9158R (Car)		SJU9158R (Car)		Contact No	. NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	f NIL		

#### Brief Details.

I was stationary at a red traffic light, in front of me were two stationary cars as well. Out of no where, my pillion and I were rammed from the back by a silver Toyota vehicle, SJU 9158R, and we flew out of the bike affecting the two other vehicles at the front. My bike was smashed and i lost two of my front tooth, a deep cut on my upper lip and a possibility of a fractured jaw as I landed face first. As for my pillion who is my girlfriend, she flew out as well and had abbrasions on her butt area. The impact was so hard the my bike at the box broke and hit my pillions back. The authorities were involved and I know for fact the guy who crashed into me and my pillion was drunk as when he exited his smashed up car he was unable to walk straight and his eyes were red, and he also admitted that he had been drinking. We were brought to the hospital at Ng Teng Fong by ambulance and upon arrival, my girlfriend was sent to another section of the emergency area as her temperature was high and she was having trouble breathing. I was sent to the normal emergency area and the doctors took ultrasound and x rays on me and thankfully I have no major injuries except for my jaw, 2 missing front tooth and my deep cut on my upper lip as well as a few abbrassions around my body. My girlfriend however was not that lucky as the doctors discovered after running a few test that there was fluid inside of her and she was bleeding internally. Upon further tests, the doctors discover she had a ruptured spleen and had to recieve immediate surgery and is now in the ICU. I would like to report this and sue this man for wreckless and drink driving. He should not get it easy as he put my girlfriend in the hospital and who now has no more spleen as it was removed. This is a ridiculous and totally unnecassary incident if the guy was sensible enough not to be drinking and driving. My girlfriend and I were just unfortunate to be there at that time and i hope this men gets what he deserves

































Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20210225/7009

### REPORT OF A TRAFFIC ACCIDENT

	ne Report M 21 13:08	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	STORY STORY OF STREET	HMI BIN ABDUL	Address: 19 UPPER BOON KENG RO 380019	AD #11-1214 SINGAPORE
	/ ID No.: D / S96278	511	Contact No.: Home/Office:	Mobile: 87005969
National SINGAP	ity: ORE CITIZ	EN	Email: SMIKO96@GMAIL.COM	
Sex: Male	Age: 24	Date of Birth: 08/08/1996	Type of Informant: Rider	
Race: Boyanes	e		Language: English	Institution / School Name:
Occupat Project n			Driving Licence Information: Class: 2B	Date of Expiry:

Type of Accident:	Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 24/02/2021 22:1:	Type of Location: Straight Road
Location:  BUKIT TIMAL  Weather:	ROAD	Road Surface:		Road Speed Limit:
2.00				
night Traffic Flow: One Way		Traffic Control: Traffic Light - Wor	king	Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBN8271J	Motorcycle	YAMAHA	Sniper T150	Black	Totally Damaged	2
SJU9158R	Car	ТОУОТА		Silver	Seriously Damaged	1
	Car					0





2 of 4 Report No. T/20210225/7009

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

### CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Conditio	No of
	Motorcycle					0
	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN8271J	NTUC Income Insurance Co-Operative Limited	5120159476	20/12/2020	19/12/2021

Any Pedestrian II	nvolved: No					
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA				
Rider		ALC: NAME OF STREET		0.530		THE ASSESSMENT ASSESSMENT
Name	MUHAMMAD SYAHMI BIN ABDUL WAHAB		ID No.		S9627851I	
Related Vehicle	FBN8271J (Motorcycle)			Contact No.		87005969
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry		Class: 2B Date of Expiry: NIL	
Date	24/02/2021 Date		Date	25/02/2021		2/2021
No. of Days gran	ted Medical Leave	05	Degree o	of	Serio	us
Pillion		STORE IN		2000	NAME OF A	
Name	KATHRINA JOLLENE		ID No	о.	T0073124I	
Related Vehicle	FBN8271J (Motorcycle)		Cont	act No.	82003541	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	24/02/2021		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	Serio	us





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20210225/7009

### CONTINUATION OF REPORT

Driver	Marie Control	MARKET PROPERTY.	15 10 20 CO	H. Sancary	
Name	Unknown Driver			ID No.	NIL
Related Vehicle	SJU9158R (Car)			Contact No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date		NIL	•
No. of Days granted Medical Leave		NIL	Degree of	NIL	

#### Brief Details.

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4 of 4 Report No. T/20210225/7009

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

CONTINUATION OF REPORT

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Informant is not able to provide sketch

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: 25/02/2021 13:08
Officer In Charge Of Case: TP / TPIB / YEO KIA HUAT Contact No.: 65476325	Classification Of Case:
Authentication Stamp	

NP168