

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 18/03/2021 10:26 (SGT)
Date of Accident 11/03/2021 23:30 (SGT)
Exact Location of Accident Upper Changi Rd E, Singapore
Additional Location Information JUNC PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBC9545X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD SYAHMI BIN MOHAMED TAJUDIN
NRIC No SXXXX098C
Email Address MIMI.NINETYFIVE@GMAIL.COM
Mobile Phone No (Phone) +65-82184984
Alternative Phone No +65-82184984

VEHICLE PARTICULARS

Manufacturer Honda
Model SUPER 4
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 No
Policy Number 5107891435-02
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD SYAHMI BIN MOHAMED TAJUDIN
NRIC No SXXXX098C
Date Of Birth 07/04/1995
Occupation Indoor

Date Of Driving Pass	23/04/2018
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82184984
Alt. Phone Number	+65-82184984
Email Address	MIMI.NINETYFIVE@GMAIL.COM
Address	BLK 230 PASIR RIS ST 21
Address complement	#06-54
Postcode	510230
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?	Yes
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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210312/2058

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	SHE396G
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 SYAHMI BIN MOHAMED TAJUDIN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SERIOUS
Injured person in which vehicle? FBC9545X
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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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)**

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

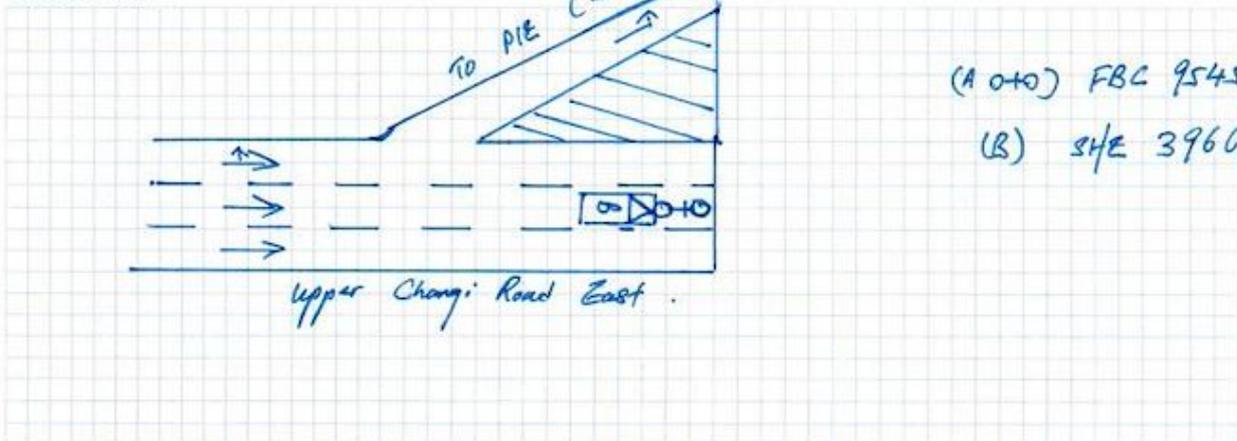
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time


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

 18/03/21
 Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20210312/2058

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20210312/2058

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD SYAHMI BIN MOHAMED TAJUDIN	ID No.	S9511098C
Related Vehicle	FBC9545X (Motorcycle)	Contact No.	82184984
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	Serious
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHE396G (SMRT TAXI)	Contact No.	94779225
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 11th March 2021 at about 11.30pm, I was riding my motorbike along Upper Changi Road East towards Loyang Ave at lane 2 near lamppost 71. As the traffic light was amber, as such I applied brake and stop at the traffic light.

I would wish to state that my motorbike was completely stationary at the traffic light, suddenly a SMRT taxi collided onto my motorbike rear. I could not remember exactly what happened, but I was conscious at the point of time.

My motorbike was quite a distance away in front of the stop line at the traffic light. My motorbike is badly damaged, and I was conveyed to hospital. My motorbike does not have any video recording device on it.

I was conveyed to Changi General Hospital and was given 4 days MC. I sustained abrasion and soreness at my right leg, and I felt pain at the back of my body due to the impact of collision.
























**SINGAPORE
POLICE FORCE**


T/20210312/2058

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519557
Tel No: 1800-5852999

1 of 3

Report No. T/20210312/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2021 14:17	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars

Name of Informant: MUHAMMAD SYAHMI BIN MOHAMED TAJUDIN		Address: APT BLK 230 PASIR RIS STREET 21 #06-54 SINGAPORE 510230	
ID Type / ID No.: NRIC NO / S9511098C		Contact No.: Home/Office: Mobile: 82184984	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 07/04/1995	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Financial Advisor		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/03/2021 23:30	Type of Location: Straight Road
Location: UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC9545X	Motorcycle				Totally Damaged	0
SHE396G	SMRT TAXI					0

Details of Person Involved

Any Pedestrian Involved: No	
No. Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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T/20210312/2058

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519457
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2 of 3

Report No. T/20210312/2058

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD SYAHMI BIN MOHAMED TAJUDIN	ID No.	S9511098C
Related Vehicle	FBC9545X (Motorcycle)	Contact No.	82184984
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	Serious
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHE396G (SMRT TAXI)	Contact No.	94779225
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

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T/20210312/2058

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519457
Tel No: 1800-5852999

3 of 3

*Report No: T/20210312/2058

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:
G /
Sr Staff Sgt CHUA WANGLONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/03/2021 14:17

Officer In Charge Of Case:
TP / GIT /
* Sr Staff Sgt CHONG GUAN FATT
* Contact No.: 65476083

Classification Of Case:

Authentication Stamp
NP168

