

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 15:57 (SGT)
Date of Accident 15/03/2021 07:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information PAN ISLAND EXPRESSWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM3230R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD ARIF BIN JAMAK
NRIC No S9629902H
Email Address arifjamak2863@gmail.com
Mobile Phone No (Phone) +65-90235191
Alternative Phone No +65-90235191

VEHICLE PARTICULARS

Manufacturer Ktm
Model K.T.M. / RC200
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
Transmission Manual
CC 200

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5119858066
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD ARIF BIN JAMAK
NRIC No S9629902H

Date Of Birth	30/08/1996
Occupation	Indoor
Date Of Driving Pass	29/05/2019
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90235191
Alt. Phone Number	+65-90235191
Email Address	arifjamak2863@gmail.com
Address	90 EDGEDALE PLAINS #01-21 THE TERRACE
Address complement	-
Postcode	828685
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	Side Swipe
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	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

AS PER POLICE REPORT No.T/20210315/2106;

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	SLD8554C
Vehicle Manufacturer	Mazda
Vehicle Model	MAZDA / MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	MUHAMMAD ARIF BIN JAMAK
Address	90 EDGE DALE PLAINS #01-21 THE TERRACE
Address Complement	-
Post Code	828685
Approximate Age Years Old	24
Injuries Sustained	-
Injured person in which vehicle?	FBM3230R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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

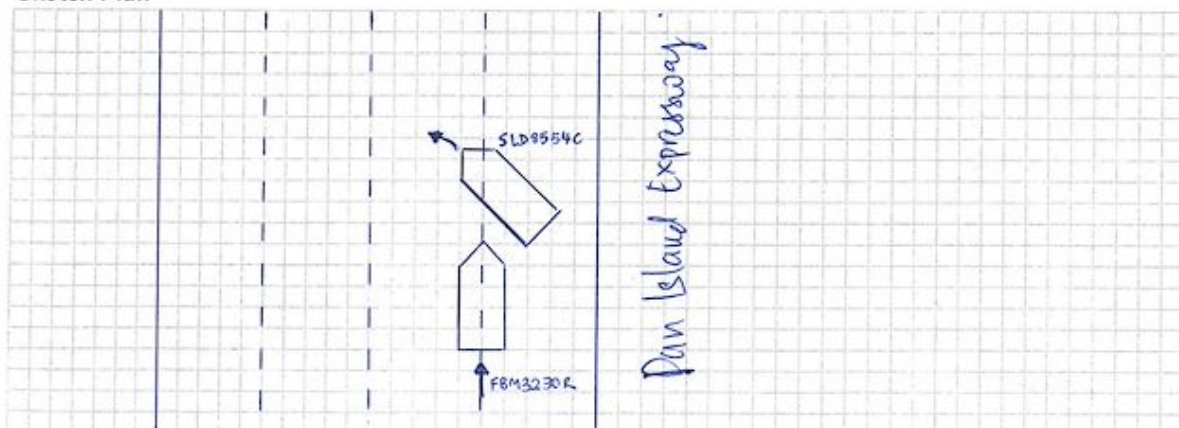
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

APK
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel 18 MAR 2021

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT.

Declaration

We declare the foregoing particulars are true in every respect.

ARUK
Policyholder's Signature / Date &
Time

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
Personnel

18 MAR 2021































**SINGAPORE
POLICE FORCE**



T/20210315/2106

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

1 of 3

Report No. T/20210315/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2021 18:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD ARIF BIN JAMAK			Address: 90 EDGEDALE PLAINS #01-21 THE TERRACE SINGAPORE 828685		
ID Type / ID No.: NRIC NO / S9629902H			Contact No.: Home/Office: Mobile: 90235191		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 30/08/1996	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: CIVIL DEFENCE			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: 15/03/2021 07:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM3230R	Motorcycle	KTM	RC200	Black		0
SLD8554C	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	Red		0



**SINGAPORE
POLICE FORCE**



T/20210315/2106

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

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Report No. T/20210315/2106

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ARIF BIN JAMAK	ID No.	S9629902H
Related Vehicle	FBM3230R (Motorcycle)	Contact No.	90235191
Hospital/Clinic	NTFGH	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/03/2021	Date Discharge	15/03/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

ON STATED DATE, TIME AND LOCATION

I WAS RIDING ALONG PIE BEARING PLATE NUMBER (FBM3230R) AS I WAS RIDING ON 1ST LANE OF LANE 2ND, SUBSEQUENTLY VEHICLE BEARING PLATE NUMBER (SLD8554C) SWITCH LANE ABOUBTLY WITHOUT LOOKING BLIND SPOT EVENTUALLY HIT ONTO ME, I FELL ON THE LEFT SIDE AND WAS CONVEYED BY AMBULANCE. I RECEIVE A CALL FROM IO FERROZ TO MAKE MY TO TPHQ TO LODGE POLICE REPORT ACCORDINGLY. THAT'S ALL.



SINGAPORE
POLICE FORCE



T/20210315/2106

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

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Report No. T/20210315/2106

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:
TP /
SC MUHAMMAD SYAFIQ BIN ABDULLAH

Signature Of Informant:

APW

Signature Of Interpreter:
Not applicable

Date/Time:
15/03/2021 18:00

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

Signature: *[Signature]*



**SINGAPORE
POLICE FORCE**



D/20210317/2018

1 of 2

POLICE REPORT (NP299)

Report No. D/20210317/2018

Police Station Of Origin
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

Date/Time Report Made 17/03/2021 12:32	Vide Report No. T/20210315/2106	Station Diary No. 5
Name Of Informant MUHAMMAD ARIF BIN JAMAK	Address 90 EDGE DALE PLAINS #01-21 SINGAPORE 828685	
ID Type / ID No. NRIC NO / S9629902H	Contact No. Home/Office	Mobile 90235191
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SCDF NSF	Sex Male	Age 24
Institution/School Name	Date of Birth 30/08/1996	Race Javanese
Date/Time Of Incident 15/03/2021 07:30	Location Of Incident Along Pan-Island Expressway	

Brief details.

With reference to a Traffic Accident report that I made vide T/20210315/2106.

I wish to add that firstly, my medical certificate (MC) was extended another 05 days from 17/03/2021 to 21/03/2021. Initially, the MC was issued for 03 days from 15/03/2021 to 17/03/2021.

I also wish to state that my laptop (Brand: Aftershock, Model: P650HS) and mobile phone (Samsung Note 10Plus) were damaged due to the accident. For the laptop, there are scratches, cracks and dents to the hardware. For the mobile phone, both the front and back of the phone are shattered and there are

Signature Of Officer Recording The Report: D / Sgt 3 TING WEI YUAN	Signature Of Informant: <i>APK</i>
Signature Of Interpreter: Not applicable	Date/Time: 17/03/2021 12:32
Officer In-Charge Of Case: TP / GIT Staff Sgt SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



D/20210317/2018

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210317/2018

also damages to the screen. The laptop was placed inside my bag-pack while the mobile phone was placed on a phone-mount at the front of the motorcycle.

I am lodging this report for my own insurance claim purposes in regards to the accident.

Signature Of Officer Recording The Report:

D / Sgt 3 TING WEI YUAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

TP / GIT

Staff Sgt SITI NORHAFIDAH BINTE HANAFI

Contact No.: 65476202

Signature Of Informant:

Date/Time:

17/03/2021 12:32

Classification Of Case:

Authentication Stamp





MEDICAL CERTIFICATE (Ref:1129337793)

ORIGINAL

NAME: MUHAMMAD ARIF BIN JAMAK

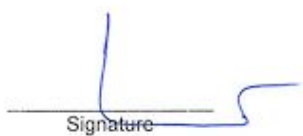
NRIC: S9629902H

Type of Medical Leave granted: **Outpatient Sick Leave**

The above named is unfit for duty for 3 day(s) from 15/03/2021 to 17/03/2021 Inclusive.

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from 15/03/2021 08:15 to 15/03/2021 10:06.

15/03/2021
DateDr. Chao Li (19185Z)
Issued by
Signature

Location: NTFGH EMERGENCY



MEDICAL CERTIFICATE (Ref:1129337798)

ORIGINAL

NAME: MUHAMMAD ARIF BIN JAMAK

NRIC: S9629902H

Type of Medical Leave granted: Outpatient Sick Leave

The above named is unfit for duty for 5 day(s) from 17/03/2021 to 21/03/2021 Inclusive.

The certificate is not valid for absence from court attendance.

17/03/2021
Date

Dr. Aditya GUPTA (13459G)
Issued by

A handwritten signature in blue ink, appearing to be "Aditya Gupta", written over a horizontal line.

Signature

Location: CLM CLEMENTI POLYCLINIC

Clementi Polyclinic
National University Polyclinics
Block 451, Clementi Avenue 3
#02-307, Singapore 120451