

## 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 ..... 10/03/2021 17:01 (SGT)  
Date of Accident ..... 08/03/2021 21:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SULTAN GATE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBM7143H

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KAMARUZZAMAN BIN MAHAT  
NRIC No ..... S9408295A  
Email Address ..... kamal-@hotmail.sg  
Mobile Phone No ..... (Phone) +65-94777685  
Alternative Phone No ..... +65-94777685

#### 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 ..... 5120259757  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... KAMARUZZAMAN BIN MAHAT  
NRIC No ..... S9408295A

Date Of Birth .....	08/03/1994
Occupation .....	Indoor
Date Of Driving Pass .....	08/12/2020
Driving experience .....	3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94777685
Alt. Phone Number .....	+65-94777685
Email Address .....	kamal-@hotmail.sg
Address .....	BLK 719 #03-68 JURONG WEST AVENUE 5
Address complement .....	-
Postcode .....	640719
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PUTI NUR AZLINDA BINTE AZIZ
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210309/2129;

#### 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 .....	SLM9445E
Vehicle Manufacturer .....	Mazda

Vehicle Model .....	MAZDA / MAZDA3 SEDAN 1.5 AT EU6
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	DANISHA CHANG NA
NRIC No .....	T0111813C
Contact Number .....	(Phone) +65-90625652
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 .....	KAMARUZZAMAN BIN MAHAT
Address .....	BLK 719 #03-68 JURONG WEST AVENUE 5
Address Complement .....	-
Post Code .....	640719
Approximate Age Years Old .....	27
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBM7143H
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	PUTI NUR AZLINDA BINTE AZIZ
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBM7143H
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**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**.
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**.
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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' 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.

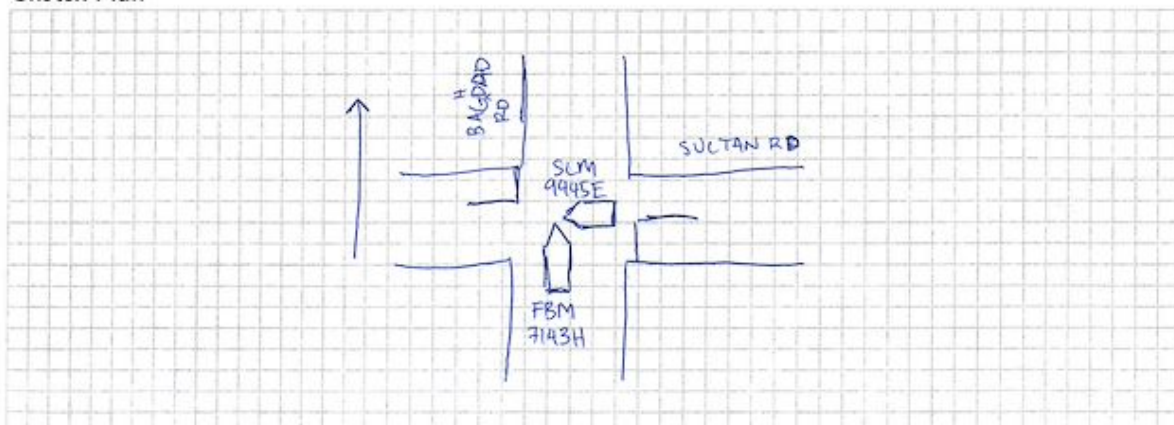
*Kan*  
Policyholder's Signature / Date & Time

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

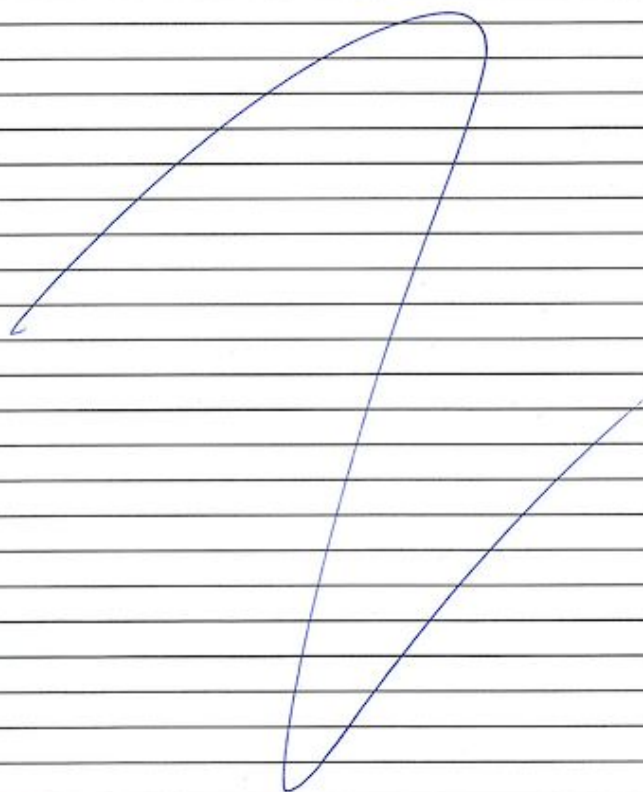
Witnessed by Reporting Centre  
Personnel

10 MAR 2021

**Sketch Plan**

## Describe Circumstances of the Accident

Refer to Police report.



kamal-@notmail.sg

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &amp; Time

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

10 MAR 2021































**SINGAPORE  
POLICE FORCE**



T/20210309/2129

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 4

Report No. T/20210309/2129

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/03/2021 19:00		Vide Report No.: A/20210308/0106		Station Diary No.: 190	
<b>Informant's Particulars</b>					
Name of Informant: KAMARUZZAMAN BIN MAHAT			Address: APT BLK 719 JURONG WEST AVENUE 5 #03-68 SINGAPORE 640719		
ID Type / ID No.: NRIC NO / S9408295A			Contact No.: Home/Office: Mobile: 94777685		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 08/03/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: SENIOR TECH			Driving Licence Information: Class: 2B Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/03/2021 21:00	Type of Location: Straight Road
Location:  SULTAN GATE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
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
FBM7143H	Motorcycle	KTM	RC200	White	Slightly Damaged	1
SLM9445E	Car	MAZDA	MAZDA3	Black		4

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM7143H	NTUC Income Insurance Co-Operative Limited	5120259757	14/03/2020	13/03/2021





**SINGAPORE  
POLICE FORCE**



T/20210309/2129

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210309/2129

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	Puti Nur Azlinda Binte Aziz	ID No.	S9334836B
Related Vehicle	FBM7143H (Motorcycle)	Contact No.	93255492
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/03/2021	Date Discharge	09/03/2021
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Rider			
Name	KAMARUZZAMAN BIN MAHAT	ID No.	S9408295A
Related Vehicle	FBM7143H (Motorcycle)	Contact No.	94777685
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	08/03/2021	Date Discharge	09/03/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Name	Danisha Chang Na	ID No.	T0111813C
Related Vehicle	SLM9445E (Car)	Contact No.	90625652
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 08 March 2021 at about 2100hrs, I was riding my motorcycle bearing, FBM7143H, along Baghdad street towards Pahang Street. My fiance namely Puti Nur Azlinda Binte Aziz pillion on my motorcycle at that point of time. When I was travelling near to the cross junction of Sultan gate and Baghdad Street, a black Mazda 3, SLM9445E, bearing came from my right, travelled across the junction without stopping at the stop line or made a check on the incoming vehicle on her left.

Thereafter, the front left side of the Mazda 3 collided onto my right side of my motorcycle. Both me and my fiance fell to the left side of the road. We were at the center of the junction. Subsequently, the passer-



**SINGAPORE  
POLICE FORCE**



T/20210309/2129

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210309/2129

**CONTINUATION OF REPORT**

by came to assistance us. The ambulance and traffic police then arrived at then. Both of us were conveyed to Tan Tock Seng Hospital. My fiance was given 07 days hospital leave and I was given 04 days MC.

I would like to stated that there is no government property damage.





**SINGAPORE  
POLICE FORCE**



T/20210309/2129

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210309/2129

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:

J /  
Sgt 3 LOH JIAN HONG, DAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/03/2021 19:00

Officer In Charge Of Case:  
TP / GIT /

Classification Of Case:

Contact No.:	SN 126
Authentication Stamp NP168	Signature:
Singapore Police Force	


**SINGAPORE  
POLICE FORCE**


T/20210310/2130

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 4

Report No. T/20210310/2130

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/03/2021 20:57	Vide Report No.: T/20210309/2129	Station Diary No.: 129
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Informant's Particulars				
Name of Informant: KAMARUZZAMAN BIN MAHAT		Address: APT BLK 719 JURONG WEST AVENUE 5 #03-68 SINGAPORE 640719		
ID Type / ID No.: NRIC NO / S9408295A		Contact No.: Home/Office: Mobile: 94777685		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 27	Date of Birth: 08/03/1994	Type of Informant: Rider	
Race: Malay		Language:	Institution / School Name:	
Occupation: SENIOR TECH		Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/03/2021 21:00	Type of Location: Straight Road
Location:  BAGHDAD STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBM7143H	Motorcycle	KTM	RC200	White	Slightly Damaged	1
SLM9445E	Car	MAZDA	MAZDA3	Black		4

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM7143H	NTUC Income Insurance Co-Operative Limited	5120259757	14/12/2020	13/12/2021



**SINGAPORE  
POLICE FORCE**



T/20210310/2130

2 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20210310/2130

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Pillion</b>			
Name	Puti Nur Azlinda Binte Aziz	ID No.	S9334836B
Related Vehicle	FBM7143H (Motorcycle)	Contact No.	93255492
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/03/2021	Date Discharge	08/03/2021
No. of Days granted Medical Leave	07	Degree of Injury	Serious
<b>Rider</b>			
Name	KAMARUZZAMAN BIN MAHAT	ID No.	S9408295A
Related Vehicle	FBM7143H (Motorcycle)	Contact No.	94777685
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	08/03/2021	Date Discharge	08/03/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	Danisha Chang Na	ID No.	T0111813C
Related Vehicle	SLM9445E (Car)	Contact No.	90625652
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 08 March 2021 at about 2100hrs, I was riding my motorcycle bearing, FBM7143H, along Baghdad street towards Pahang Street. My fiancée namely Puti Nur Azlinda Binte Aziz pillion on my motorcycle at that point of time. When I was travelling near to the cross junction of Sultan gate and Baghdad Street, a black Mazda 3, SLM9445E, bearing came from my right, travelled across the junction without stopping at the stop line or made a check on the incoming vehicle on her left. I would like to state that the driver, namely Danisha Chang Na, did not switch on her car headlight.

Thereafter, the front left side of the Mazda 3 collided onto my right side of my motorcycle. Both me and



**SINGAPORE  
POLICE FORCE**



T/20210310/2130

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210310/2130

**CONTINUATION OF REPORT**

my fiance fell to the left side of the road. We were at the center of the junction. Subsequently, the passerby came to assistance us. The ambulance and traffic police then arrived at then. Both of us were conveyed to Tan Tock Seng Hospital. My fiancée was given 07 days hospital leave and I was given 04 days MC.

I would like to stated that there is no government property damage.



**SINGAPORE  
POLICE FORCE**



T/20210310/2130

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Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20210310/2130

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:

J /

Sgt 3 LOH JIAN HONG, DAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/03/2021 20:57

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:



Authentication Stamp

Signature :

**Singapore Police Force**

SN 126





**Tan Tock Seng Hospital**  
11 Jalan Tan Tock Seng, Singapore 308433  
TEL: (65) 6256 6011

MEDICAL CERTIFICATE	ORIGINAL	TTSH21051116
NAME: KAMARUZZAMAN BIN MAHAT		NRIC: S9408295A

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **4 day(s)** from **09-Mar-2021** to **12-Mar-2021** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **08-Mar-2021 22:06** to **08-Mar-2021 23:23**

08-Mar-2021  
Date

RUSSELLE LACAMBRA BALUBAL  
(15777E)  
Issued by

Emergency Department  
Location

  
Signature  
 A member of National Healthcare Group  
Adding years of healthy life



**Tan Tock Seng Hospital**  
11 Jalan Tan Tock Seng, Singapore 308433  
TEL: (65) 6256 6011

MEDICAL CERTIFICATE	AMENDED ORIGINAL	TTSH21051117
NAME: PUTI NUR AZLINDA BINTE AZIZ		NRIC: S9334836B

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 7 day(s) from 09-Mar-2021 to 15-Mar-2021 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 08-Mar-2021 22:06 to 08-Mar-2021 23:29

08-Mar-2021  
Date

RUSSELLE LACAMBRA BALUBAL  
(15777E)  
Issued by

Emergency Department  
Location

  
Signature  
 A member of National Healthcare Group  
Keeping years of healthy life



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: \_\_\_\_\_ Vehicle Registration No: FBM7143H  
 Name (as shown in NRIC): KAMARUZZAMAN BIN MAHAT NRIC/FIN/Passport No: S9408295A  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 719 # 03-68 JURONG WEST AVENUE 5 Singapore ( 64019 )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 94777685  
 Email Address: kamal-@hotmail.sg  
 Date of Accident: 08 MARCH 2021 Time of Accident: 2100  
 Place of Accident: BAGHDAD STREET  
 Insurance Company: NTUC

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Update police report statement.

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

Kam  
 Policyholder / Driver's Signature  
 Date: 12 MARCH 2021

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: 12 MAR 2021