

# 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 ..... 20/04/2021 12:31 (SGT)  
Date of Accident ..... 01/04/2021 21:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TAMPINES STREET 45 TOWARDS TAMPINES STREET 44  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBG3203B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... AHAMED MUSHTAQDEEN BIN HASAN MOHAMED  
NRIC No ..... S9139447B  
Email Address ..... ahamed1232002@hotmail.com  
Mobile Phone No ..... (Phone) +65-91384344  
Alternative Phone No ..... +65-91384344

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Fz16st  
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 ..... 153

### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... -  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... AHAMED MUSHTAQDEEN BIN HASAN MOHAMED  
NRIC No ..... S9139447B

Date Of Birth .....	17/10/1991
Occupation .....	Indoor
Date Of Driving Pass .....	08/04/2010
Driving experience .....	11 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-91384344
Alt. Phone Number .....	+65-91384344
Email Address .....	ahamed1232002@hotmail.com
Address .....	492F TAMPINES STREET 45 #06-702 SPORE 526492
Address complement .....	-
Postcode .....	-
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

#### REFER TO SKETCH PLAN/POLICE REPORT

#### 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 .....	SHC8981E
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 ..... AHAMED MUSHTAQDEEN BIN HASAN MOHAMED  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... FBG3203B  
 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
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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.
  - (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

  
Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

Refer to police report No. T/20210403/7022

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

















































**SINGAPORE  
POLICE FORCE**



G/20210408/7067

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**POLICE REPORT (NP299)**

Report No. G/20210408/7067

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 08/04/2021 18:55	Vide Report No.	Station Diary No.
Name Of Informant AHAMED MUSHTAQDEEN BIN HASAN MOHAMED	Address 492F TAMPINES STREET 45 #06-702 SINGAPORE 526492	
ID Type / ID No. NRIC NO / S9139447B	Contact No. Home/Office:                      Mobile: 91384344	
Nationality SINGAPORE CITIZEN	Email Address ahamed1232002@hotmail.com	
Occupation AV TECHNICIAN	Sex Male	Age 29
Institution/School Name	Date of Birth 17/10/1991	Race Indian
Date/Time Of Incident 01/04/2021 21:00	Location Of Incident TAMPINES STREET 45	

**Brief details.**

I would like to add on to my police Report No. T/20210403/7022.

I was being convey by ambulance to the nearest hospital, Changi General Hospital.

I suffered cervical spine contusion as well.

I was admitted from 01/04/2021 to 05/04/2021 and discharged on 05/04/2021 with 47 days HL from

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: 08/04/2021 18:55
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



G/20210408/7067

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210408/7067

01/04/2021 to 17/05/2021.

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: 08/04/2021 18:55
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





**SINGAPORE  
POLICE FORCE**



T/20210403/7022

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

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Report No. T/20210403/7022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/04/2021 19:50		Vide Report No.: G/20210401/0180		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: AHAMED MUSHTAQDEEN BIN HASAN MOHAMED			Address: 492F TAMPINES STREET 45 #06-702 SINGAPORE 526492		
ID Type / ID No.: NRIC NO / S9139447B			Contact No.: Home/Office: Mobile: 91384344		
Nationality: SINGAPORE CITIZEN			Email: ahamed1232002@hotmail.com		
Sex: Male	Age: 29	Date of Birth: 17/10/1991	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Audio and video equipment technician			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/04/2021 21:00	Type of Location: Straight Road
Location:  TAMPINES STREET 45				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG3203B	Motorcycle	YAMAHA	FZ16ST	Black		0
SHC8981E	Car	HYUNDAI		Blue		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20210403/7022

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

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Report No. T/20210403/7022

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG3203B	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00752852/01	10/01/2020	09/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	AHAMED MUSHTAQDEEN BIN HASAN MOHAMED		ID No.	S9139447B
Related Vehicle	FBG3203B (Motorcycle)		Contact No.	91384344
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,2 Date of Expiry: NIL
Date	01/04/2021		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Serious
Driver				
Name	Unknown Driver		ID No.	S1487135G
Related Vehicle	SHC8981E (Car)		Contact No.	91603606
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.

I was travelling home from work after buying McDonald's for dinner. I had just travelled from Tampines street 34, junction, onto Tampines street 45. I saw there was taxi, SHC8981E, stopped by the left side, ahead of me with the hazard lights on.

I assumed that he might be dropping of passengers and had moved myself to the right. As i was approaching him, he started moving, fully turning right into my path to make a u turn . As the distance was too little i could not stop in time and had collided with him at the front of his vehicle with the front of my bike. Therefore i was flung off my bike onto the ground. As of writing this report, i have sustain injuries to my left and right knee, abrasions on the back of my right hip. Doctors have done some preliminary scans and xrays and said that there is no indication of any broken bones. The doctors said they will be further checking for ligament or other injuries in the mentioned areas.





**SINGAPORE  
POLICE FORCE**

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



T/20210403/7022

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Report No. T/20210403/7022

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20210403/7022

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Report No. T/20210403/7022

**CONTINUATION OF REPORT**

Sketch Plan

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: 03/04/2021 19:50
Officer In Charge Of Case: TP / TPB / YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168	





**Contact us at**  
 Hotline: (65) 6532 2888  
 E-mail: CustomerService@DirectAsia.com

## CERTIFICATE OF INSURANCE

**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")**  
**Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)**  
**Road Transport Act, 1987 (Malaysia)**  
**Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)**

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	: MC/00752852/01
<b>Type of Coverage</b>	: Third-Party Fire and Theft Cover
<b>1) Vehicle Registration No.</b>	: FBG3203B
<b>Chassis No.</b>	: ME145S094C2005013
<b>2) Name of Policy Holder</b>	: Ahamed Mushtaqqeen Bin Hasan Mohamed
<b>3) Effective Date of Commencement of Insurance for the Purpose of the Act</b>	: 10/01/2021 00:00
<b>4) Date of Expiry of Insurance</b>	: 09/01/2022 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>	
(a) A named driver who is driving on the Policyholder's permission.	
Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.	
<b>6) Limitations as to use*</b>	
Use only for private purposes and food deliveries in accordance with the declared motorcycle usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
<b>Sum Insured</b>	: Market Value
<b>Policy Excess</b>	: S\$ 600.00 (before any applicable GST)
<b>Theft Excess Outside Singapore</b>	: 50% of market value capped at S\$2,000.00 (before any applicable GST)
<b>Main driver</b>	: Ahamed Mushtaqqeen Bin Hasan Mohamed
<b>Important Note:</b> The policy only covers the main driver and the following named driver:	
<b>Ref</b>	<b>Named Driver</b>
1	IRFAAN AHAMED BIN HASAN MOHAMED
<b>Finance Company / Hire Purchase</b>	:

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 10/12/2020

**Direct Asia Insurance (Singapore) Pte. Ltd.**

Underwriting Manager

**Direct Asia Insurance (Singapore) Pte Ltd**  
 20 Anson Road #08-01 Twenty Anson Singapore 079912  
[www.DirectAsia.com](http://www.DirectAsia.com)

Company Registration: 200822611G