

# 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 ..... 11/05/2021 13:31 (SGT)  
Date of Accident ..... 09/05/2021 15:15 (SGT)  
Exact Location of Accident ..... 700A Pasir Ris Drive 10, Singapore 511700  
Additional Location Information ..... CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBP1185K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD SOLIHIN BIN ABDUL RAZAK  
NRIC No ..... S9411723B  
Email Address ..... SOLIHINSOL29@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-81273813  
Alternative Phone No ..... +65-81273813

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Cb190x  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 184

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... P2252485  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD SOLIHIN BIN ABDUL RAZAK  
NRIC No ..... S9411723B

Date Of Birth .....	09/02/1994
Occupation .....	Indoor
Date Of Driving Pass .....	26/12/2018
Driving experience .....	2 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81273813
Alt. Phone Number .....	+65-81273813
Email Address .....	SOLIHINSOL29@GMAIL.COM
Address .....	BLK 768 PASIR RIS STREET 71 #01-328
Address complement .....	-
Postcode .....	510768
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 on collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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

REFER TO THE ATTACH  
STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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 .....	SLD5942K
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 .....	MUHAMMAD SOLIHIN BIN ABDUL RAZAK
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBP1185K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

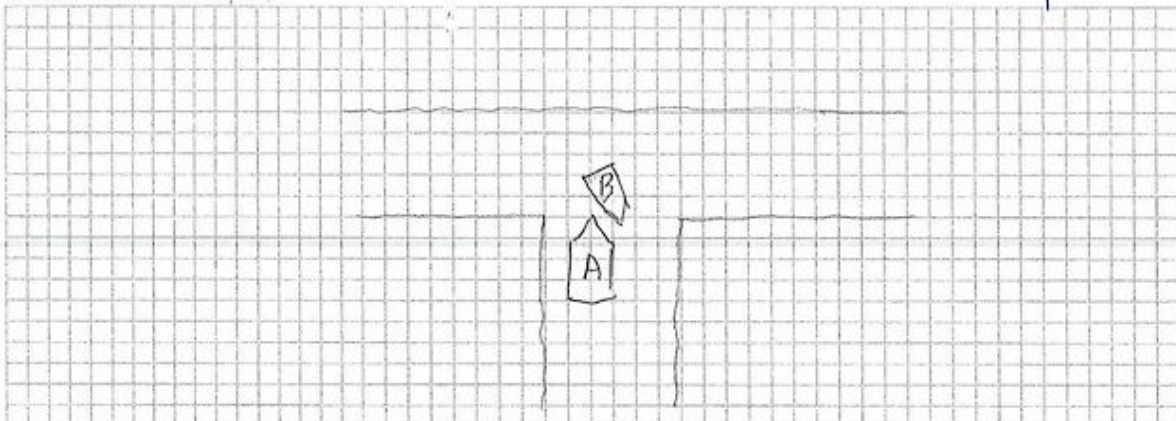
**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

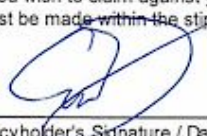
## Describe Circumstances of the Accident

Refer to police report

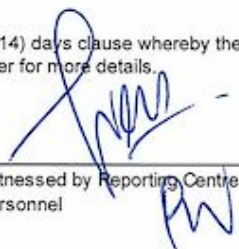
## Declaration

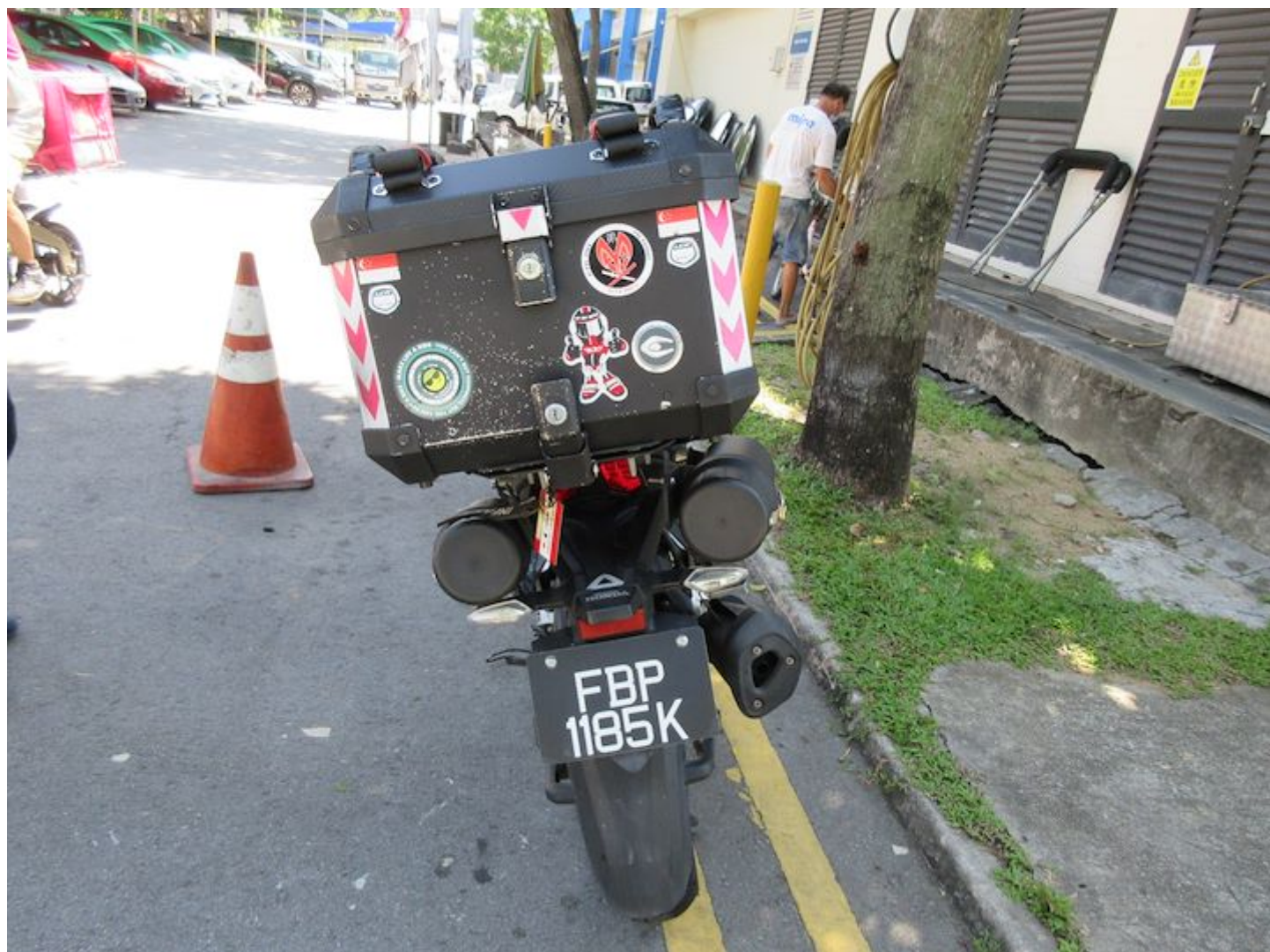
We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel















# SINGAPORE POLICE FORCE



T/20210509/2064

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/20210509/2064

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2021 18:57	Vide Report No.: G/20210509/0167	Station Diary No.: 44
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Informant's Particulars				
Name of Informant: MUHAMMAD SOLIHIN BIN ABDUL RAZAK			Address: APT BLK 768 PASIR RIS STREET 71 #01-328 SINGAPORE 510768	
ID Type / ID No.: NRIC NO / S9411723B			Contact No.: Home/Office: Mobile: 81273813	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 27	Date of Birth: 09/02/1994	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: PEST CONTROL			Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/05/2021 15:15	Type of Location: Car Park
Location:  PASIR RIS DRIVE 10				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1185K	Motorcycle	HONDA	CB190X MANUAL	Red	Seriously Damaged	0
SLD5942K	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1185K	AXA INSURANCE SINGAPORE PTE LTD	AN3190242	12/02/2021	11/02/2022



**SINGAPORE  
POLICE FORCE**



T/20210509/2064

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Report No. T/20210509/2064

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

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SOLIHIN BIN ABDUL RAZAK	ID No.	S9411723B
Related Vehicle	FBP1185K (Motorcycle)	Contact No.	81273813
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 09/05/21 at between 3.15-3.45pm, I was entering the MSCP of 700A Pasir Ris Dr 10 when suddenly an oncoming vehicle who was exiting, collided into me head on causing me to fall faceplant to the cement. The lady driver of the said vehicle alighted her vehicle and assisted me. There was a passerby who came to check on me and assisted me to lift my bike. I then stood up and went to the shelter as it was raining. I asked for the lady driver's particulars however she does not know how to speak in clear English and had a hard time understanding me. The ambulance arrived not long later and conveyed me to SKGH. I was subsequently given 3 days MC for my injuries.

The lady driver's husband's contact number: 97607778.

I am lodging this report for insurance claiming purposes.

**SINGAPORE  
POLICE FORCE**

T/20210509/2064

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/20210509/2064

**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 /

Sgt 3 S EVA SHERRIENA BINTI S AFFINDY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/05/2021 18:57

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FERAZ BIN HUSSEIN

Contact No.: 65476206

Classification Of Case:

Authentication Stamp

NP168

