

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 09/06/2021 09:48 (SGT)
Date of Accident 05/06/2021 18:25 (SGT)
Exact Location of Accident Pasir Ris, Singapore
Additional Location Information PASIR RIS DRIVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM5438X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AHMAD SOLLIHIN BIN HANAFI
NRIC No SXXXX909H
Email Address ahmad_sollihinh@hotmail.com
Mobile Phone No (Phone) +65-94787949
Alternative Phone No +65-94787949

VEHICLE PARTICULARS

Manufacturer Yamaha
Model JUPITER MX (HC)
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 Auto
CC 134

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number -
Cover Note Number AN3192222

DRIVER

Name of Driver AHMAD SOLLIHIN BIN HANAFI
NRIC No SXXXX909H

Date Of Birth	28/11/1995
Occupation	Outdoor
Date Of Driving Pass	01/10/2015
Driving experience	5 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94787949
Alt. Phone Number	+65-94787949
Email Address	ahmad_solihin@hotmail.com
Address	APT BLK 411 PASIR RIS DRIVE 6 #11-389
Address complement	-
Postcode	S510411
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 - Major/Minor Rd
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

PLEASE REFER TO POLICE REPORT NUMBER:T/20210605/7029

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	SMD3157L
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LU HUI
-	SXXXX638A
Contact Number	(Phone) +65-88870080
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	AHMAD SOLLIHIN BIN HANAFI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBM5438X
Were seat belts worn?	-
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

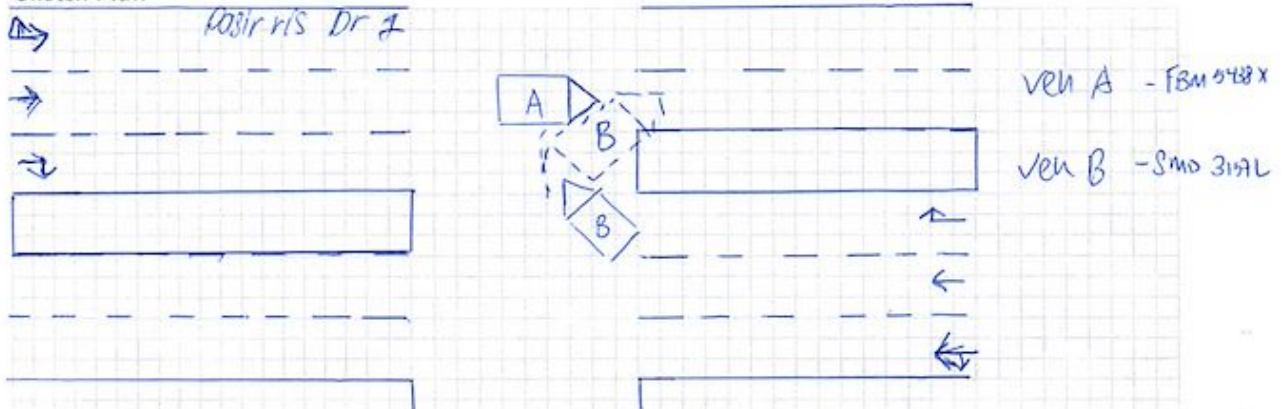
 09 JUN 2021

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

Witnessed by Reporting Centre Personnel



Sketch Plan



Describe Circumstances of the Accident

Please refer to Police Report Number: T/20210605/7029

Declaration

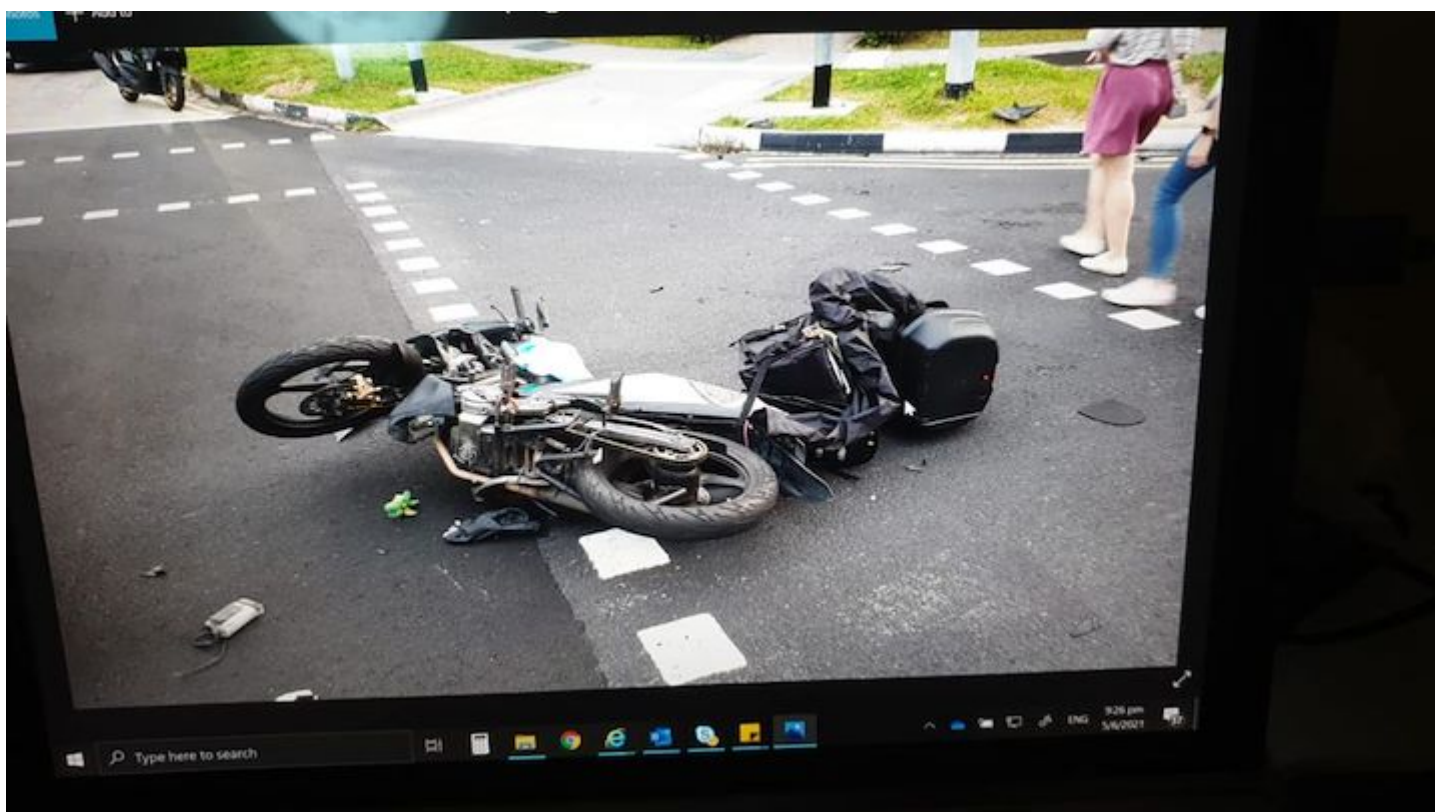
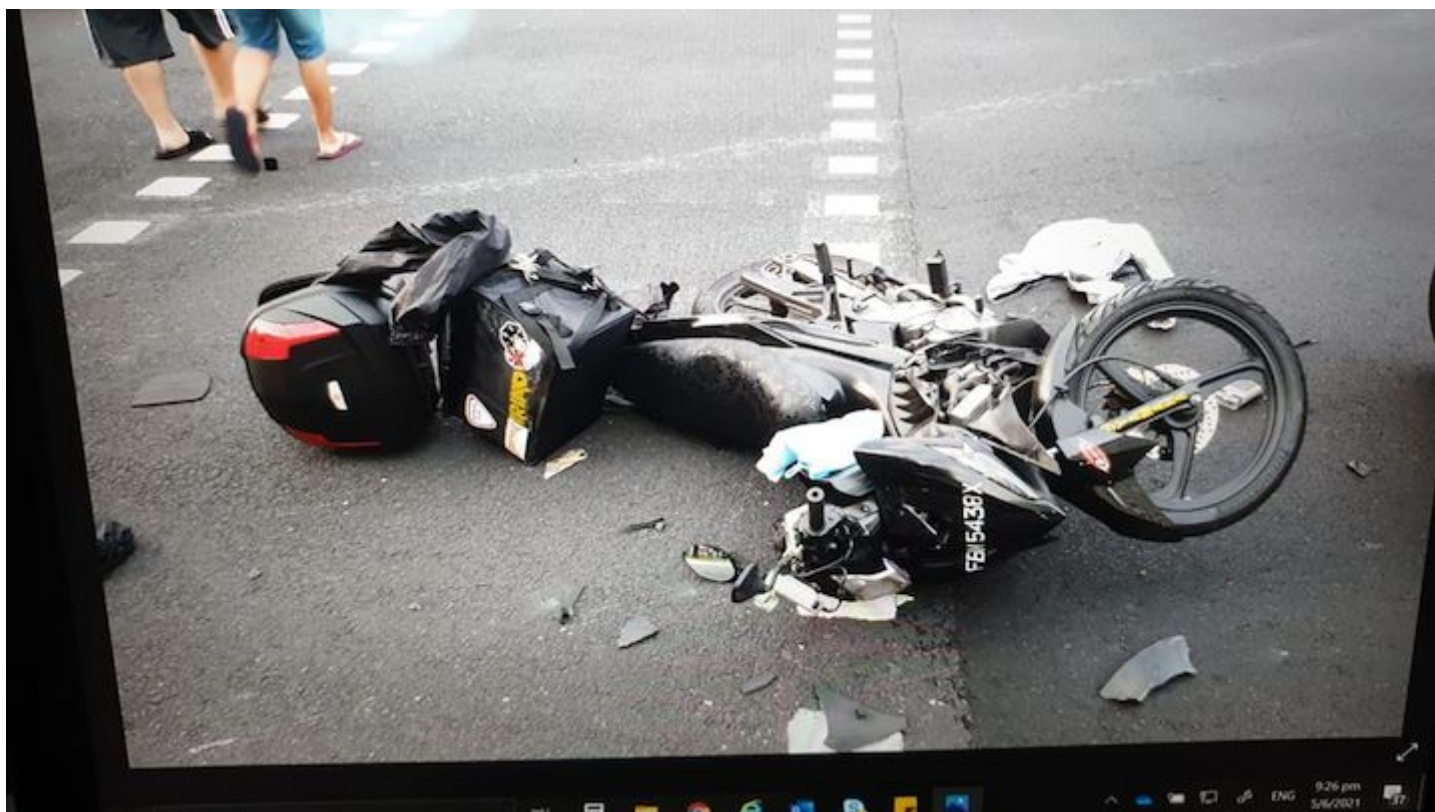
We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 09 JUN 2021

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


Witnessed by Reporting Centre
Personnel











**SINGAPORE
POLICE FORCE**



T/20210605/7029

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

1 of 3

Report No. T/20210605/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2021 23:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: AHMAD SOLLIHIN BIN HANAFI			Address: 411 PASIR RIS DRIVE 6 #11-389 SINGAPORE 510411		
ID Type / ID No.: NRIC NO / S9543909H			Contact No.: Home/Office: Mobile: 94787949		
Nationality: SINGAPORE CITIZEN			Email: AHMAD_SOLLIHIN@HOTMAIL.COM		
Sex: Male	Age: 25	Date of Birth: 28/11/1995	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Despatch worker			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: 05/06/2021 18:25	Type of Location: X-Junction
Location: PASIR RIS DRIVE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	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
FBM5438X	Motorcycle	YAMAHA	JUPITER MX (HC)	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM5438X	AXA INSURANCE SINGAPORE PTE LTD	AN3192222	25/03/2021	24/03/2022



**SINGAPORE
POLICE FORCE**



T/20210605/7029

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

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Report No. T/20210605/7029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AHMAD SOLLIHIN BIN HANAFI	ID No.	S9543909H
Related Vehicle	FBM5438X (Motorcycle)	Contact No.	94787949
Hospital/Clinic	CHANGI GENERAL HOSPITAL, WARD 3B @ PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	05/06/2021	Date	05/06/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I was riding my vehicle plate bearing, FBM5438X. I was traveling straight along Pasir Ris Drive 1 and the traffic light was green and was in my favor. Another vehicle, vehicle plate bearing SMD3157L, was making a u-turn from the opposite direction. The other party did not check on the oncoming traffic and did not wait for the right arrow and made abrupt u-turn. In the result, i did manage to emergency brake however i did not manage to in time hence result in a collision between me and the other party.

I was feeling uneasy and felt pain on my lower back. At the same time i attained multiple bruises and abrasions. Therefore I was conveyed to Changi General Hospital at around 1830hrs.



**SINGAPORE
POLICE FORCE**

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



T/20210605/7029

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Report No. T/20210605/7029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
NUR ADELINA BINTE MOHAMMAD FUAT
Contact No.: 65476066

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
05/06/2021 23:26

Classification Of Case:











