

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 15/05/2021 09:21 (SGT)
Date of Accident 11/05/2021 11:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information WOODLANDS CENTRE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR9774Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMAD YUSOFF BIN OTHMAN
NRIC No SXXXX725I
Email Address ashley@legaloptions.biz
Mobile Phone No (Phone) +65-98300878
Alternative Phone No +65-98300878

VEHICLE PARTICULARS

Manufacturer Yamaha
Model YAMAHA / NMAX 155 ABS CVT
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 155

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5120273202
Cover Note Number -

DRIVER

Name of Driver MOHAMAD YUSOFF BIN OTHMAN
NRIC No SXXXX725I

Date Of Birth	17/12/1978
Occupation	Outdoor
Date Of Driving Pass	04/10/2000
Driving experience	20 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98300878
Alt. Phone Number	+65-98300878
Email Address	ashley@legaloptions.biz
Address	BLK 576 #05-518 WOODLANDS DRIVE 16
Address complement	-
Postcode	730576
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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210511/2079;

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	SLM6013M
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	MOHAMAD YUSOFF BIN OTHMAN
Address	BLK 576 #05-518 WOODLANDS DRIVE 16
Address Complement	-
Post Code	730576
Approximate Age Years Old	42
Injuries Sustained	-
Injured person in which vehicle?	FBR9774Y
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

15 MAY 2021

AS per my
Police report

FBR 97744

Describe Circumstances of the Accident

Handwritten notes in the sketch plan area:

As per
Police report

Declaration

We declare the foregoing particulars are true in every respect.

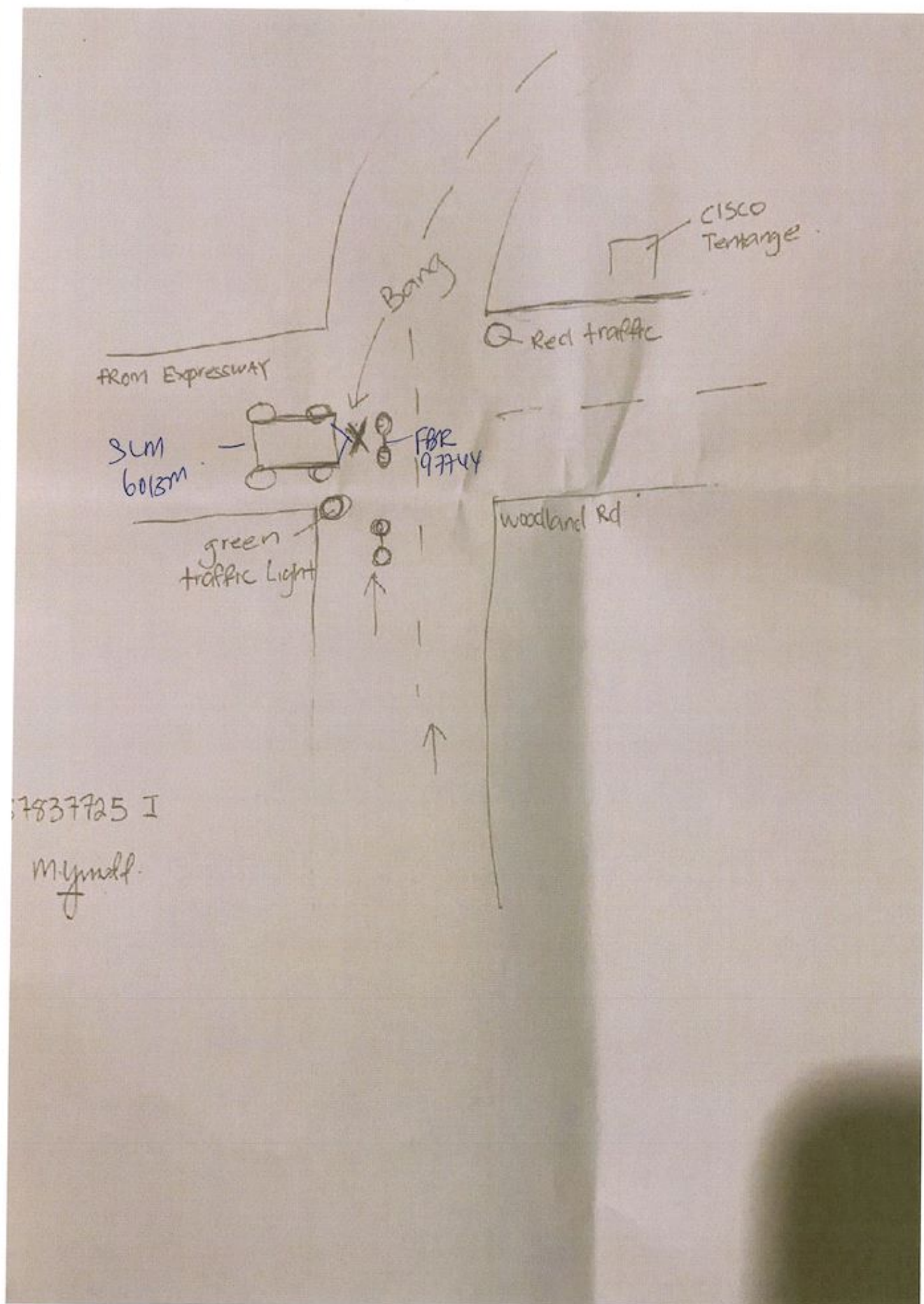

Policyholder's Signature / Date & Time


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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-C
Singapore 415933
Tel: 67416697 Fax: 674922
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
Personnel

15 MAY 2021

























SINGAPORE POLICE FORCE



T/20210511/2079

1 of 3

Report No. T/20210511/2079

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
11/05/2021 17:07

Vide Report No.:

Station Diary No.:
82

Informant's Particulars

Name of Informant: MOHAMAD YUSOFF BIN OTHMAN
Address: APT BLK 576 WOODLANDS DRIVE 16 #05-518 SINGAPORE 730576

ID Type / ID No.:
NRIC NO / S78377251

Contact No.: Mobile: 98300878
Home/Office:

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male
Age: 42
Date of Birth: 17/12/1978

Type of Informant:
Rider

Race:
Malay

Language:
English

Institution / School Name:

Occupation:
Food Panda Rider

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: 11/05/2021 11:50	Type of Location: X-Junction
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Location:

WOODLANDS CENTRE ROAD

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:
Traffic Light - Working

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
FBR9774Y	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Black	Seriously Damaged	0
SLM6013M	Car	MAZDA		Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR9774Y	NTUC Income Insurance Co-Operative Limited	5120273202	14/12/2020	13/12/2021

Report No.

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMAD YUSOFF BIN OTHMAN	ID No.	S78377251
Related Vehicle	FBR9774Y (Motorcycle)	Contact No.	98300878
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	11/05/2021	Date Discharge	11/05/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 11/05/2021 at about 1150hrs, I was riding my vehicle bearing FBR9774Y along Woodlands Centre Road when I approached the traffic light junction of BKE. I stopped at the traffic light and when the lights turned green to my favour, I moved off. I was heading straight towards woodlands centre road. Right when I had rode off, I was hit onto a vehicle coming from BKE from my left. As a result, I was thrown off my motorcycle. Subsequently, while I was on the floor, I tried to get up but I was unable to move my toes. As such, I was afraid that there was any injuries so I just sat up. The driver approached me and admitted that he/she was in a wrong. He/She claimed that he did not see the red light as such he/she just proceeded. There were 2 other motorcyclist which were helping me at that moment. One of them had called for ambulance and police.

Subsequently, the ambulance came and when I was brought in to the ambulance, the Traffic Police came. The traffic police did manage to get a short statement from me and I was then conveyed to Khoo Teck Puat Hospital by the ambulance. I did not manage to get the particulars of the other party but one of the motorcyclist had helped me take photos of the incident using my phone. As such, I managed to get the vehicle number which is SLM6013M.

I suffered from a slight sprain on my toes and ankle. I am still limping when I walk. My vehicle suffered damages to the side fairing, mirror and also my brake lever. This is what I know of now but there could be more damages in which I do not know of yet. I was given 3 days of MC.

SINGAPORE POLICE FORCE

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No T/20210511/2079

3 of 3

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: L / Staff Sgt HAZIQ HAMIZI BIN MAZURI	Signature Of Informant: <i>m. ymull</i>
Signature Of Interpreter: Not applicable	Date/Time: 11/05/2021 17:07
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt GOH WEI LI Contact No.: 93673925	Classification Of Case:
Authentication Stamp NP168	Signature: <i>[Signature]</i> Singapore Police Force