

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 16/08/2021 16:03 (SGT)
Date of Accident 12/08/2021 17:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information MOUNT ELIZABETH LINK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ8603G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ABDUL RAHMAN RAUF BIN AMEEN
NRIC No TXXXX192D
Email Address ASKARMUFTI@GMAIL.COM
Mobile Phone No (Phone) +65-92734737
Alternative Phone No (Home) +65-92734737

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Fz16
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 153

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5122278214
Cover Note Number -

DRIVER

Name of Driver MAIDEEN ABDUL KADAR MUFITH ASKAR
NRIC No TXXXX044B

Date Of Birth	30/04/2002
Occupation	Indoor
Date Of Driving Pass	13/04/2021
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92734737
Alt. Phone Number	-
Email Address	ASKARMUFTI@GMAIL.COM
Address	BLK 57 LENGKOK BAHRU #12-485
Address complement	-
Postcode	151057
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 to Rear
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?	No
Was any other vehicle 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	ABDDUL RAHIM BIN AMEEN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SMR4843J
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YEO BOK CHOON
NRIC No	SXXXX324D
Contact Number	(Phone) +65-98481803
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	MAIDEEN ABDUL KADAR MUFITH ASKAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBJ8603G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ABDDUL RAHIM BIN AMEEN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBJ8603G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. The report will be forwarded by the Insurers of the QA 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' law yan/aw firm, 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 yan/aw firm, 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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yan/aw firm), which may be sited outside of Singapore, for one or more of the above Purposes.

SHUYI

<p><i>[Signature]</i></p> <p>Policyholder's Signature / Date & Time</p>	<p><i>[Signature]</i></p> <p>Driver's Signature (if driver is not the policyholder) / Date & Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
<p>Sketch Plan</p>		

Describe Circumstances of the Accident

On 12/08/2021 at about 1750hrs, I was riding along Mount Elizabeth link towards Mount Elizabeth. I was at the T junction and checking my blind spot before turning left into Mount Elizabeth and a vehicle (SMR48433) hit me from behind. Both of us fell off the bike and the driver came out to check the damages. He showed his driving license and contact number. His name is Yeo Bok Chuan, SOW1324D, HP: 9848 1803 and he told me that he would pay for the damages and if it was too expensive for him to afford, he suggested to do insurance claim. We did not call for the police or ambulance as it was manageable among ourselves.

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

SHUYI

Witnessed by Reporting Centre Personnel



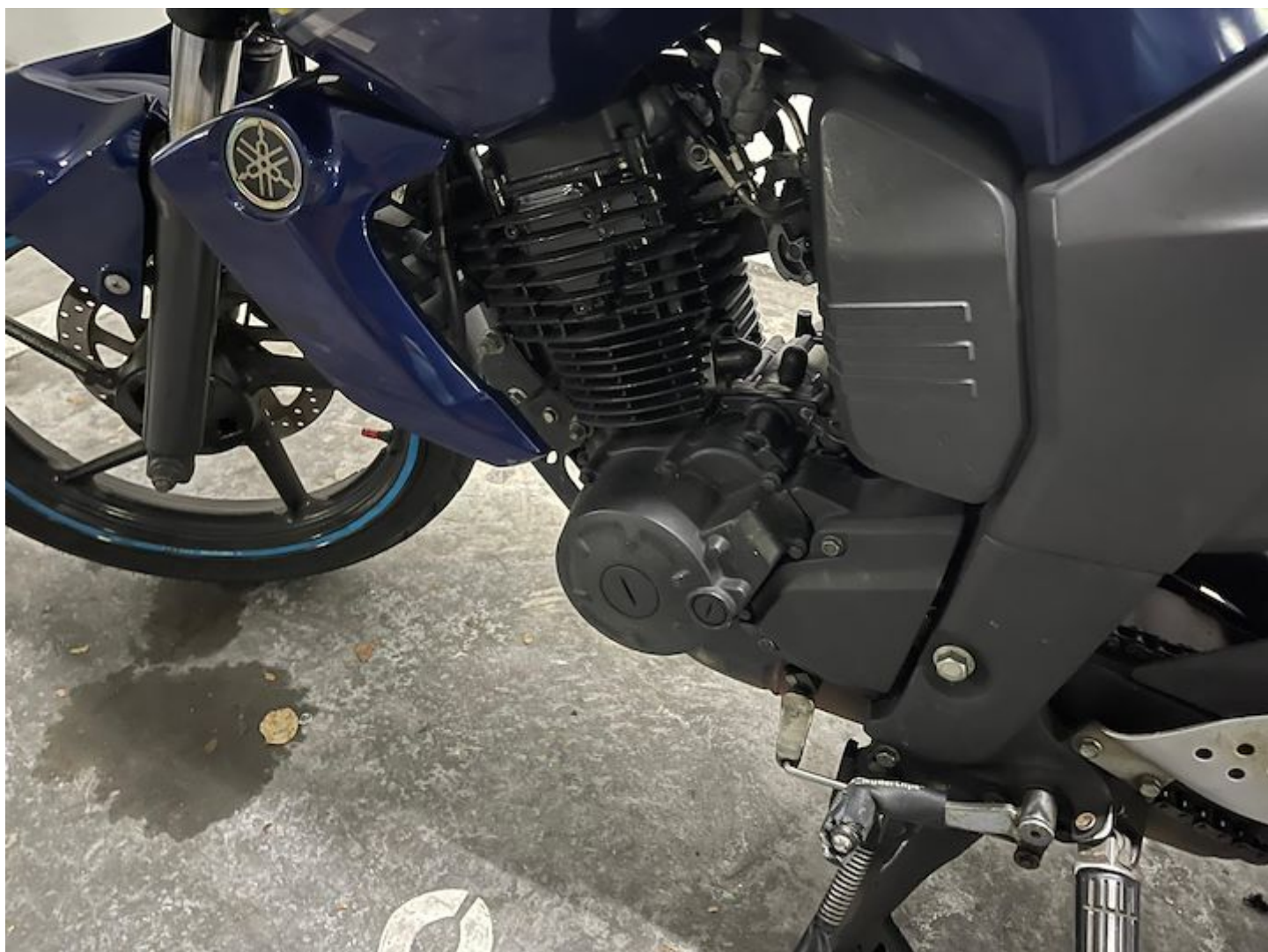














**SINGAPORE
POLICE FORCE**



T/20210813/2068

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3

Report No. T/20210813/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2021 16:24	Vide Report No.:	Station Diary No.: 50
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Informant's Particulars

Name of Informant: MAIDEEN ABDUL KADAR MUFITH ASKAR			Address: APT BLK 57 LENGKOK BAHRU #12-485 SINGAPORE 151057	
ID Type / ID No.: NRIC NO / T0281044B			Contact No.: Home/Office: Mobile: 92734737	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 19	Date of Birth: 30/04/2002	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name: Ngee Ann Poly
Occupation: Student			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/08/2021 17:50	Type of Location: Bend
Location: MOUNT ELIZABETH LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Stationery vehicle from the rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ8603G	Motorcycle				Slightly Damaged	1
SMR4843J	Car				Slightly Damaged	3

Details of Person Involved

Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				



**SINGAPORE
POLICE FORCE**



T/20210813/2008

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159862
Tel No: 1800-3779999

2 of 3
Report No. T/20210813/2008

CONTINUATION OF REPORT

Rider			
Name	MAIDEEN ABDUL KADAR MUFITH ASKAR	ID No.	T0291044B
Related Vehicle	FBJ8603G (Motorcycle)	Contact No.	92734737
Hospital/Clinic	SINGHEALTH POLYCLINICS - BUKIT MERAH	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	13/08/2021	Date Discharge	13/08/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Pillion			
Name	ABDUL RAHIM BIN AMEEN	ID No.	T0312638I
Related Vehicle	FBJ8603G (Motorcycle)	Contact No.	81340555
Hospital/Clinic	SINGHEALTH POLYCLINICS - BUKIT MERAH	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/08/2021	Date Discharge	13/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/08/2021 at about 1750hrs, I was riding along Mount Elizabeth Link towards Mount Elizabeth. I was at the T junction and checking my blind spot before turning left into Mount Elizabeth and a vehicle (SMR4043J) hit me from behind. Both of us fell off the bike and the driver came out to check the damages. He showed me his driving license and contact number. His name is Yeo Bok Choon, S0141324D, HP: 9848 1803 and he told me that he would pay for the damages and if it was too expensive for him to afford, he suggested to do insurance claim. We did not call for the police nor ambulance as it was manageable among ourselves.



**SINGAPORE
POLICE FORCE**



T/20210813/2088

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20210813/2088

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:

D /

Sgt 2 MELVIN LOH JUN HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/08/2021 16:24

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No: 65476430

SN 45

Authentication Stamp

NP168

Classification Of Case: