

# 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 ..... 27/08/2021 17:19 (SGT)  
Date of Accident ..... 25/08/2021 13:30 (SGT)  
Exact Location of Accident ..... Punggol Dr., Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBG9406T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMMAD SOPHIAN BIN JOHARI  
NRIC No ..... SXXXX805E  
Email Address ..... yan\_sbj@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-96889171  
Alternative Phone No ..... +65-96889171

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... JUPITER  
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 ..... 134

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... -  
Cover Note Number ..... 60938330

### DRIVER

Name of Driver ..... MOHAMMAD SOPHIAN BIN JOHARI  
NRIC No ..... SXXXX805E

Date Of Birth .....	14/06/1980
Occupation .....	Outdoor
Date Of Driving Pass .....	05/07/2001
Driving experience .....	20 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96889171
Alt. Phone Number .....	+65-96889171
Email Address .....	yan_sbj@yahoo.com.sg
Address .....	BLK 130 RIVERVALE STREET
Address complement .....	#09-884
Postcode .....	540130
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 vehicle 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

PLS REFER TO THE POLICE REPORT:T/20210826/7003

#### 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 .....	FBJ3297P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle

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 .....	MOHAMMAD SOPHIAN BIN JOHARI
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	FBG9406T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

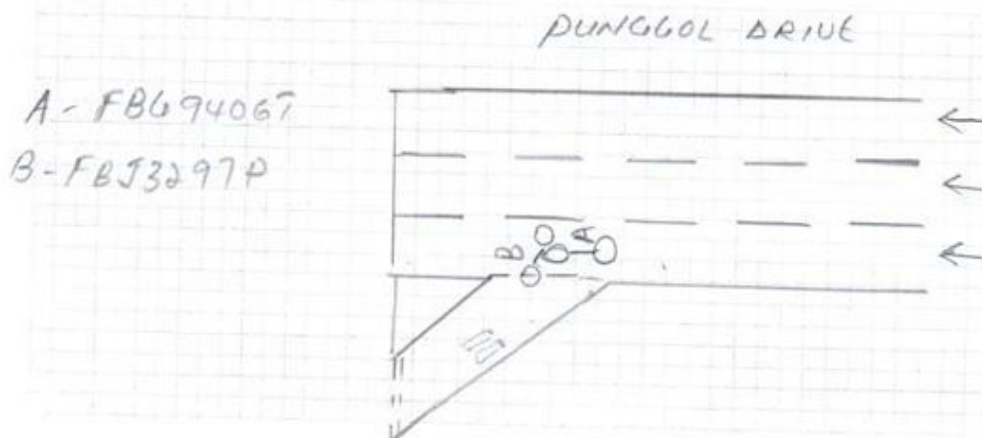
**SKETCH PLAN****IMPORTANT NOTICE**

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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.

[Signature] 22/8/21  
Policyholder's Signature / Date & Time

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

[Signature] 27/08/21  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

**Describe Circumstances of the Accident**

*Pls refer to the police report: T/20210826/7003*

**Declaration**

We declare the foregoing particulars are true in every respect.

*[Signature]* 27/8/21  
Policyholder's Signature / Date & Time

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

*[Signature]* 27/08/21  
Witnessed by Reporting Centre Personnel





SINGAPORE  
POLICE FORCE



T/20210826/7003

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

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Report No. T/20210826/7003

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD SOPHIAN BIN JOHARI		ID No. S8016805E
Related Vehicle	FBJ3297P (Motorcycle)		Contact No. 96889171
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Class: 2B Date of Expiry: NIL
Date	25/08/2021		Date 25/08/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 25/08/2021 at about 1.30pm, I was riding my motorcycle plate number FBG 9406 T along Punggol Drive towards junction of Edgefield Plains. I was travelling on lane 3 out of 3 lanes. Upon reaching the junction of Punggol Drive and Edgefield Plains, one motorcycle plate number FBJ 3297 P was travelling ahead of me on the same lane. Out of a sudden, the said motorcycle swerve his vehicle to his left going towards the Edgefield Plains exit. I did not manage to stop in time or react. The front part of my vehicle collided on his left side of his vehicle. Together with my motorcycle I fell on my left side of my body causing injuries to my left elbow, arm, knee and thigh area. My left calf was stuck under my motorcycle and my right leg was stuck between mine and his motorcycle. So to say his motorcycle was on top my right leg. He admitted his mistake for doing the sudden swerve without checking the blind spot properly when we were talking on the side road after the incident.











































SINGAPORE  
POLICE FORCE



T/20210826/7003

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

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Report No. T/20210826/7003

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2021 10:12		Vide Report No.: F/20210825/0099	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: MOHAMMAD SOPHIAN BIN JOHARI		Address: 130 RIVERVALE STREET #09-884 SINGAPORE 540130	
ID Type / ID No.: NRIC NO / S8016805E		Contact No.: Home/Office:	Mobile: 96889171
Nationality: SINGAPORE CITIZEN		Email: yan_sbj@yahoo.com.sg	
Sex: Male	Age: 41	Date of Birth: 14/06/1980	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Other electronics engineering technicians		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: 25/08/2021 13:30	Type of Location: X-Junction
Location:  PUNGGOL DRIVE				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBJ3297P	Motorcycle					0

### Details of Person Involved

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





SINGAPORE  
POLICE FORCE



T/20210826/7003

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

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Report No. T/20210826/7003

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD SOPHIAN BIN JOHARI		ID No. S8016805E
Related Vehicle	FBJ3297P (Motorcycle)		Contact No. 96889171
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Class: 2B Date of Expiry: NIL
Date	25/08/2021		Date 25/08/2021
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Brief Details.

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SINGAPORE  
POLICE FORCE



T/20210826/7003

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

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Report No. T/20210826/7003

# 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 /  
MOHAMED SUFIAN BIN MOHAMED JUNID  
Contact No.: 65476247

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:  
26/08/2021 10:12

Classification Of Case: