

# 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 ..... 20/08/2021 19:15 (SGT)  
Date of Accident ..... 13/06/2021 15:42 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Along Stevens Road  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBN4542D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SITI RUQAYYAH BINTE JASMANI  
NRIC No ..... S9225327I  
Email Address ..... ibrahimnuruddin98@gmail.com  
Mobile Phone No ..... (Phone) +65-94594412  
Alternative Phone No ..... +65-94594412

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... CB  
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 ..... 180

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5104425822-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... IBRAHIM NURUDDIN BIN JASMANI  
NRIC No ..... S9872092H

Date Of Birth .....	21/02/1998
Occupation .....	Indoor
Date Of Driving Pass .....	11/09/2018
Driving experience .....	2 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86228027
Alt. Phone Number .....	-
Email Address .....	ibrahimnuruddin98@gmail.com
Address .....	APT BLK 572 CHOA CHU KANG STREET 52
Address complement .....	#05-260
Postcode .....	S680572
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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 - Change/cross lane
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 .....	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007659999
Alt. Police Station Phone No .....	(Fax) +65-67644104
Police Station Address .....	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

#### 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 .....	SHD8863H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

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 ..... IBRAHIM NURUDDIN BIN JASMANI  
Gender ..... Male  
Phone No ..... (Phone) +65-86228027  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... FBN4542D  
Were seat belts worn? ..... No  
Was this injured conveyed to hospital by ambulance? ..... Yes

#### WITNESS DETAILS

##### WITNESS 1

Name ..... UNKNOWN  
Phone ..... (Phone) +65-92994316  
Email ..... -

SKETCH PLANIMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

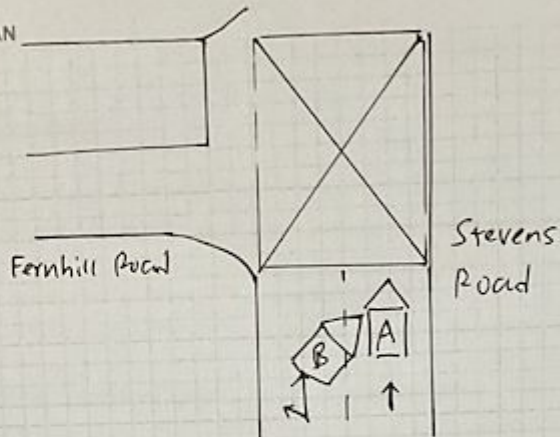
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 20/8/2021  
1850 hrs

Reporting Centre Personnel's Signature  
Name: Eugene Lee  
NRIC/FIN No.: 5491883



SKETCH PLAN



A: FBH4542D  
B: SHD 8863 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: T/20210614/2040

DECLARATION

I/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: 20/8/2021  
1850 hr

Reporting Centre Personnel's Signature  
Name: Eugene Lee  
NRIC/FIN No.: 5991283


















**SINGAPORE  
POLICE FORCE**


T/20210614/2040

1 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20210614/2040

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/06/2021 12:28	Vide Report No.:	Station Diary No.: 51
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**Informant's Particulars**

Name of Informant: IBRAHIM NURUDDIN BIN JASMANI			Address: APT BLK 572 CHOA CHU KANG STREET 52 #05-260 SINGAPORE 680572		
ID Type / ID No.: NRIC NO / S9872092H			Contact No.: Home/Office: Mobile: 86228027		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 21/02/1998	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: LIFT TECHNICIAN			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/06/2021 15:45	Type of Location:
Location:  STEVENS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN4542D	Motorcycle				Seriously Damaged	0

**Details of Person Involved**

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





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20210614/2040

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Report No. T/20210614/2040

## CONTINUATION OF REPORT

Rider	IBRAHIM NURUDDIN BIN JASMANI			ID No.	S9872092H
Name				Contact No.	86228027
Related Vehicle	FBN4542D (Motorcycle)				
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/06/2021		Date Discharge	13/06/2021	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	

### Brief Details.

On 13 June 2021 at about 1545hrs, I was travelling along Steven Road and I was near the junction of Fernhill Road. I was riding on the right lane. There were a Grey van and Yellow Taxi on the left lane. I was about 10 meters behind the vehicle, staying on the right lane. I noticed the grey van is turning left to Fernhill Road. Suddenly, the yellow taxi that was behind the grey van changed lane abruptly to the right. By the time I wanted to react, it was too late. I brake panickily and I fell off from my bike. The taxi driver and the van driver stopped and assisted me up. bystanders helped me out as well. Ambulance and Traffic Police came. I was conveyed to Tan Tock Seng Hospital. I was given 3 days of MC.

I have a witness for the accident. One Male Caucasian, HP: 92994316.

**SINGAPORE  
POLICE FORCE**

T/20210614/2040

3 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20210614/2040

**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:

J /

Sgt 3 MUHAMMAD SHA'ARI BIN ABDUL  
RASHID

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
14/06/2021 12:28

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOOR HIDAYAH BINTE  
ABDULLAH

Contact No.: 65476251

Authentication Stamp  
NP168

Classification Of Case:

SINGAPORE  
POLICE FORCE  
SAFETY GUARDIAN FOR THE CITY

SIGNATURE





**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 6259  
[www.police.gov.sg](http://www.police.gov.sg)

Our Ref : TP/IP/28637/2021  
Date : 2 August, 2021

IBRAHIM NURUDDIN BIN JASMANI  
BLK 572 CHOA CHU KANG STREET 52  
#05-260  
SINGAPORE 680572

Dear Sir/Madam

**ACCIDENT INVOLVING FBN4542D & SHD8863H ALONG STEVENS ROAD  
TOWARDS PIE NEAR FERNHILL ROAD ON 13/06/2021 AT 1542 HRS**

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the driver of SHD8863H had committed the offence of Careless Driving Causing Hurt under Section 65(1)(b) of the Road Traffic Act, Chapter 276 and punishable under Section 65(4)(a) of the Road Traffic Act, Chapter 276. Action has been initiated against the driver for the said offence.

3. If you have any queries, please contact the Investigation Officer, Daniel Yan Mingsheng at 65476252 or email at [Daniel\\_Yan@spf.gov.sg](mailto:Daniel_Yan@spf.gov.sg).

Yours faithfully

Jemeema Farween  
for Head Investigation  
Traffic Police  
Singapore Police Force

A FORCE FOR THE NATION

