

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	19/08/2021 12:22 (SGT)
Date of Accident	05/08/2021 08:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVENUE 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FH99C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD DARWIN BIN NASER
NRIC No	S9315596C
Email Address	MUHD_DARWIN_93@HOTMAIL.COM
Mobile Phone No	(Phone) +65-87838167
Alternative Phone No	+65-87838167

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Xmax
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	300

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5119692004
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD DARWIN BIN NASER
NRIC No	S9315596C

Date Of Birth	28/04/1993
Occupation	Indoor
Date Of Driving Pass	28/11/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87838167
Alt. Phone Number	+65-87838167
Email Address	MUHD_DARWIN_93@HOTMAIL.COM
Address	BLK 415 #02-163 WOODLANDS STREET 41
Address complement	-
Postcode	730415
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 - Cross Junction
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	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

REFER TO POLICE REPORT FOR STATEMENT

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	SHC4682U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	WONG HEE FUN

NRIC No	S0034334Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD DARWIN BIN NASER
Gender	Male
Phone No	(Phone) +65-87838167
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	28
Injuries Sustained	LEFT ANKLE FRACTURE LEFT ANKLE ABRASION LEFT ELBOW ABRASION RIGHT LEG SKIN INFECTION
Injured person in which vehicle?	FH99C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

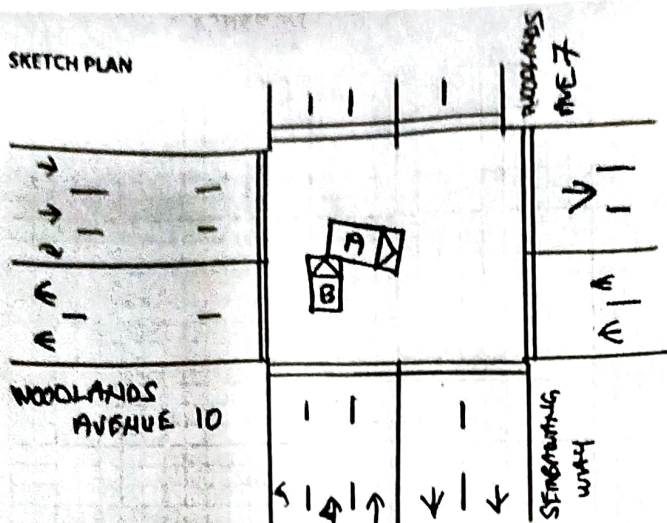
WITNESS 1

Name	IZAD
Phone	(Phone) +65-92484607
Email	-

WITNESS 2

Name	IQBAL
Phone	(Phone) +65-98799677
Email	-

SKETCH PLAN



A: FH99C

B: SHC4682U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

(We declare the foregoing particulars are true in every respect)

Policyholder's Signature
Date & Time: 19/08/2011
1100 hrs.

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/08/2011
1100 hrs.

Reporting Centre Personnel's Signature
Name: SUMAH SUMAR
NRIC/FIN No.: 88023603c

SKETCH PLAN

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 Authorized 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. 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, regulatory, 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.

Insured's Signature

Date: 19/08/2021
11:07:18

Driver's Signature

(If driver is not the policyholder)
Date & Time: 19/08/2021
11:00:15

Reporting Centre Personnel's Signature

Name: SUMAN Sukuman
NRIC/FIN No.: S0028603e



**SINGAPORE
POLICE FORCE**



T/20210806/2048

1 of 4

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

Report No. T/20210806/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2021 15:05		Vide Report No.:		Station Diary No.: 40	
Informant's Particulars					
Name of Informant: MUHAMMAD DARWIN BIN NASER			Address: APT BLK 415 WOODLANDS STREET 41 #02-163 SINGAPORE 730415		
ID Type / ID No.: NRIC NO / S9315596C			Contact No.: Home/Office: Mobile: 87838167		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 28/04/1993	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/08/2021 08:05	Type of Location: X-Junction
Location: WOODLANDS AVENUE 7				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FH99C	Motorcycle	YAMAHA	CZD300A / XMAX300	Green	Totally Damaged	0
SHC4682U	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FH99C	NTUC Income Insurance Co-Operative Limited	5119692004	31/10/2020	30/10/2021



**SINGAPORE
POLICE FORCE**



T/20210806/2048

2 of 4

Report No. T/20210806/2048

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD DARWIN BIN NASER	ID No.	S9315596C
Related Vehicle	FH99C (Motorcycle)	Contact No.	87838167
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	05/08/2021	Date Discharge	NIL
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Driver			
Name	WONG HEE FUN	ID No.	S0034334Z
Related Vehicle	SHC4682U (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 05/08/2021 at about 0805hrs, I was riding my matte green Yamaha XMAX 300 bearing plate FH99C travelling along Woodlands Avenue 10 towards the junction of Sembawang Way and Woodlands Avenue 10 on the right most lane. Upon reaching the junction of Sembawang Way and Woodlands Avenue 10, the traffic light was red however the green right turn arrow was shown. As such, I slowed down and make a right turn into Sembawang Way.

While making the right turn, I saw a maroon Toyota Prius SMRT taxi bearing plate SHC4682U on my right side coming towards me. Shortly after, I was hit by the taxi on my right and I fell off my motorcycle. I was assisted by 2 member of public namely Izad, 92484607 and Iqbal, 98799677. They assisted me and my motorcycle up and called for an Ambulance. While waiting for the Ambulance, the taxi driver came over to ask how was I. We then exchanged particulars with one another. Upon Ambulance arrival, I was checked by the paramedics and subsequently conveyed to Khoo Teck Puat Hospital.

At about 1600hrs, I was contacted by a Traffic Police officer namely IO Syarifuddin and was told by him to make a Police report regarding the incident. The damages on my motorcycles are dented exhaust, broken CVT, broken back suspensions, scratches on the motorcycle left body kit. I have seen the doctor at Khoo Teck Puat Hospital and the injuries that I suffered are fractured left ankle and abrasions on my left elbow. I was also given 14 days of MC.



**SINGAPORE
POLICE FORCE**



T/20210808/2048

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

3 of 4

Report No. T/20210808/2048

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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



T/20210806/2048

4 of 4

Report No. T/20210806/2048

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 /

Sgt 2 WU JUNRONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD SYARIFUDDIN SN 025

MUHAMMAD AJMAIN

Contact No: 65476367

Authentication Stamp

NP158

Singapore Police Force

Signature Of Informant:

Date/Time:

06/08/2021 15:05

Classification Of Case: