

# 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 ..... 01/09/2021 14:28 (SGT)  
Date of Accident ..... 23/08/2021 17:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Woodlands Street 32 towards Woodlands Ave 3  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBN4619S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Adil Arfan Bin Johari  
NRIC No ..... S9917969D  
Email Address ..... TAIISHIRO@OUTLOOK.COM  
Mobile Phone No ..... (Phone) +65-98300409  
Alternative Phone No ..... +65-98300409

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Sniper T150  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 150

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5113118741-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Adil Arfan Bin Johari  
NRIC No ..... S9917969D

Date Of Birth .....	04/06/1999
Occupation .....	Outdoor
Date Of Driving Pass .....	29/01/2018
Driving experience .....	3 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98300409
Alt. Phone Number .....	+65-98300409
Email Address .....	TAISHIRO@OUTLOOK.COM
Address .....	BLK 686A WOODLANDS DRIVE 73 #07-40
Address complement .....	-
Postcode .....	731686
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? .....	No
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 .....	Woodlands East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999
Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to police report 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 .....	SHA7079C
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 .....	ADIL ARFAN BIN JOHARI
Gender .....	Male
Phone No .....	(Phone) +65-98300409
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBN4619S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

## IMPORTANT NOTICE

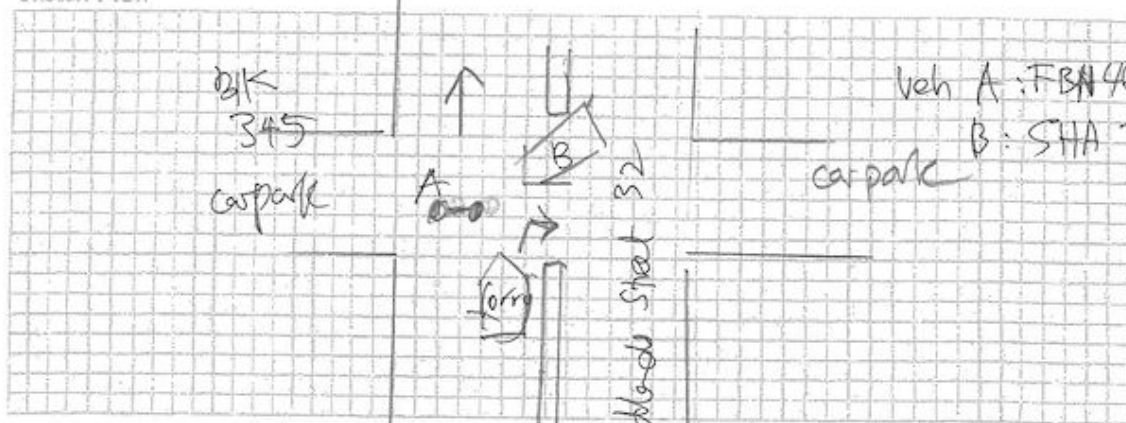
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, 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.

 27/08/21 3.25pm  
Policyholder's Signature / Date & Time

 27/8/21 3.25pm  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

Refer to police report attached.

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

27/08/21 3:25 pm

Witnessed by Reporting Centre Personnel

























**SINGAPORE  
POLICE FORCE**



T/20210829/7026

1 of 3

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

Report No T/20210829/7026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/08/2021 22:40		Vide Report No.: T/20210824/2005		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ADIL ARFAN BIN JOHARI			Address: 686A WOODLANDS DRIVE 73 #07-40 SINGAPORE 731686		
ID Type / ID No.: NRIC NO / S9917969D			Contact No.: Home/Office: Mobile: 98300409		
Nationality: SINGAPORE CITIZEN			Email: ADIL_ARFAN10@HOTMAIL.COM		
Sex: Male	Age: 22	Date of Birth: 04/06/1999	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: National service full time			Driving Licence Information: Class: 2B,2A		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/08/2021 17:50	Type of Location: Straight Road
Location:  WOODLANDS STREET 32				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN4619S	Motorcycle	YAMAHA	sniper	Grey	Slightly Damaged	0
SHA7079C	Car			Blue		0





**SINGAPORE  
POLICE FORCE**



T/20210829/7026

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

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Report No. T/20210829/7026

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ADIL ARFAN BIN JOHARI	ID No.	S9917969D
Related Vehicle	FBN4619S (Motorcycle)	Contact No.	98300409
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A Date of Expiry: NIL
Date	23/08/2021	Date	23/08/2021
No. of Days granted Medical Leave	09	Degree of	Serious
Driver			
Name	KOE ENG HUAT	ID No.	S1274015H
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 23/08/2021, at about 1750hrs, i was riding in my motorcycle bearing registration no. fbn4619s along Woodlands Street 32 towards Woodlands Avenue 3 at about 30Km/hr to 40km/hr. The road is a one lane road. There was a lorry travelling in front of me and decided to turn right; I decided o overtake the lorry through the left side of the lorry. right after overtaking the lorry, there was a collision between the front of my motorcycle and the front bumper of a taxi bearing registration no. SHA7079C, which was turning right from Woodlands Street 32 to Blk 326 Woodlands Street 32. I did not spot the taxi turning right and thus, I was unable to stop in time. My motorcycle fell onto the road on the left side and I fell onto the road too. Police officers and paramedics attended to this accident. I was not conveyed by ambulance to Khoo teck Puat hospital. however, on 23/08/2021 at 1806hrs, I went to Khoo teck puat hospital due to injures onmy left arm and left leg, where I was discharged on 23/08/2021 with a 9 days MC from 23/08/2021 to 31/08/2021. my motorcye sustained on the left side due to the fall. No government property was damaged.

**SINGAPORE  
POLICE FORCE**

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



T/20210829/7026

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Report No. T/20210829/7026

**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 / TPIB /  
MUHAMMAD FARHAN BIN SAIRI  
Contact No.: 65476224

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:  
29/08/2021 22:40

Classification Of Case: