

## 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 ..... 31/08/2021 16:41 (SGT)  
Date of Accident ..... 29/08/2021 04:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... WOODLANDS CENTRE ROAD TOWARDS WOODLANDS ST 13  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBM8431U

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD RAFI BIN ABU BAKAR  
NRIC No ..... S9807420A  
Email Address ..... BDSRAFI@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90622935  
Alternative Phone No ..... +65-90622935

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... RXZ  
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 ..... 135

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5118196629-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MUHAMMAD RAFI BIN ABU BAKAR  
NRIC No ..... S9807420A

Date Of Birth .....	05/03/1998
Occupation .....	Outdoor
Date Of Driving Pass .....	03/05/2019
Driving experience .....	2 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90622935
Alt. Phone Number .....	+65-90622935
Email Address .....	BDSRAFI@GMAIL.COM
Address .....	185A WOODLANDS ST 13 #19-703
Address complement .....	-
Postcode .....	731185
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 - 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? .....	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 .....	Bukit Panjang North Neighbourhood Police Post
Police Station Address .....	Blk 27 Marsiling Drive Singapore 730027
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	SHC4D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	KAMALDIN S/O MOHAMED
NRIC No .....	S1618975H

Contact Number .....	(Phone) +65-90300422
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 RAFI BIN ABU BAKAR
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	ABRASIONS ON LEFT FOOT, SWELLING ON LEFT SHOULDER AND WAIST, SPRAINED NECK.
Injured person in which vehicle? .....	FBM8431U
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLANIMPORTANT NOTICE

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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: 31/08/2021 1630

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: AISH LAMAL

NRIC/FIN No.: 5994 396

A: FBmsh31v  
B: SHC4D

Diagram illustrating a mechanical assembly or process flow. The assembly consists of two main components, A and B, stacked vertically. Component A is positioned on top of component B. Arrows indicate the direction of flow or movement: an upward arrow on the left, a downward arrow on the right, and a dashed line with an upward arrow below component B.

REFER TO POLICE REPORT

I/We declare the foregoing particulars are true in every respect.

Date & Time: 31/08/2021 16:36

Date & Time:

Name: ASH LAMAL

NRIC/FIN No.: 5994394



























# SINGAPORE POLICE FORCE



T/20210829/2076

1 of 3

Report No. T/20210829/2076

Police Station Of Origin:  
Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
29/08/2021 19:01

Vide Report No.:  
J/20210829/0052

Station Diary No.:  
28

### Informant's Particulars

Name of Informant: MUHAMMAD RAFI BIN ABU BAKAR			Address: APT BLK 31 CHAI CHEE AVENUE #06-172 SINGAPORE 461031		
ID Type / ID No.: NRIC NO / S9807420A			Contact No.: Home/Office: Mobile: 90622935		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 05/03/1998	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Motorcycle delivery man			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: 29/08/2021 04:45	Type of Location: T-Junction
Location: WOODLANDS CENTRE ROAD				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM8431U	Motorcycle	YAMAHA	RXZ	Silver	Seriously Damaged	0
SHC4D	Car				Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM8431U	NTUC Income Insurance Co-Operative Limited	5118196629-01	23/08/2021	22/08/2022


**SINGAPORE  
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T/20210829/2076

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27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

2 of 3

Report No. T/20210829/2076

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD RAFI BIN ABU BAKAR	ID No.	S9807420A
Related Vehicle	FBM8431U (Motorcycle)	Contact No.	90622935
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	29/08/2021	Date Discharge	29/08/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Driver</b>			
Name	Kamaldin S/O Mohamed	ID No.	S1618975H
Related Vehicle	NIL	Contact No.	90300422
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

V1) FBM8431U

V2) SHC4D

On 29/08/2021 at about 0449hrs, I was riding V1 along Woodlands Centre Road towards to Woodlands Street 13. While waiting for the traffic light to turn green, I felt an impact from the rear and fell. I then realized that V2 hit onto V1 rear.

V2's driver then called for ambulance assistance. I was conveyed to KTPH for further check-up. Subsequently, I was given a MC of 2 days (KHANE212067266).



**SINGAPORE  
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730027  
Tel No: 1800-3689999

3 of 3

Report No. T/20210829/2076

**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 /

Staff Sgt AIK QISONG Signature :

SN 127

Signature Of Informant:

**Singapore Police Force**Signature Of Interpreter:  
Not applicableDate/Time:  
29/08/2021 19:01

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt NUR ADELINA BINTE MOHAMMAD  
FUAT  
Contact No.: 65476066

Authentication Stamp  
NP168

Classification Of Case: