# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 28/08/2021 13:32 (SGT) Date of Accident 27/08/2021 10:35 (SGT) Exact Location of Accident Near 1 Merryn Dr, Singapore 298541 Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Yamaha

Vehicle Registration Number FBJ3326P

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MUHD TAUFIQ BIN MOHD JOHRI NRIC No. S9744232J Email Address taufiqiohri@gmail.com Mobile Phone No (Phone) +65-87992109 Alternative Phone No +65-87992109

#### VEHICLE PARTICULARS

Manufacturer

Model tmax 530cvt Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Motorcycle Transmission Auto CC 530

#### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage ThirdParty Fleet Policy Policy Number 5123291631 Cover Note Number 5123291631

#### DRIVER

Name of Driver MUHD TAUFIQ BIN MOHD JOHRI NRIC No. S9744232J

Date Of Birth 15/12/1997 Occupation Indoor Date Of Driving Pass 22/09/2016 Driving experience 4 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-87992109 Alt. Phone Number +65-87992109 Email Address taufiqjohri@gmail.com Address blk 639 woodlands ring rd #12-33 Address complement Postcode S730639 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 - 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 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) 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? Nο 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? **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Manufacturer	SHC7061S Hyundai
Vehicle Model	140
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi
Name of Driver	goh kok boon

NRIC No	S1491542G
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 Gender	MUHD TAUFIQ BIN MOHD JOHRI Male
Phone No	(Phone) +65-87992109
Address	blk 639 woodlands ring rd #12-33
Address Complement	-
Post Code	S730639
Approximate Age Years Old	23
Injuries Sustained	refer to medical report
Injured person in which vehicle?	FBJ3326P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

KETCH PLAN	- '- '		
	STEVEN &	D([649)	
	13/0	The state of the s	
1	1/2	The board	
	1	1	
		+	X \
		Ton	2000
		FBJ	33761
			SHC 70615
ESCRIBE CIRCUMSTANCES O	F THE ACCIDENT		
	<u> </u>		
	× 10		
· · · · · · · · · · · · · · · · · · ·			
	-		
	į.		
			-
[4	9		
ECLARATION	V 132 200 1 72-		
We declare the foregoing particular	alars are true in every respect.		
LANGER		1	
		Reporting Centre	1













Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999 CONTINUATION OF REPORT

3 or 3 Report No. T/20210827/2117

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 1 LIM MING CHONG

Signature Of Interpreter: Not applicable

Officer In Charge Of Case:

TP / AEIT / Insp BOON YEN KIAN Contact No.: 65476172

Authentication Stamp NP168 Signature Of Informant:

Date/Time: 27/08/2021 20:31

Classification Of Case:

SN 130

Singapore Police Force





Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

Report No. T/20210827/2117

CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved					
Any Pedestrian II	nvolved: No			SE THURSE	1201	
No. of Pedestrian	ns Injured: NIL		Use of F	edestrian	Cross	sing: NA
Rider		- Company of the				
Name	MUHAMMAD TAUFIQ BIN MOHA		HAMAD	ID No.		S9744232J
Related Vehicle	FBJ3326P (Motorcy	cle)	NO STORY	Conta	ct No.	87992109
Hospital/Clinic	KHOO TECK PUAT	Driving Licens		g	Class: 2B,2A,2 Date of Expiry: NIL	
Date Treatment	27/08/2021		Date Di	scharge	27/08	3/2021
No. of Days gran	ted Medical Leave	05		of Injury	Sligh	
Driver						
Name	GOH KOK BOON			ID No		S1491542G
Related Vehicle	FBJ3326P (Motorcy	cle)		Conta	ct No.	NIL
Hospital/Clinic	NIL 66.01 (SOURCES		PI TO	Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Di	scharge	NIL	EL GROSS CHILL
No. of Days gran	ted Medical Leave	NIL	Degree	of Injury	NIL	The same of the same

On 27/08/2021 at about 1035hrs, I am riding by bike bearing number FBJ3326P along Stevens road.

While I am riding on the most left lane along Stevens road a taxi bearing number SHC7061S suddenly change to my lane and hit onto the front of my bike and I had a fall. Subsequently, the taxi driver stop aside along lamp post 49 and assisted me.

I wish to state my bike sustained some damages and I had proceed to Khoo Teck Puat to make a checked as I sustained some injuries on right arm and right leg, The doctor also given me a 5 days MC.

I am lodging this report for insurance claim purposes.





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 1 of 3 Report No. T/20210827/2117

#### REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 7/08/2021 20:31		Vide Report No.:	Station Diary No.: 102
Informa	nt's Partice	ulars		
MUHAM MOHAM ID Type	Informant: MAD TAUF AD JOHRI / ID No.: D / S97442	187 NO 141 N	Address: APT BLK 639 WOODLANDS SINGAPORE 730639 Contact No.: Home/Office:	IAMADAIOM smith
National SINGAP	ity: ORE CITIZ	EN lo assio	Email:	Honoral Information
Sex: Male	Age: 23	Date of Birth: 15/12/1997	Type of Informant: Rider	
Race: Malay		All also Aldres	Language:	Institution / School Name:
Occupat	ion:	HIGHS VIENCE	Driving Licence Information:	Date of Expiry

General Inform	mation of the Acci	dent			
Type of Accident:	Injury Others	Drini Drive No		Date/Time of Accident: 27/08/2021 10:35	Type of Locati Straight Road
Location:	Saci yalu				
STEVENS RO	DAD				
Lamp Post Nu	umber: 49				befrang ave G les old
Weather: Clear		Road Surface Dry	e:	Cartificate in this	Road Speed Limit: 50 Km/h
Traffic Flow: Traffic Cont One Way Traffic Light			The same of	rking	Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head	I To Side		A9 and assisted me	Anyone conveyed b ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBJ3326P	Motorcycle	YAMAHA	TMAX 530 CVT	White	Seriously Damaged	
SHC7061S	Car		Ca		Slightly Damaged	1

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBJ3326P	NTUC Income Insurance Co-Operative Limited	5123291631	11/08/2021	10/08/2022		