

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 09/09/2021 18:38 (SGT)
Date of Accident 04/09/2021 20:47 (SGT)
Exact Location of Accident Singapore
Additional Location Information CCK NORTH 5
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBB3417C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner M.A MOTORING
Company Reg No 53424623X
Email Address HAMIZANBOIPEK@GMAIL.COM
Mobile Phone No (Phone) +65-85453143
Alternative Phone No (Home) +65-85453143

VEHICLE PARTICULARS

Manufacturer Yamaha
Model T135
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 135

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5119986725
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD HAMIZAN BIN MOHD KHAMALUDIN
NRIC No T0227934C

Date Of Birth	18/09/2002
Occupation	Outdoor
Date Of Driving Pass	13/07/2021
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87805089
Alt. Phone Number	-
Email Address	HAMIZANBOIPEK@GMAIL.COM
Address	BLK 293 CCK AVE 3 #02-234
Address complement	-
Postcode	680293
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Major/Minor Rd
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 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	SHD7187H
Vehicle Manufacturer	Hyundai
Vehicle Model	Ioniq
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	MUHAMMAD HAMIZAN BIN MOHD KHAMALUDIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBB3417C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.

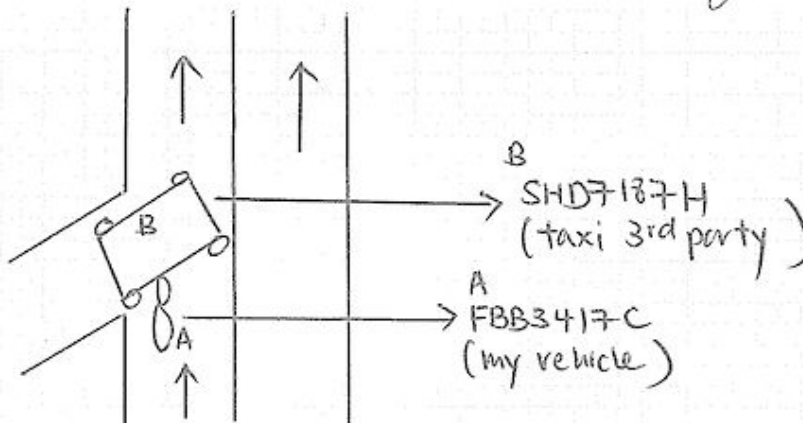
HA MOTORING
55424623A

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

follow police report

Declaration

We declare the foregoing particulars are true in every respect.

 MOTORING
5342462JA

Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel
















**SINGAPORE
POLICE FORCE**


T/20210905/2050

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/20210905/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2021 15:32	Vide Report No.: J/20210904/0168	Station Diary No.: 41
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Informant's Particulars

Name of Informant: MUHAMMAD HAMIZAN BIN MOHD KHAMALUDIN			Address: APT BLK 293 CHOA CHU KANG AVENUE 3 #02-234 SINGAPORE 680293	
ID Type / ID No.: NRIC NO / T0227934C			Contact No.: Home/Office: Mobile: 87805089	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 18	Date of Birth: 18/09/2002	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name: ITE West
Occupation: Student			Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/09/2021 20:00	Type of Location: X-Junction
Location: CHOA CHU KANG NORTH 5				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic		
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
FBB3417C	Motorcycle				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20210905/2050

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

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Report No. T/20210905/2050

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD HAMIZAN BIN MOHD KHAMALUDIN	ID No.	T0227934C
Related Vehicle	FBB3417C (Motorcycle)	Contact No.	87805089
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	04/09/2021	Date Discharge	05/09/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 04/09/2021 at about 2000hrs, I was riding my motorcycle (FBB3417C) along Choa Chu Kang Drive. While I ride pass Choa Chu Kang North 5, a vehicle suddenly came out from the filter lane to turn left to join my lane.

I applied onto my brakes upon seeing the vehicle. As the road was wet, I was unable to stop in time. I collided into the right rear passenger door of the other vehicle. I was injured and passerby came to assist me. Police and Ambulance attended to me. subsequently, I was conveyed to Ng Teng Fong General Hospital.

I wish to state that I do not know what are the damages suffered by both our vehicle and I do not know the other vehicle plate number. No government property damage was damaged.

This is the first time such incident happened to me. I was given 5 days outpatient sick leave by Ng Teng Fong General Hospital.



SINGAPORE POLICE FORCE



T/20210905/2050

3 of 3

Report No. T/20210905/2050

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

46
14
32
72
72
32
32
30
02
20

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 2 DARRYL LIM JUN DE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI VILTON HIN WEE SIANG

Contact No: 65476232

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

05/09/2021 15:32

Classification Of Case:

Scanned with CamScanner