

## 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              | 09/10/2021 15:23 (SGT)                           |
| Date of Accident                | 08/10/2021 15:22 (SGT)                           |
| Exact Location of Accident      | Singapore  |
| Additional Location Information | YOTEL HOTEL & INTERNATIONAL BUILDING LOADING BAY |
| Country/State of Loss           | Singapore  |

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBB817B

INSURED/POLICYHOLDER

Is company?

No

Name Of Registered Owner

MOHAMAD KHAMSIDIN BIN RASHID

NRIC No

S9100152G

Email Address

KHAMSIDIN@GMAIL.COM

Mobile Phone No

(Phone) +65-98212344

Alternative Phone No

+65-98212344

VEHICLE PARTICULARS

Manufacturer

Yamaha

Model

T150

Variant

T150

Exact purpose for which vehicle was being used at time of accident

Employment

Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party

Vehicle Category

Private car

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

5120595301

Cover Note Number

-

DRIVER

Name of Driver

MOHAMAD KHAMSIDIN BIN RASHID

NRIC No

S9100152G

|  |                                    |
|--|------------------------------------|
| Date Of Birth  | 03/01/1991                         |
| Occupation   | Outdoor                            |
| Date Of Driving Pass   | 26/02/2015                         |
| Driving experience   | 6 YEARS AND 8 MONTHS               |
| Gender   | Male                               |
| Mobile Number  | (Phone) +65-98212344               |
| Alt. Phone Number  | +65-98212344                       |
| Email Address  | KHAMSIDIN@GMAIL.COM                |
| Address  | BLK 467B BUKIT BATOK WEST AVENUE 9 |
| Address complement   | #04-525                            |
| Postcode   | 652467                             |
| 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   | Collided into Motorcyclist |
| 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?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| Was any other vehicle or property damaged?  | Yes |
| Number of Passengers (Including Driver)   | 0   |
| 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?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

|   |    |
|---|----|
| Are accident photos available for attachment? | No |
| Was there any video captured by Car Camera?   | No |
| Was there any audio recorded?                 | No |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBG9830B           |
| Vehicle Manufacturer        | -                  |
| Vehicle Model               | -                  |
| Vehicle Variant             | -                  |
| Vehicle Colour              | -                  |
| Vehicle Category            | Commercial vehicle |
| 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)

-  
-  
-  
-  
-

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG was exposed to a control environment (CE) and the EG was exposed to an experimental environment (EE). The CG was exposed to a control environment (CE) and the EG was exposed to an experimental environment (EE). The CG was exposed to a control environment (CE) and the EG was exposed to an experimental environment (EE).

604872  
(REVERSING)


**Describe Circumstances of the Accident**

LICENSE PLATE: FBB 8178 ACCIDENT DATE: 08/10/2021 1522hrs  
 CONTACT NUMBER: 98212344 EMAIL ADDRESS: khamsidin@gmail.com  
 LOCATION: Yote Hotel & International building loading bay

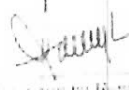
I'm working as a food delivery rider, I'm working on that day. At 1530hrs, I already reached where I park my bike. I park at Yote and International building loading bay. I saw my bike was moved forward. When I'm doing check on my bike, there few damage on the bike. So I approach the security in charge and she ask me to go to the FCC to look for the CCTV footage. The security incharge help me to get the detail of the vehicle involved.

**Declaration**

We declare the foregoing and other facts are true and correct.

  
 Policyholder's Signature Date & Time

  
 Witness's Signature Date & Time

  
 Witnessed by Reporting Centre Date & Time

