

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 12/10/2021 18:34 (SGT)
Date of Accident 11/10/2021 11:55 (SGT)
Exact Location of Accident Jurong West Street 93, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ4145B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD FARHAN BIN SHADON
NRIC No SXXXX437D
Email Address FARHAN_FARHAN95@HOTMAIL.COM
Mobile Phone No (Phone) +65-91155045
Alternative Phone No (Home) +65-91155045

VEHICLE PARTICULARS

Manufacturer Yamaha
Model SNIPER T150
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 150

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5112928627-02
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD FARHAN BIN SHADON
NRIC No SXXXX437D

Date Of Birth	19/05/1995
Occupation	Indoor
Date Of Driving Pass	26/02/2014
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91155045
Alt. Phone Number	(Home) +65-91155045
Email Address	FARHAN_FARHAN95@HOTMAIL.COM
Address	BLK 934 JURONG WEST STREET 91 #03-341
Address complement	-
Postcode	640934
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 - 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?	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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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	SDM693J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	ANDY KONG WAI LEONG
NRIC No	SXXXX113E
Contact Number	(Phone) +65-97377105
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 FARHAN BIN SHADON
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ4145B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**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. The 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.
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")

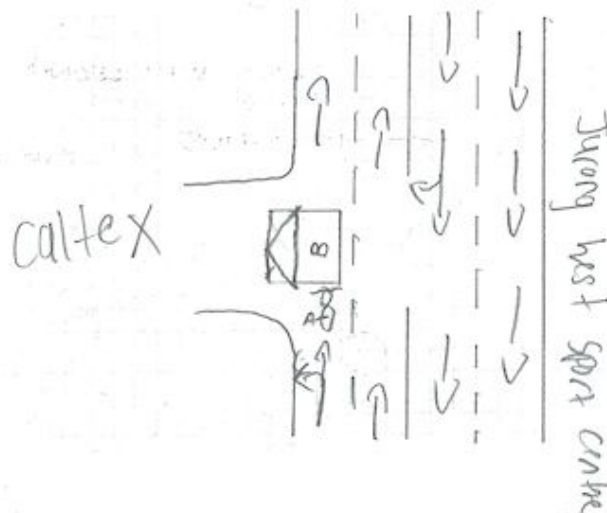
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

h 12/10/21 11:05hrs
Policyholder's Signature / Date & Time

h 12/10/21 11:06hrs
Driver's Signature (If driver is not the policyholder) / Date & Time

lai
Witnessed by Reporting Centre Personnel

Sketch Plan

A: FB04145B

B: SDM693J

Describe Circumstances of the Accident

REFER TO POLICE REPORT.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

F 12/10/21 11:08hrs.

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

Witnessed by Reporting Centre
Personnel







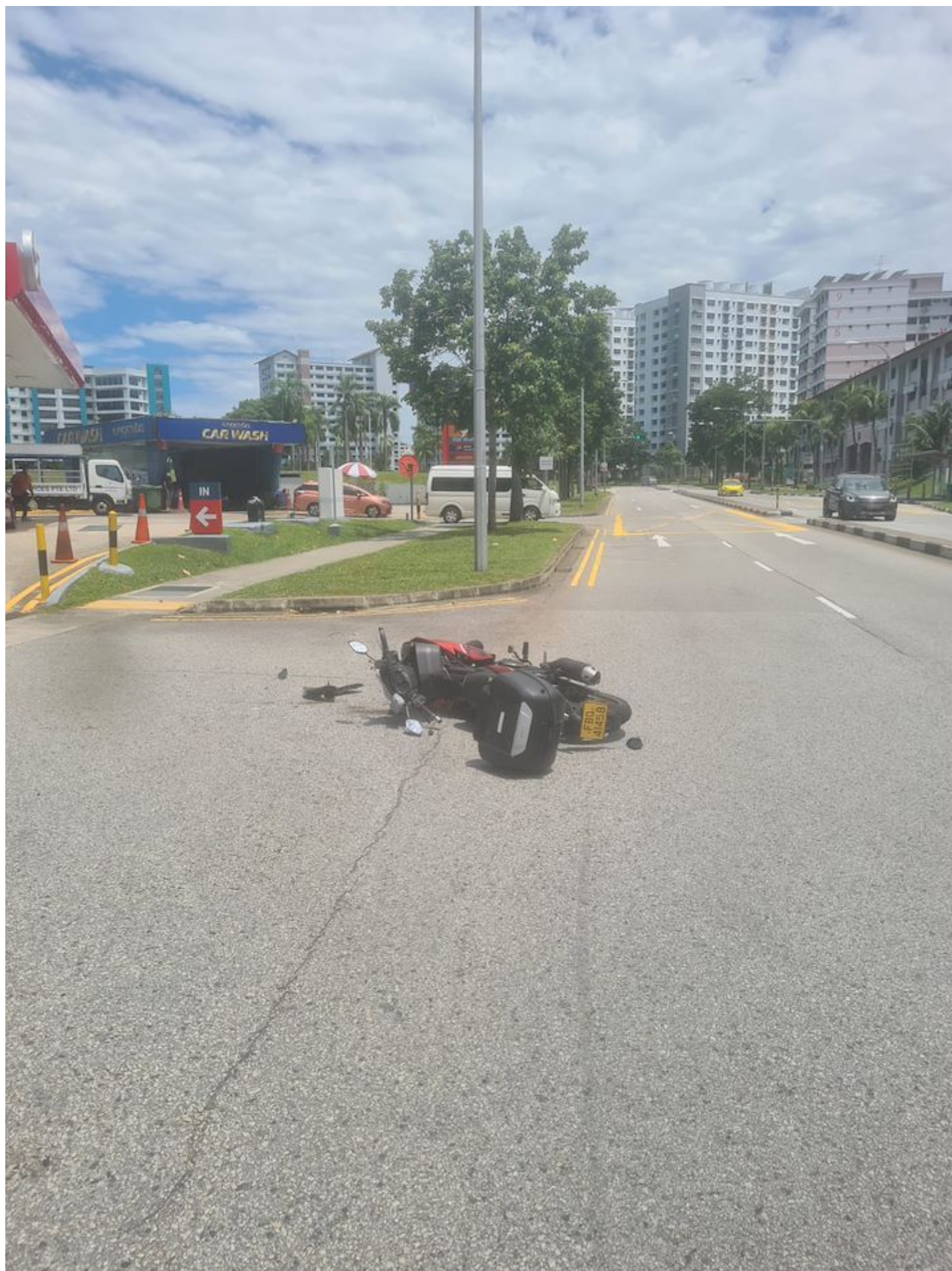






























**SINGAPORE
POLICE FORCE**



T/20211011/2078

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No. T/20211011/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2021 17:00	Vide Report No.:	Station Diary No.: 141
--	------------------	---------------------------

Informant's Particulars

Name of Informant: MUHAMMAD FARHAN BIN SHADON			Address: APT BLK 934 JURONG WEST STREET 91 #03-341 SINGAPORE 640934	
ID Type / ID No.: NRIC NO / S9516437D			Contact No.: Home/Office: Mobile: 91155045	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 26	Date of Birth: 19/05/1995	Type of Informant: Rider	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: PLANT TECHNICIAN			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/10/2021 11:55	Type of Location: T-Junction
Location: JURONG WEST STREET 93				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ4145B	Motorcycle	YAMAHA	SNIPER T150	Green	Seriously Damaged	0
SDM693J	Car	SUBARU	FORESTER 2.0XT CVT AWD SR		Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20211011/2078

2 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20211011/2078

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ4145B	NTUC Income Insurance Co-Operative Limited	5112928627-02	26/09/2021	25/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD FARHAN BIN SHADON		ID No.	S9516437D
Related Vehicle	FBQ4145B (Motorcycle)		Contact No.	91155045
Hospital/Clinic	APEX MEDICAL CENTRE (JURONG) PTE LTD		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	11/10/2021		Date Discharge	11/10/2021
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	ANDY KONG WAI LEONG		ID No.	S6807113E
Related Vehicle	SDM693J (Car)		Contact No.	97377105
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.

On 11/10/2021 at about 1155hrs, I was riding my vehicle, FBQ4145B, along Jurong West St 93 towards Jurong West ST 91. As I was nearing to Caltex Petrol Station, suddenly a vehicle, SDM693J, made a right turn to enter the pump station.

Immediately, I applied my e-brake however unable to stop on time and had collided on the left rear side of the car. I then fell onto the road. The driver then move forward and parked its vehicle in Caltex Pump station and alighted from his vehicle. The driver then came over to my location. My motorcycle is front and side cover-set is totally damaged, front signal also damaged. Particular was exchanged and we then left. I then parked my motorcycle to the side and called for my insurance company. My bike then was towed by tow truck.

I then proceed for medical treatment at clinic and was given 3 days of medical certificate from 11/10/2021 - 13/10/2021.



**SINGAPORE
POLICE FORCE**



T/20211011/2078

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 4

Report No. T/20211011/2078

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20211011/2078

4 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20211011/2078

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

J /

Sgt 1 IBRAHIM BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/10/2021 17:00

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

SN 126

Authentication Stamp
NP168



Signature :

Singapore Police Force