

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 22/10/2021 17:07 (SGT)
Date of Accident 02/10/2021 20:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF EAST COAST ROAD AND STILL ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN6687G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD SYAFIE BIN KHAMARUDIN
NRIC No S8513992D
Email Address MD_SYAFIE@HOTMAIL.COM
Mobile Phone No (Phone) +65-92398505
Alternative Phone No +65-92398505

VEHICLE PARTICULARS

Manufacturer Yamaha
Model SNIPER t-150
Variant -
Exact purpose for which vehicle was being used at time of accident -
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 5114414804-01
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD SYAFIE BIN KHAMARUDIN
NRIC No S8513992D

Date Of Birth	07/05/1985
Occupation	Outdoor
Date Of Driving Pass	11/03/2004
Driving experience	17 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92398505
Alt. Phone Number	+65-92398505
Email Address	MD_SYAFIE@HOTMAIL.COM
Address	BLK 199D PUNGGOL FIELD #14-437
Address complement	-
Postcode	824199
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 - Cross Junction
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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED REPORT AND POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD6572M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
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 SYAFIE BIN KHAMARUDIN
Gender	Male
Phone No	(Phone) +65-92398505
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBN6687G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN


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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.

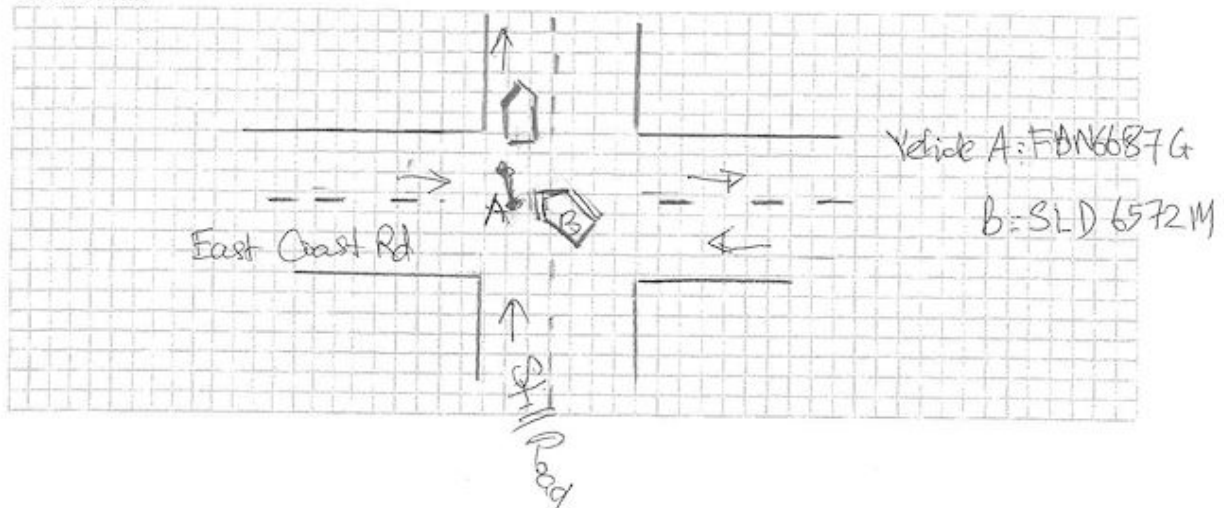
 1630 hrs
22/10/21

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

While I was riding along east coast Rd towards the junction of east coast rd and still Rd, there was 2 cars of opposite lane turning right at the junction. It was on the green light for me when the ~~first~~ first car turn right without waiting for me. I brake and ~~slow~~ tried to slow down. I could not slow down on time and hit the second car as the car inched out from the pocket. I hit the front part of the car and fell down on my left side of my bike. I suffered a fractured foot on my left side of my foot as the my bike pinned on my leg.

Declaration

We declare the foregoing particulars are true in every respect.

 1630 hrs
22/10/21
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel



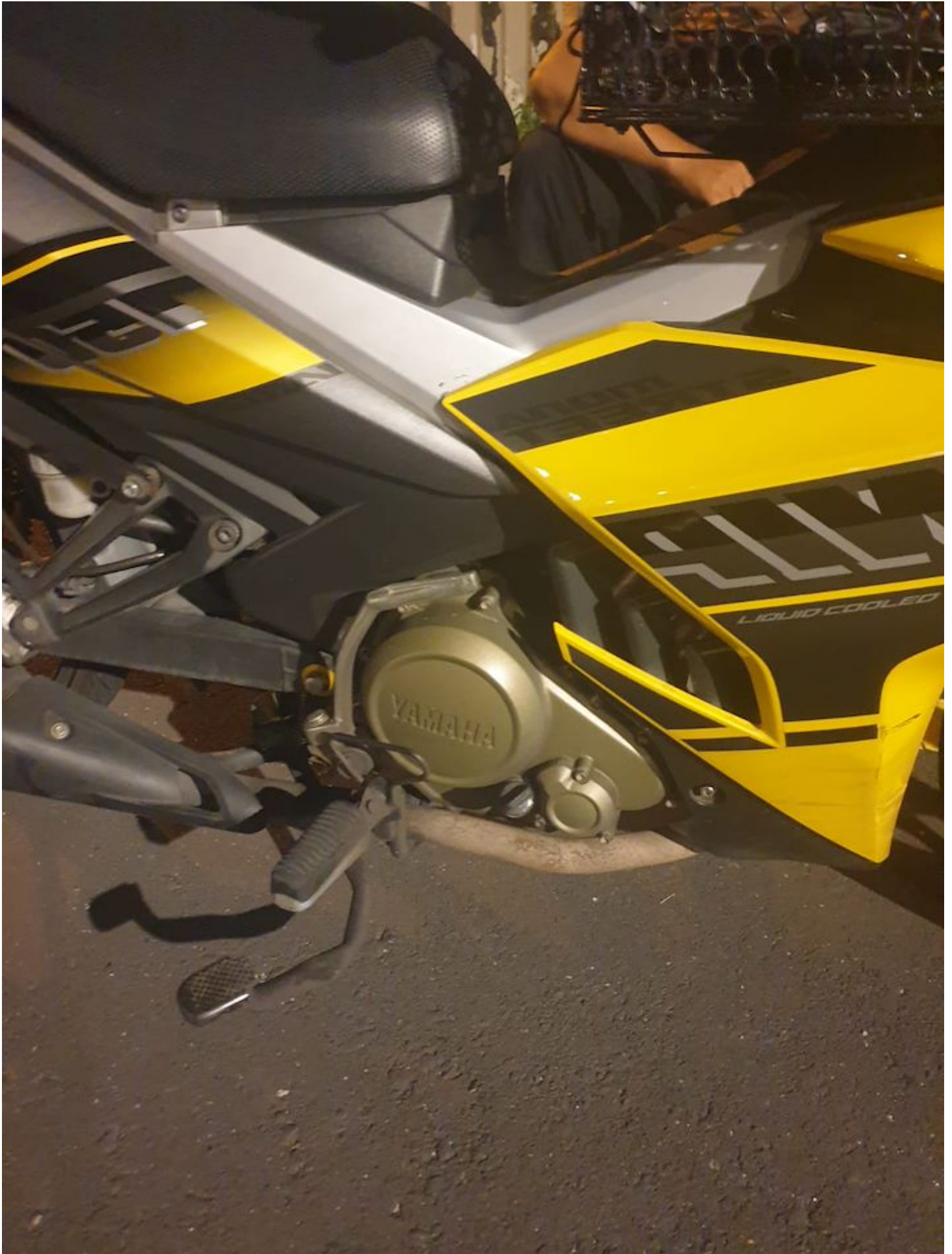






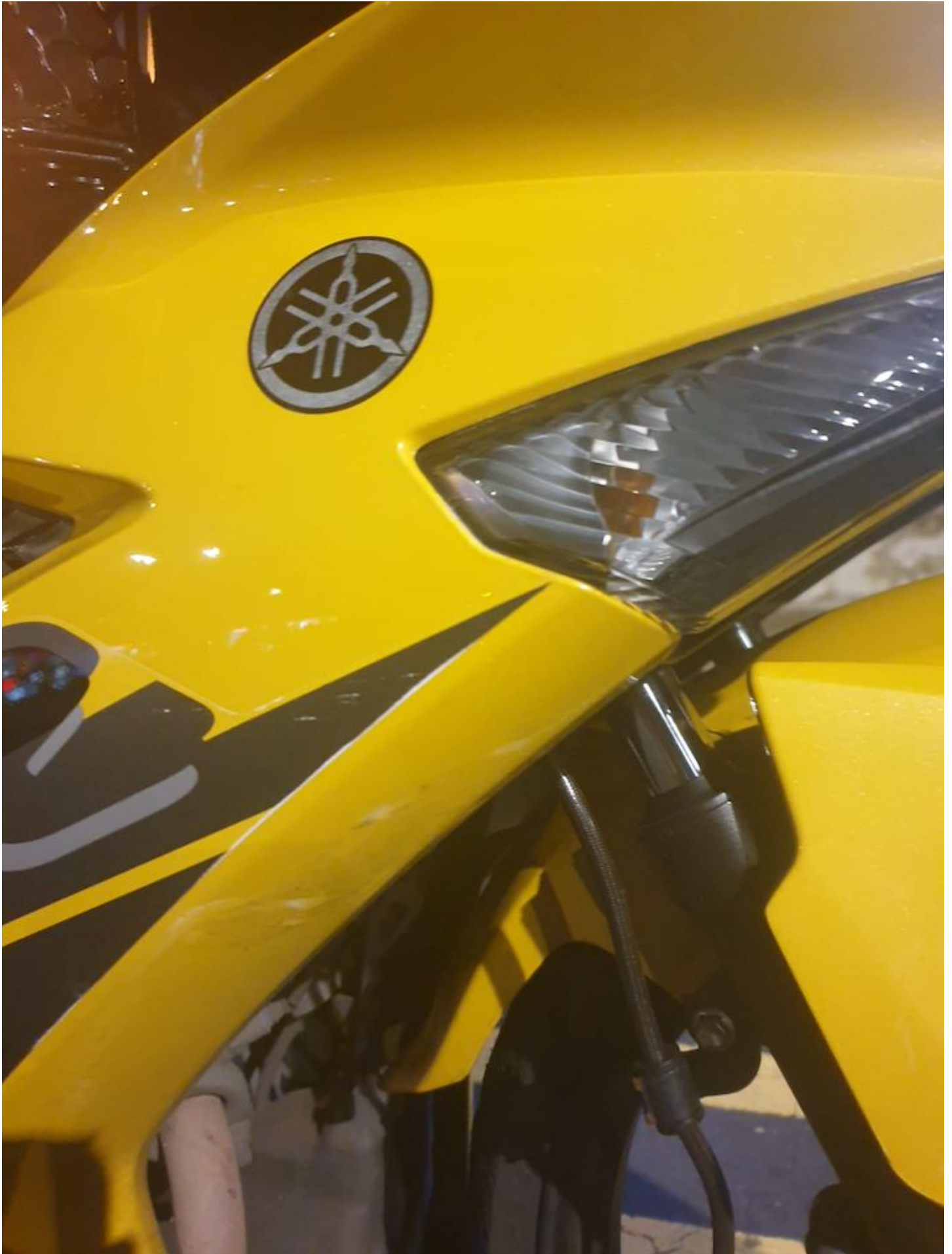
















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Report No. G/20211003/7010

Date/Time Report Made 03/10/2021 11:28	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD SYAFIE BIN KHAMARUDIN	Address 199D PUNGOL FIELD #14-437 SINGAPORE 824199	
ID Type / ID No. NRIC NO / S8513992D	Contact No. Home/Office: Mobile: 92398505	
Nationality SINGAPORE CITIZEN	Email Address MD_SYAFIE@HOTMAIL.COM	
Occupation Despatch worker	Sex Male	Age 36
	Date of Birth 07/05/1985	Race Malay
Institution/School Name	Language English	
Date/Time Of Incident 02/10/2021 20:25 - 02/10/2021 20:25	Location Of Incident STILL ROAD	

Was going straight towards a junction when it was green on my side. A car opposite direction make a right turn without waiting for the green arrow. I didnt manage to brake on time and swerve and hit the car behind instead. Fall on my left side of my bike and my left foot was pinned by my bike.

Subjects Involved			
Victim			
Person Name	MUHAMMAD SYAFIE BIN KHAMARUDIN		
ID Type	NRIC NO	ID No	S8513992D

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/10/2021 11:28
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20211003/7010

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20211003/7010

Gender	Male	Age	36
Race	Malay	Language	English
Occupation	Despatch worker	Address	199D PUNGGOL FIELD #14- 437 SINGAPORE 824199
Mobile No	92398505	Is Informant A Victim?	Yes
Person Name MUHAMMAD SYAFIE BIN KHAMARUDIN (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/10/2021 11:28
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20211022/2076

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No, T/20211022/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2021 18:29		Vide Report No.: G/20211003/7010		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: MUHAMMAD SYAFIE BIN KHAMARUDIN			Address: APT BLK 199D PUNGGOL FIELD #14-437 SINGAPORE 824199		
ID Type / ID No.: NRIC NO / S8513992D			Contact No.: Home/Office: Mobile: 92398505		
Nationality: SINGAPORE CITIZEN			Email: md_syafie@hotmail.com		
Sex: Male	Age: 36	Date of Birth: 07/05/1985	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DESPATCH RIDER			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/10/2021 20:30	Type of Location: X-Junction
Location: EAST COAST ROAD				
Weather: Clear		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 On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN6687G	Motorcycle	YAMAHA	SNIPER T150	Blue	Slightly Damaged	0
SLD6572M	Car	AUDI	A5 SPORTBACK 2.0 TFSI S TRONIC (110 KW)	White	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20211022/2076

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20211022/2076

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN6687G	NTUC Income Insurance Co-Operative Limited	5114414804-01	24/11/2020	23/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SYAFIE BIN KHAMARUDIN	ID No.	S8513992D
Related Vehicle	FBN6687G (Motorcycle)	Contact No.	92398505
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	02/10/2021	Date Discharge	02/10/2021
No. of Days granted Medical Leave	21	Degree of Injury	Slight
Driver			
Name	Phua Chuen Yen	ID No.	S9543437A
Related Vehicle	SLD6572M (Car)	Contact No.	96637850
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 02/10/2021 at about 2030hrs, I was riding my motorcycle bearing Plate number FBN6687G along East Coast Rd towards Mountbatten Rd at the junction of East Coast Rd and Still Rd South. Traffic light was green in my favour. Suddenly, a car from opposite direction turned right across my lane. The car was turning right into Still Rd south heading to Marine Parade Rd.

As it was too sudden, I could not brake in time. I had to brake and swerve to my right to avoid a collision with the said car. However, I ended up crashing into the right side bumper of another car bearing plate number SLD65722M which was also turning right, queuing behind the first car. This car had inched out from the pocket turning right. Traffic light was still green in my favour.

The first car that drove across did not stop to help and just drove off. The car bearing plate number SLD65722M has an in car camera recording, I believed it would have captured the plate of the first car. I was conveyed to Changi General Hospital via ambulance and was given 21 days MC. I sustained a fractured left foot.



**SINGAPORE
POLICE FORCE**



T/20211022/2076

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20211022/2076

CONTINUATION OF REPORT

My motorcycle front cover set was completely broken, brake paddle was damaged, and my front fork was misaligned.



**SINGAPORE
POLICE FORCE**



T/20211022/2076

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20211022/2076

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
G /
Sgt 2 QUEK MAY MAY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/10/2021 18:29

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RASHIDAH BINTE AZMAN
Contact No.: 65476216

Classification Of Case:

Authentication Stamp
NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SK0521AM0002 Vehicle Registration No: FBN66876
 Name (as shown in NRIC): Muhammad Syafiq Bin Khawarudin NRIC/FIN/Passport No: 892D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 199D Punggol Field #14-437 Singapore (824199)
 Contact (Tel): — Mobile No.: 92398505
 Email Address: mdsyafiq@hotmail.com
 Date of Accident: 20/10/2021 Time of Accident: 2/10/2021, 20:25pm
 Place of Accident: Junction of East Coast Rd and STH Road
 Insurance Company: NTUC Income

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Driver Submitted amended police report.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: