

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	08/11/2021 18:23 (SGT)
Date of Accident	05/11/2021 15:15 (SGT)
Exact Location of Accident	Bukit Batok East Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR8426J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD FADZLI BIN AHMAD
NRIC No	TXXXX160F
Email Address	FADZLYY02@GMAIL.COM
Mobile Phone No	(Phone) +65-86865717
Alternative Phone No	(Home) +65-86865717

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	MX KING 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	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5119861769
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD FADZLI BIN AHMAD
NRIC No	TXXXX160F

Date Of Birth	29/05/2002
Occupation	Indoor
Date Of Driving Pass	09/11/2020
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-86865717
Alt. Phone Number	(Home) +65-86865717
Email Address	FADZLYY02@GMAIL.COM
Address	APT BLK 282 TOH GUAN ROAD #12-237
Address complement	-
Postcode	600282
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	DRIZZLING
Road Surface	Wet

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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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	SHA2621U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi



SINGAPORE POLICE FORCE



T/20211106/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20211106/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2021 11:43		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD FADZLI BIN AHMAD			Address: 282 TOH GUAN ROAD #12-237 SINGAPORE 600282		
ID Type / ID No.: NRIC NO / T0215160F			Contact No.: Home/Office: Mobile: 86865717		
Nationality: SINGAPORE CITIZEN			Email: FADZLYY02@GMAIL.COM		
Sex: Male	Age: 19	Date of Birth: 29/05/2002	Type of Informant: Rider		
Race: Boyanesse			Language: English		Institution / School Name:
Occupation: Despatch worker			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 05/11/2021 15:15	Type of Location: Y-Junction
Location: BUKIT BATOK EAST AVENUE 3				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBR8426J	Motorcycle	YAMAHA	MX KING T150 MANUAL	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR8426J	NTUC Income Insurance Co-Operative Limited	5119861769	12/11/2020	11/11/2021

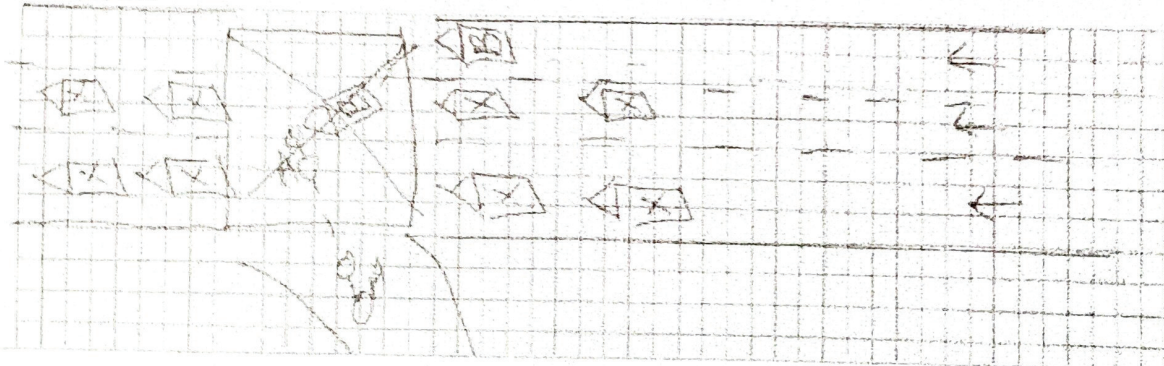
SKETCH PLAN**IMPORTANT NOTICE**

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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.

Policyholder's Signature Date
& Time:

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

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

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report T/20211106 / 7009

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date
& Time:

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

Reporting Centre Personnel's Signature
Name:



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20211106/7009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FADZLI BIN AHMAD	ID No.	T0215160F
Related Vehicle	FBR8426J (Motorcycle)	Contact No.	86865717
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	05/11/2021	Date	05/11/2021
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

I WAS INVOLVED IN AN ACCIDENT WITH COMFORT DEL GRO TAXI DRIVER NAMED VINCENT NEO SAY HONG, LICENCE NO S1129667Z, VEHICLE NO SHA2621U. AT TOH TUCK AVE. I WAS FILTERING OUT AND STOPPED AS THE ROAD WAS CONGESTED. THERE WAS A YELLOW BOX OUT FROM THE FILTER LANE WHICH HE WAS QUEUEING BEHIND AND THERE WAS A LORRY ALSO STOPPED IN FRONT OF THE YELLOW BOX AND THE ROAD WAS CONGESTED AND THE TRAFFIC WAS STILL. AS SOON AS I CHECK IT WAS SAFE TO TURN OUT, I INCHED FORWARD TO THE YELLOW BOX WHICH THEN I WAS HIT BY THE TAXI FROM THE BACK AS HE SUDDENLY CHANGED LANE FROM THE 1ST TO THE 2ND WHICH HE WAS STATIONARY BEHIND THE YELLOW BOX AND CLAIM HE DID NOT SEE ME WHEN HE TURN OUT.



**SINGAPORE
POLICE FORCE**



T/20211106/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20211106/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
06/11/2021 11:43

Classification Of Case: