



## 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	04/11/2021 10:18 (SGT)
Date of Accident	26/10/2021 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE(AYE) AFTER ANG MO KIO AVENUE 3
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ4897P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMMED KASIM B SAKIM
NRIC No	S6806103B
Email Address	rzuanamr@gmail.com
Mobile Phone No	(Phone) +65-96457101
Alternative Phone No	+65-97201000

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mtn155
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	160

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5113334450-02
Cover Note Number	-

### DRIVER

Name of Driver	MOHAMMED KASIM B SAKIM
NRIC No	S6806103B



Date Of Birth	10/03/1968
Occupation	Outdoor
Date Of Driving Pass	26/03/1986
Driving experience	35 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96457101
Alt. Phone Number	+65-97201000
Email Address	rzuanamr@gmail.com
Address	BLK 676 WOODLANDS AVENUE 6 #12-726
Address complement	-
Postcode	730678
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	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	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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	GBE3672R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KOH PENG TAT

NRIC No	S1201532A
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	MOHAMMED KASIM B SAKIM
Gender	Male
Phone No	(Phone) +65-96457101
Address	BLK 676 WOODLANDS AVENUE 6 #12-726
Address Complement	-
Post Code	730678
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ4897P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No



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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time: 4/11/21 1000

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

Reporting Centre Personnel's Signature  
Name: HAZA  
NRIC/FIN No.: 991750

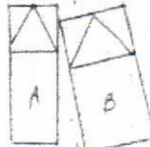


SKETCH PLAN

CTE(A1E) after Ang Mo Kio Avenue 3

X

I Mohd Kasim was not present at the time of statement and the drawing



A - FBQ 4397P

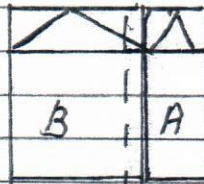
B - GBE3672R

\* This totally wrong details of actual details of accident because i Mohd Kasim was not present when the statement and drawing was done because i was nearby looking at the tow truck take my motorbike away and told my cousin to talk on behalf of me

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO REPORT Num T/20211102/20#6

(Actual drawing accident after AMK CTE Avenue 3  
(CTE Towards City))



A: FBQ 4897P

B: GBE3672R

The B Vehicle swipe onto my bike and hit my handle and i fell down. I was travelling around 75km to 80km but the vehicle was going around 95-105km because when the stopped was far from the place of the incident.

DECLARATION

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

Policyholder's Signature

Date & Time: 4/11/21 10:00

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: HAZIM

NRIC/FIN No.: 9771750





# SINGAPORE POLICE FORCE



T/20211102/2046

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

1 of 4

Report No. T/20211102/2046

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/11/2021 13:52	Vide Report No.:	Station Diary No.: 38
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**Informant's Particulars**

Name of Informant: MOHAMMED KASIM BIN SAKIM			Address: APT BLK 678 WOODLANDS AVENUE 6 #12-726 SINGAPORE 730678		
ID Type / ID No.: NRIC NO / S6806103B			Contact No.: Home/Office: Mobile: 96457101		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 10/03/1968	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: DISPATCH RIDER			Driving Licence Information: Class: 2B Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2021 07:30	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ4897P	Motorcycle	YAMAHA	MTN155	Black	Seriously Damaged	0
GBE3672R	Van					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ4897P	NTUC Income Insurance Co-Operative Limited	5113334450-02	14/10/2021	10/10/2022





**SINGAPORE  
POLICE FORCE**



T/20211102/2046

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20211102/2046

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MOHAMMED KASIM BIN SAKIM	ID No.	S6806103B
Related Vehicle	FBQ4897P (Motorcycle)	Contact No.	96457101
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	26/10/2021	Date Discharge	30/10/2021
No. of Days granted Medical Leave	28	Degree of Injury	Serious
<b>Driver</b>			
Name	KOH PENG TAT	ID No.	S1201532A
Related Vehicle	GBE3672R (Van)	Contact No.	NIL
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 26/10/2021, at about 0730hrs to 0745hrs, I was travelling along CTE towards town after the exit to Ang Mo Kio Avenue 3. I was travelling in lane 2. I did not have any passengers with me. I was travelling in my motorcycle bearing registration no. FBQ4897P. I am unsure of how the accident took place but there was a side swipe in the same direction between the right side of a van bearing registration no. GBE3672R and the left side of my motorcycle. I then fell onto the road. I cannot recall what happened next but when I woke up next, I was at the road shoulder. An unknown subject assisted to bring my motorcycle to the road shoulder too. At the point of time, I was unaware of my injuries. I exchanged particulars with the van driver, for whom the particulars is stated above. EMAS recovery came to scene to tow away my motorcycle and I accompanied EMAS to where my motorcycle will be towed to. Subsequently, my friend brought me to my workplace, Tan Teoh Clinic located at 101 Towner road. A doctor diagnosed me, where the doctor informed that I needed immediate medical attention after an X-ray. I was brought to Tan Tock Seng Hospital, where I was hospitalized from 26/10/2021 to 30/10/2021 and given 28 days Medical Leave from 30/10/2021 to 26/11/2021. I was diagnosed with four broken ribs and injury to my left armpit, where an operation had to be done. I do not have the medical report with me to provide the full injuries.

I am yet to make a check on my motorcycle but my friend assisted to do so. As of now, the engine is unable to start and there are other damages to the side mirrors and handlebars, amidst other damages. I am yet to bring my motorcycle to a repair shop and I do not know the repair costs yet.



**SINGAPORE  
POLICE FORCE**



T/20211102/2046

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Police Station Of Origin:  
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Report No. T/20211102/2046

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20211102/2046

Police Station Of Origin:  
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3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20211102/2046

**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  
L /  
SC2 MOHAMMED RIDHWAN  
HOUSSENE

Signature Of Interpreter:  
Not applicable

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



Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
02/11/2021 13:52

Classification Of Case:

Singapore Police Force