

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	13/12/2021 20:36 (SGT)
Date of Accident	29/11/2021 11:20 (SGT)
Exact Location of Accident	Penjuru Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS9489R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD SHUIB BIN SAMAT
NRIC No	S9436584H
Email Address	SHUIBKAZUYA@GMAIL.COM
Mobile Phone No	(Phone) +65-87491503
Alternative Phone No	+65-87491503

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	AEROX 155 CONNECTED
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	155

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5123861419
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD SHUIB BIN SAMAT
NRIC No	S9436584H

Date Of Birth	26/09/1994
Occupation	Indoor
Date Of Driving Pass	01/10/2015
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87491503
Alt. Phone Number	+65-87491503
Email Address	SHUIBKAZUYA@GMAIL.COM
Address	BLK 525 BUKIT BATOK ST 52
Address complement	01-733
Postcode	650525
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	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

-

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	SLP8894H
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 SHUIB BIN SAMAT
 Gender Male
 Phone No (Phone) +65-87491503
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? FBS9489R
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

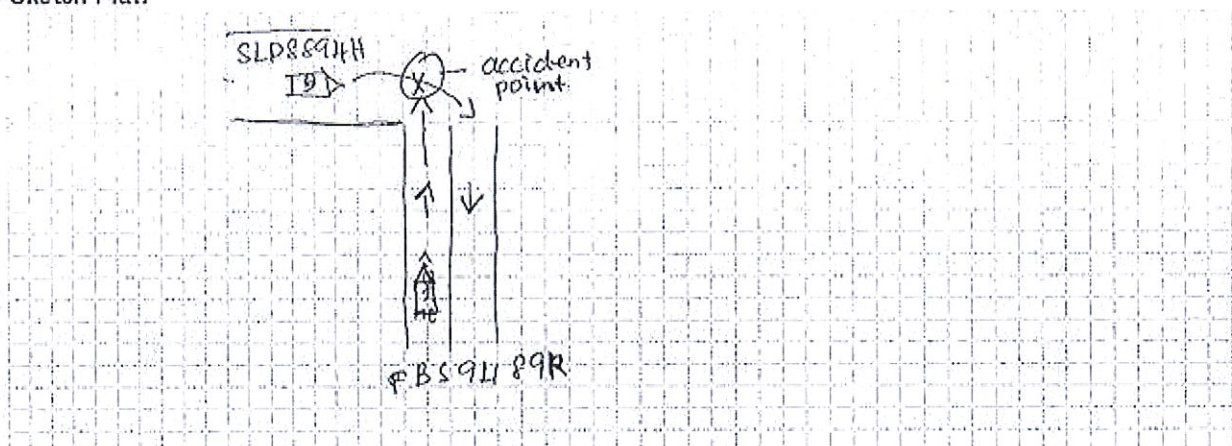
SKETCH PLAN**IMPORTANT NOTICE**

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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


Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

LICENSE PLATE: FBS9489R
CONTACT NUMBER: 87491503
LOCATION: PENGURU LANE

ACCIDENT DATE & TIME: 29-11-2021 11:20 AM
E-MAIL ADDRESS: SHUB KAZUYA @Gmail.com

REFER TO POLICE REPORT


NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

() Claim Own Policy () Claim Third Party (☒) Claim OD/TP at other workshop () Reporting Only

Declaration

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
& Time

Witnessed by Reporting Centre
Personnel

























**SINGAPORE
POLICE FORCE**



T/20211201/2058

1 of 3

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20211201/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2021 15:04		Vide Report No.:		Station Diary No.: 36	
Informant's Particulars					
Name of Informant: MUHAMMAD SHUIB BIN SAMAT			Address: APT BLK 525 BUKIT BATOK STREET 52 #01-733 SINGAPORE 650525		
ID Type / ID No.: NRIC NO / S9436584H			Contact No.: Home/Office: Mobile: 87491503		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 26/09/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: PRIME MOVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/11/2021 11:20	Type of Location: Straight Road
Location: PENJURU LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS9489R	Motorcycle	YAMAHA	AEROX 155 CONNECTE D	Red	Seriously Damaged	0
SLP8894H	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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T/20211201/2058

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

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Report No. T/20211201/2058

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS9489R	NTUC Income Insurance Co-Operative Limited	5123861419	30/09/2021	29/09/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SHUIB BIN SAMAT	ID No.	S9436584H
Related Vehicle	FBS9489R (Motorcycle)	Contact No.	87491503
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	29/11/2021	Date Discharge	29/11/2021
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

On 29/11/2021 at about 1124hrs, I was riding my motorcycle V1) FBS9489R along Penjuru Lane, towards my workplace at the extreme left lane. As the traffic was clear and I was about to make a right turn into my workplace building on the right, I made a check on the blindspot on my right as there may be vehicles overtaking. However when I turned my head and looked in front, I saw there was a vehicle V2) SLP8894H exiting a building on the left and the vehicle had moved into the middle of the lane V1 was travelling. I applied brake on V1 but could not stop in time. My motorcycle V1 collided into the front right bumper of V2. After the collision, I fell to the ground from V1. As my left shoulder was in pain, there were people helping me to remove my motorcycle helmet and brought me to the road side. My motorcycle V1 was seriously damaged and the front coverset was broken. V2's front right bumper was broken. Ambulance and Traffic Police officers came to scene shortly after. I was conveyed to Ng Teng Fong Hospital via the ambulance. I was issued a 14-days MC.



**SINGAPORE
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T/20211201/2058

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Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

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Report No. T/20211201/2058

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 2 TAN WEI KANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/12/2021 15:04

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD SYARIFUDDIN

MUHAMMAD AJMAIN

Contact No.: 65476367

Classification Of Case:

SIGNATURE