



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	29/11/2021 16:17 (SGT)
Date of Accident	26/11/2021 17:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ORCHARD ROAD LUCKY PLAZA DROP OFF POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ8869U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DR DELIVERY PTE LTD
Company Reg No	2XXXXX099M
Email Address	TWINCAR.RENTAL@N51.COM.SG
Mobile Phone No	(Phone) +65-88330051
Alternative Phone No	(Office) +65-88330051

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	MX KING T150 MANUAL
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	5117265590-01
Cover Note Number	03/09/2021 TO 04/05/2022

DRIVER

Name of Driver	MOHAMMED MISAR BIN JOHARI
NRIC No	SXXXX383A



Date Of Birth	05/12/1983
Occupation	Outdoor
Date Of Driving Pass	01/03/2007
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88930959
Alt. Phone Number	-
Email Address	YEN30032014@GMAIL.COM
Address	603A TAMPINES AVENUE 9 #04-916 S 521603
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Opening Door of Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 THE ATTACHED.

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	FILE SIZE TOO LARGE
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6273Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC6397E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	MOHAMMED MISAR BIN JOHARI
Gender	Male
Phone No	(Phone) +65-88930959
Address	603A TAMPINES AVENUE 9 #04-916 S 521603
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ8869U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	TAY CHEE WAI
Phone	(Phone) +65-98399665
Email	-

WITNESS 2

Name	ZHOU MENG
Phone	(Phone) +65-98399665
Email	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 insurers(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' law yers/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

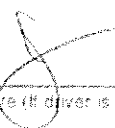
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

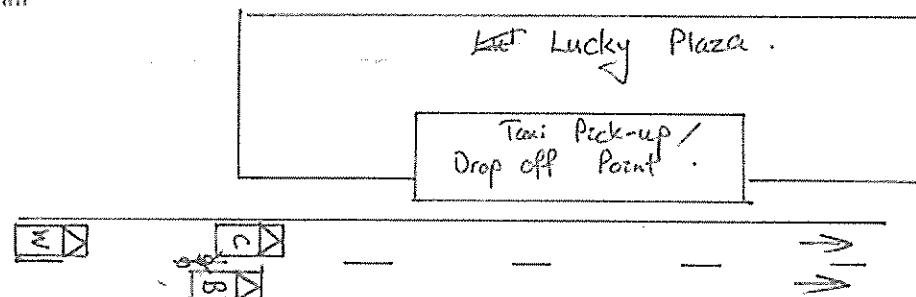


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



(A) FB 8869U

(B) SHD 6273Z

(C) SHC 6397E

(W) Witness Vehicle

Describe Circumstances of the Accident

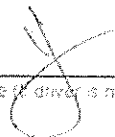
Pls refer to Police Report
No: T/ 20211127 / 7004.

Declaration

We declare the foregoing particulars are true in every respect



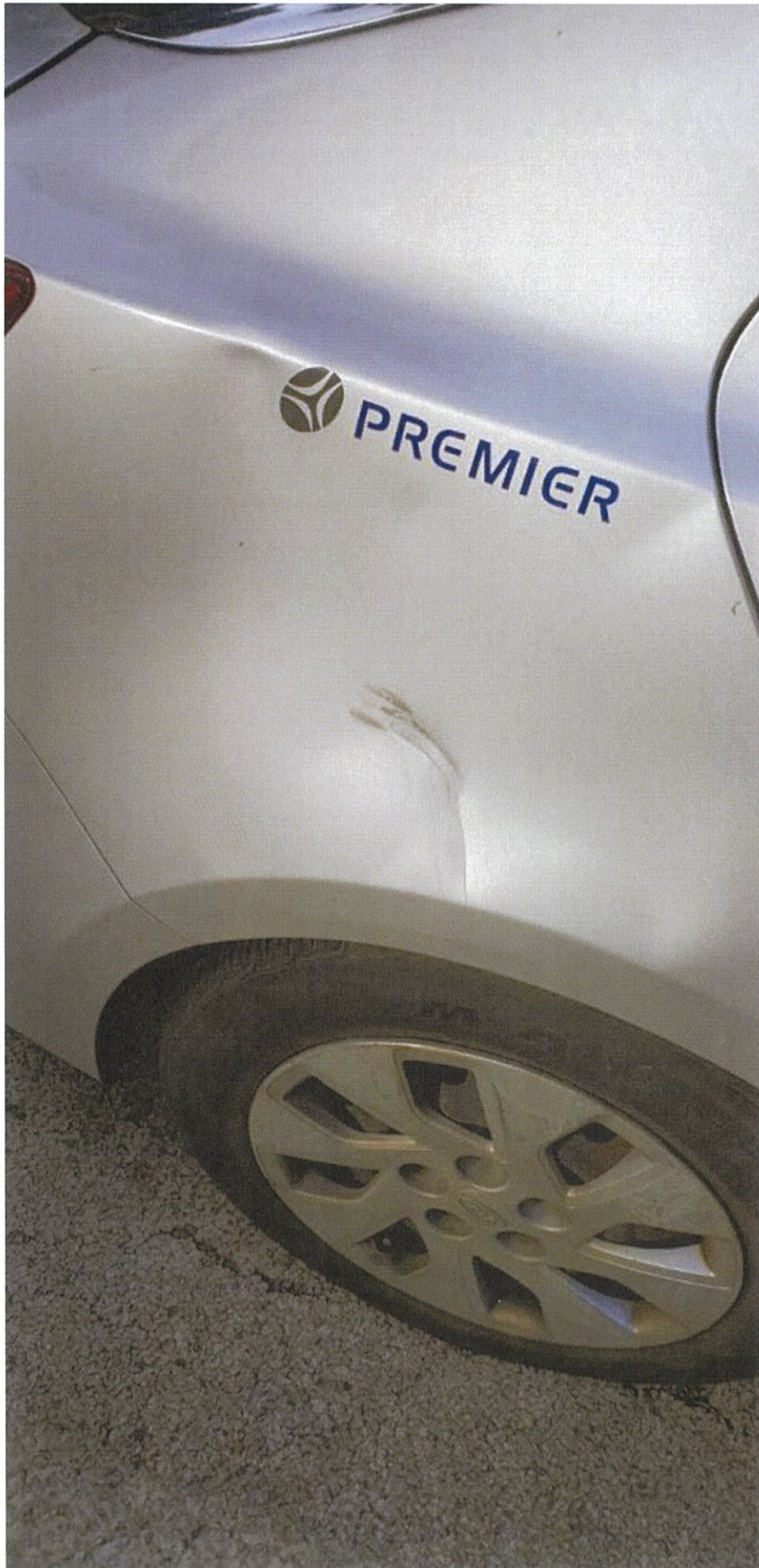
Policyholder's Signature / Date & Time

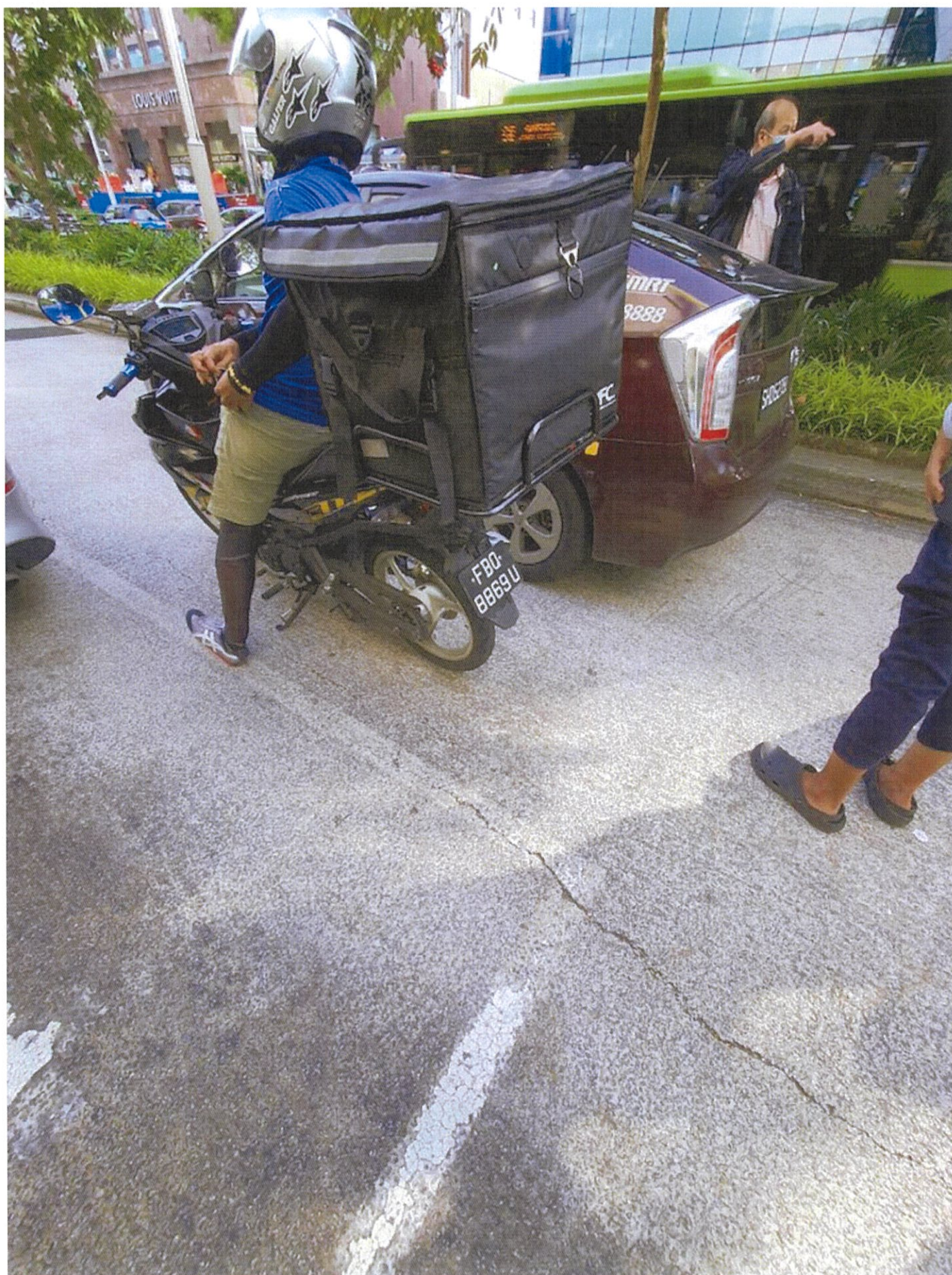


Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



























**SINGAPORE
POLICE FORCE**



T/20211127/7004

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

1 of 3

Report No. T/20211127/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2021 10:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMED MISAR BIN JOHARI			Address: 603A TAMPINES AVENUE 9 #04-916 SINGAPORE 521603		
ID Type / ID No.: NRIC NO / S8339383A			Contact No.: Home/Office: Mobile: 88930959		
Nationality: SINGAPORE CITIZEN			Email: yen30032014@gmail.com		
Sex: Male	Age: 37	Date of Birth: 05/12/1983	Type of Informant: Rider		
Race: Malay			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 Others	Drink Drive: No	Date/Time of Accident: 26/11/2021 17:25	Type of Location: Drop off point
Location: ORCHARD ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving vehicles hit by passenger opening or without checking for c				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ8869U	Motorcycle					0
SHC6397E	Car	KIA		Silver	Slightly Damaged	0
SHD6273Z	Car	TOYOTA		Brown		1



**SINGAPORE
POLICE FORCE**



T/20211127/7004

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

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Report No. T/20211127/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMED MISAR BIN JOHARI	ID No.	S8339383A
Related Vehicle	FBQ8869U (Motorcycle)	Contact No.	88930959
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	26/11/2021	Date	27/11/2021
No. of Days granted Medical Leave	14	Degree of	Slight

Brief Details.

I was riding along passing through lucky plaza drop off point. At a speed of around 20km/30km. When im going through in between 2 taxi. The passenger of the taxi open the door so hard and hit the rear of my bike and makes me fall. In that incident i fall to the left and hit on a stationary taxi waiting for a passenger on the taxi stand waiting area.

With me i do have the video footage from the accident happen that was given to me by an eye witness.



**SINGAPORE
POLICE FORCE**



T/20211127/7004

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

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Report No. T/20211127/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 27/11/2021 10:01
Officer In Charge Of Case: TP / TPB / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:

NP158



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: SK0L21BT000I Vehicle Registration No: FBQ8869U
 Name (as shown in NRIC): DR DELIVERY PTE LTD NRIC/FIN/Passport No: 202012099M
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 88330051
 Email Address: TWINCAR.RENTAL@N51.COM.SG
 Date of Accident: 26/11/2021 Time of Accident: 1725HRS
 Place of Accident: ORCHARD ROAD LUCKY PLAZA DROP OFF POINT
 Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LTD

(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:

To amend bike number should be FBQ8869U (insured provide wrong certificate of insurance).

DR DELIVERY PTE LTD

Policyholder / Driver's Signature
 Date: 30/11/2021

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