

## 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 ..... 15/12/2021 15:06 (SGT)  
Date of Accident ..... 10/12/2021 23:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 489 Chua Chu Kang Ave 5 carpark  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBG8179E

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... RWAVE SUPERBIKE PTE LTD  
Company Reg No ..... 201938994K  
Email Address ..... Rwavepteltd@gmail.com  
Mobile Phone No ..... (Phone) +65-93696861  
Alternative Phone No ..... +65-93696861

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Jupiter mx 135  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 135

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... 5115272908-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... HEZRY BIN HATNIN  
NRIC No ..... S8216803F

|  |                                  |
|--|----------------------------------|
| Date Of Birth .....  | 31/05/1982                       |
| Occupation .....   | Outdoor                          |
| Date Of Driving Pass .....   | 25/09/2003                       |
| Driving experience .....   | 18 YEARS AND 3 MONTHS            |
| Gender .....   | Male                             |
| Mobile Number .....  | (Phone) +65-81354248             |
| Alt. Phone Number .....  | -                                |
| Email Address .....  | Rwavepteltd@gmail.com            |
| Address .....  | 488D CHOA CHU KANG AVE 5 #07-173 |
| Address complement .....   | -                                |
| Postcode .....   | 684488                           |
| 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 - Head on collision |
| 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 .....                       | 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 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 ..... | SMC9408D    |
| Vehicle Manufacturer .....        | -           |
| Vehicle Model .....               | -           |
| Vehicle Variant .....             | -           |
| Vehicle Colour .....              | -           |
| Vehicle Category .....            | Private car |

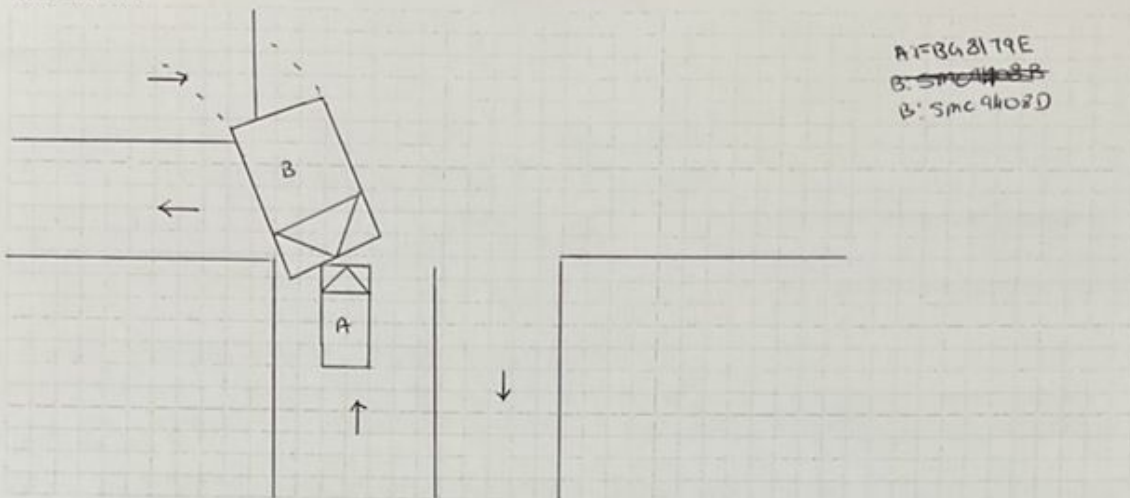
|   |                      |
|---|----------------------|
| Name of Driver .....                          | JOSHUA               |
| Contact Number .....                          | (Phone) +65-93887081 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | 4                    |

## INJURED PERSONS DETAILS

### INJURED 1

|   |                                   |
|---|-----------------------------------|
| Name of injured person .....                              | HEZRY BIN HATNIN                  |
| Gender .....  | Male                              |
| Phone No .....  | (Phone) +65-81354248              |
| Address .....   | -                                 |
| Address Complement .....                                  | -                                 |
| Post Code .....   | -                                 |
| Approximate Age Years Old .....                           | 39                                |
| Injuries Sustained .....                                  | Left wrist and left knee swollen. |
| Injured person in which vehicle? .....                    | FBG8179E                          |
| Were seat belts worn? .....                               | No                                |
| Was this injured conveyed to hospital by ambulance? ..... | No                                |

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

### DECLARATION

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

**RWAVE PTE. LTD.**  
Reg. No. 201909822G

Policyholder's Signature  
Date & Time: 15/12/2021  
1500h

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 10/2/2021  
1500h

Reporting Centre Personnel's Signature  
Name: Asit Kanda  
NRIC/FIN No.: S944546

**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgment 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.
- (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.

**RWAVE PTE. LTD.**  
Reg. No. 201909822G

Policyholder's Signature  
Date & Time: 15/12/2021  
15:06:53

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15/12/2021  
15:06:53

Reporting Centre Personnel's Signature  
Name: Nsi Kanar  
NRIC/FIN No.: 5984 316

























**SINGAPORE  
POLICE FORCE**



T/20211213/7022

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

1 of 3

Report No. T/20211213/7022

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                    |                            |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>13/12/2021 14:05 |            | Vide Report No.:             |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                    |                            |
| Name of Informant:<br>HEZRY BIN HATNIN     |            |                              | Address:<br>488D CHOA CHU KANG AVENUE 5 #07-173 SINGAPORE 684488 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S8216803F   |            |                              | Contact No.:<br>Home/Office: Mobile: 81354248                    |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>HEZRYHATNIN@YAHOO.COM.SG                               |                    |                            |
| Sex:<br>Male                               | Age:<br>39 | Date of Birth:<br>31/05/1982 | Type of Informant:<br>Rider                                      |                    |                            |
| Race:<br>Boyanesese                        |            |                              | Language:<br>English   |                    | Institution / School Name: |
| Occupation:<br>Motorcycle delivery man     |            |                              | Driving Licence Information:<br>Class: 2B,2A                     |                    | Date of Expiry:            |

**General Information of the Accident**

|   |                  |                                    |  |                                     |
|---|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:                                     | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>10/12/2021 23:00 | Type of Location:<br>Car Park       |
| Location:<br><br>CHOA CHU KANG AVENUE 5               |                  |                                    |  |                                     |
| Weather:<br>Clear                                     |                  | Road Surface:<br>Dry               | Road Speed Limit:<br>15 Km/h               |                                     |
| Traffic Flow:<br>Two Way                              |                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>No Traffic              |                                     |
| Type of Collision:<br>Moving Vehicle Against - Others |                  |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make | Model | Color | Conditio | No of |
|-------------|------------|------|-------|-------|----------|-------|
| FBG8179E    | Motorcycle |      |       |       |          | 0     |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





**SINGAPORE  
POLICE FORCE**



T/20211213/7022

3 of 3

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

Report No. T/20211213/7022

**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 / TP1B /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

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

Date/Time:  
13/12/2021 14:05

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



T/20211213/7022

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

2 of 3

Report No. T/20211213/7022

**CONTINUATION OF REPORT**

| Rider                             |                       |                                   |                                     |
|-----------------------------------|-----------------------|-----------------------------------|-------------------------------------|
| Name                              | HEZRY BIN HATNIN      | ID No.                            | S8216803F                           |
| Related Vehicle                   | FBG8179E (Motorcycle) | Contact No.                       | 81354248                            |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry | Class: 2B,2A<br>Date of Expiry: NIL |
| Date                              | 11/12/2021            | Date                              | 11/12/2021                          |
| No. of Days granted Medical Leave | 05                    | Degree of                         | Slight                              |

**Brief Details.**

On 10 Dec 2021, approximately around 11.00pm, as I was exiting the carpark of Blk 489 Choa Chu Kang Ave 5 on my way to work on my motorbike Plate no: FBG8179E. The weather was not raining and the road was dry, as I exited the gantry of the carpark and turn to the left out, I saw this car Plate no: SMC9408D from the opposite lane on my left side. So I stopped just before the stopping line exactly on the turning arrow sign on the ground to give way to the car. But to my surprise the car was turning right to my direction in quite a fast speed. So I horned at the car and it did not stopped. He was coming fast towards me and his front bumper directly knocked me down heads on my motorcycle on the front side. My bike was knocked down to my left side and had severe damages. I had slight bruises on my wrist and knee due to the impact. The next day I went to see a doctor at OneCare Clinic at Bukit Panjang and was given 5 days MC. The doctor also advised me to go for an x-ray due to my pain on my wrist.