

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	06/12/2021 21:14 (SGT)
Date of Accident	05/12/2021 13:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PICK UP/DROP OFF POINT AT LUCKY PLAZA ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	AJ890H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED FAZLI BIN MOHAMED
NRIC No	S8317147B
Email Address	BEATS_ME00@HOTMAIL.COM
Mobile Phone No	(Phone) +65-81269310
Alternative Phone No	+65-81269310

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YBR125
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	125

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5108649186-02
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED FAZLI BIN MOHAMED
NRIC No	S8317147B

Date Of Birth	13/06/1983
Occupation	Indoor
Date Of Driving Pass	20/11/2002
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81269310
Alt. Phone Number	+65-81269310
Email Address	BEATS_ME00@HOTMAIL.COM
Address	BLK 254 #06-1083 YISHUN RING ROAD
Address complement	-
Postcode	760254
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	Chain 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	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
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	SHA451G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	TAN DID YONG
NRIC No	S6840798B
Contact Number	(Phone) +65-97805187
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	SHC2726R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TOH AI KEONG
NRIC No	S6927601F
Contact Number	(Phone) +65-90892228
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

PASSENGER 1

Name	UDDIN
Gender	Male

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.



Policyholder's Signature

Date & Time: 06/12/2021

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

STEVE
S990020















**SINGAPORE
POLICE FORCE**



T/20211205/2049

1 of 4

Report No. T/20211205/2049

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2021 15:25	Video Report No.:	Station Diary No.: 45
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Informant's Particulars

Informant's Particulars			Address:	
Name of Informant: MOHAMED FAZLI BIN MOHAMED			APT BLK 254 YISHUN RING ROAD #06-1083 SINGAPORE 760254	
ID Type / ID No.: NRIC NO / S8317147B			Contact No.: Home/Office:	Mobile: 81269310
Nationality: SINGAPORE CITIZEN			Email: beats_me00@hotmail.com	
Sex: Male	Age: 38	Date of Birth: 13/06/1983	Type of Informant: Vehicle Owner	
Race: Malay			Language: English	Institution / School Name:
Occupation: PART-TIME GRAB FOOD RIDER			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/12/2021 13:20	Type of Location: Drive way for Taxi drop off point area
Location: ORCHARD ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Passenger door hit rear tyre & swerve to the left hit another veh			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AJ890H	Motorcycle	YAMAHA	YBR125	Blue	Slightly Damaged	0
SHA451G	Yellow City Cab	HYUNDAI	AE IONIQ HEV 1.6 DCT	Yellow	Slightly Damaged	0
SHC2726R	Blue Comfort Taxi	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	No Damage	1



**SINGAPORE
POLICE FORCE**



T/20211205/2049

2 of 4

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20211205/2049

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	MOHAMED FAZLI BIN MOHAMED	ID No.	S8317147B
Related Vehicle	AJ890H (Motorcycle)	Contact No.	81269310
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	Uddin Mohammed Jashim	ID No.	G7947871M
Related Vehicle	SHC2726R (Blue Comfort Taxi)	Contact No.	84271420
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
Driver			
Name	Toh Ai Keong	ID No.	S6927601F
Related Vehicle	SHC2726R (Blue Comfort Taxi)	Contact No.	90892228
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



**SINGAPORE
POLICE FORCE**



T/20211205/2049

3 of 4

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20211205/2049

CONTINUATION OF REPORT

Driver			
Name	Tan Did Yong	ID No.	S6840798B
Related Vehicle	NIL	Contact No.	97805187
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.

I am a part-time food delivery for Grab. On 05/12/2021 at about 1.10pm, I received an order at Lucky Plaza to retrieve the food. Once I received the order, I was supposed to deliver the food to Holiday Inn Orchard.

After collecting the food, I proceed to my vehicle where I parked at the driveway in front of Lucky Plaza along Orchard Road Taxi stand. At that point, there were taxi on the left and right. The said road is a one-way route and one lane.

Due to that, I had to ride in between the taxi. As I was riding in between the taxi, the taxi (SHC2726R - Blue comfort) on my right, one passenger opened the rear passenger side door and hit onto my rear tyre. This causes me to swerve to the left and hit onto another taxi (SHA451G - Yellow City cab) which was queuing.

I wish to state due to the accident there were 2 taxi involve and 1 passenger from vehicle SHC2726R. I did make a check with both driver on the damages, however, driver for vehicle SHC2726R does not have any damages except for the vehicle SHA451G. The damages as follows: -

1. The rear right bumper for vehicle SHA451G sustained scratches, dent, and misalignment.
2. For my vehicle AJ890H sustained handlebar out of alignment and the box damage.

As for myself, I sustained abrasion on my right leg and swelling on my left shoulder. However, no ambulance required during the accident. But I managed to obtain the particular of the party involved. I was informed by both the driver that they will get the claimed from the passenger and not from me. I wish to add no ambulance or police came to the location when the incident took place. I am lodging this report for record purpose.



**SINGAPORE
POLICE FORCE**



T/20211205/2049

4 of 4

Report No. T/20211205/2049

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Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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
E /
Sr Staff Sgt SITI AISYAH BINTI
NANI

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168



SN 172

Signature Of Informant:

Date/Time:
05/12/2021 15:25

Classification Of Case:



Khoo Teck Puat Hospital
90 Yishun Central
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Website: www.ktph.com.sg

KHANE212121659

MEDICAL CERTIFICATE

REPRINT

NAME : MOHAMED FAZLI BIN MOHAMED
NRIC : S8317147B

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named attended Examination/Treatment from 05 Dec 2021 21:48 to 05 Dec 2021 22:34

The above named is unfit for duty for a period of 2 day(s), from 05 Dec 2021 to 06 Dec 2021 inclusive.

The Certificate is not valid for absence from court attendance.

Remarks :

05 Dec 2021 Lim Zi Xuan (63981H)

A&E P3c

Date

Issuing Doctor

Location

Doctor's
Signature

Reg No. : 200717564H



Khoo Teck Puat Hospital
90 Yishun Central
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Website: www.ktph.com.sg

KHANE212121659

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Remarks :

05 Dec 2021 Lim Zi Xuan (63981H)

A&E P3c

Date

Issuing Doctor

Location

Doctor's
Signature

Reg No. : 200717564H



A&E Visit Summary (Patient Copy)
MOHAMED FAZLI BIN MOHAMED
ID: S8317147B
CASE ID: 5720115394Z

90 Yishun Central
Singapore 768828
Tel: 65558000 Fax: 66023700
Website: www.ktph.com.sg

Kindly take note that in the event there is worsening of your medical condition, you can seek urgent care at our 24 hour KTPH Acute and Emergency Care Centre

Patient Details

Gender	: Male	DOB	: 13/06/1983 (38 years)
Race	: Malay	Citizenship	: Singaporean
Language	: English	Registered	: 05/12/2021 21:48

Consult Start : 05/12/2021 22:21

Consult End : 05/12/2021 23:33

Disposition

Discharge

Diagnosis

Primary Diagnosis : Injury of left shoulder

Laboratory

COVID-19 Antigen Rapid Test

Radiology

XR Shoulder, AP/Lateral, Left

Medical Certification

Certificate Type: MEDICAL CERTIFICATE

Certificate No.: KHANE212121659

Leave Type: Outpatient Sick Leave

Type of Medical Leave granted : Outpatient Sick Leave

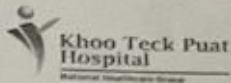
The above named attended examination / sought treatment from 05-Dec-2021 21:48 to 05-Dec-2021 22:34.

The above named is unfit for duty for a period of 2 day(s), from 05-Dec-2021 to 06-Dec-2021 inclusive.

Completed by Dr Lim, Zi Xuan (MCR: 63981H)
Printed by SN Chua, Wei Wei on 05/12/2021 23:40

Page 1 of 1

This is a computer-generated report. Please refer to your attendant for any clarification.



MR. MOHAMED FAZLI BIN MOHAMED

BLK 254 #06-1083
YISHUN RING ROAD
SINGAPORE - 760254

\$ 0.00
FINAL AMOUNT PAYABLE

TAX INVOICE (Interim)

BILL REF. NO
5720115394Z-00001

BILL DATE
05 DEC 2021

NRIC / FIN / MRN
S8317147B

LOCATION
A&E - P3

VISIT DATE ► 05 DEC 2021 09:48 PM

Page 1 of 2

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	256.00
GOVT SUBSIDY	\$	-128.00
TOTAL AMOUNT (BEFORE GST)	\$	128.00
7% GST	\$	8.96
GST absorbed by Govt	\$	-8.96
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	128.00
TOTAL AMOUNT PAYABLE	\$	128.00
Net Payment made	\$	-128.00
FINAL AMOUNT PAYABLE	\$	0.00

CHARGES

SERVICES	DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
A&E FACILITY/SERVICE FEE		256.00	128.00
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	256.00	
	GOVT SUBSIDY	-128.00	
	TOTAL AMOUNT (BEFORE GST)		128.00
	7% GST		8.96
	GST absorbed by Govt (for subsidised patient only)		-8.96
	TOTAL AMOUNT (AFTER GOVT SUBSIDY)		128.00

PAYMENT SUMMARY

	TOTAL AMOUNT (AFTER GOVT SUBSIDY)	128.00
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
MR. MOHAMED FAZLI BIN MOHAMED		128.00

Payment Summary to be continued on page 2