

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	03/01/2022 13:10 (SGT)
Date of Accident	31/12/2021 16:15 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AFTER PENJURU EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX5940Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KANG WEI LENG
NRIC No	SXXXX166E
Email Address	hiroko_kang8@hotmail.com
Mobile Phone No	(Phone) +65-96627165
Alternative Phone No	+65-96627165

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D-20197719MVPC
Cover Note Number	-

DRIVER

Name of Driver	SHAIK MOHAMAD BIN ABDUL SUKOL
NRIC No	SXXXX690G

Date Of Birth	14/09/1979
Occupation	Indoor
Date Of Driving Pass	09/11/2000
Driving experience	21 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90219563
Alt. Phone Number	-
Email Address	shaikmd79@gmail.com
Address	197B BOON LAY DRIVE #14-93
Address complement	-
Postcode	642197
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Motorcyclist
Weather Conditions	Clear
Road Surface	Wet

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?	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	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 T/20212031/2103.

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	SD CARD HAS BEEN RETRIEVED BY TRAFFIC POLICE PERSONNEL AT THE ACCIDENT SCENE.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN4957Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBL4923Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	MOTORBIKE RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstances of the Accident

Refer to police report T/20211231/2103.

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



IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

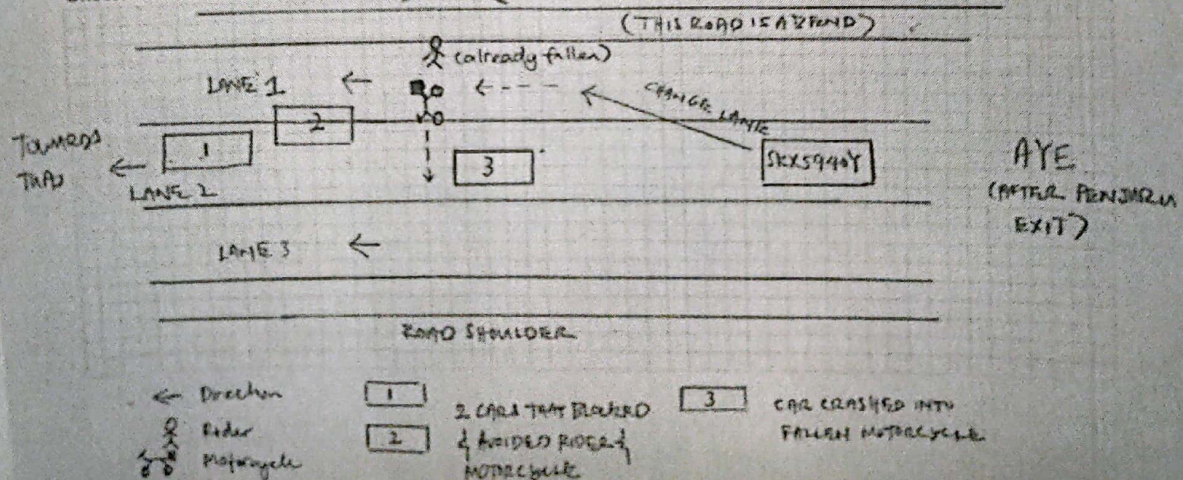
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurer's law firm/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.

Witnessed by Reporting Centre
Personnel

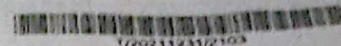
DIVIDER





**SINGAPORE
POLICE FORCE**

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



1720211231/2103
1 of 4
Report Form T/20211231/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
31/12/2021 21:29

Vide Report No.:
D/20211231/0081

Station Diary No.:

Informant's Particulars

Name of Informant:
SHAIK MOHAMAD BIN ABDUL
SUKOL

Address:
APT BLK 197B BOON LAY DRIVE #14-93 BOON LAY FIELDS
SINGAPORE 642197

ID Type / ID No.:
NRIC NO / S7928690G

Contact No.:
Home/Office: Mobile: 90219563

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 42 Date of Birth: 14/09/1979

Type of Informant:
Driver

Race:
Indian

Language:
English

Institution / School Name:

Occupation:
QUALITY CONTROL ENGINEER

Driving Licence Information:
Class: 2B,2A,3

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/12/2021 16:15	Type of Location:
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Location:

AYER RAJAH EXPRESSWAY

Weather:
Clear

Road Surface:
Wet

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

Type of Collision:

Anyone conveyed by ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL4923Z	Motorcycle					0
SKX5940Y	Car					0
SLN4957Y	Car					1



SINGAPORE
POLICE FORCE

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



T/20211231/2103

2 of 4

Report No. T/20211231/2103

CONTINUATION OF REPORT

Details of Person Involved		Use of Pedestrian Crossing: NA	
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver Name	SHAIK MOHAMAD BIN ABDUL BUKOL	ID No.	579286900
Related Vehicle	SKX5940Y (Car)	Contact No.	90219563
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS DRIVING ALONG AYE(TUAS) 14.5KM L/P 37.

WHEN I WAS CHANGING TO LANE 1 AND BEFORE I SAW THE MOTORCYCLIST FALL, THERE WERE 2 CARS INFRONT OF ME THAT EITHER COULD HAVE HIT OR TRYING TO AVOID HITTING THE MOTORCYCLIST.

I SWITCHED TO THE 1ST LANE.

I SAW A MOTORCYCLIST ALREADY FALLEN ON THE ROAD ON LANE 1.

I MIGHT HAVE HIT THE MOTORCYCLIST AND HIS MOTORCYCLE (FBL4923Z).

THERE WAS A CAR (SLN4957Y) ON THE 2ND LANE TRYING TO AVOID HITTING THE MOTORCYCLE (FBL4923Z) THAT SKIDDED ONTO HIS LANE 2 BUT COLLIDED ONTO THE MOTORCYCLE.

I CAME TO A STOP AND MOVED TO SIDE OF THE EXPRESSWAY.

I SWITCHED OFF MY CAR AND CALLED FOR AMBULANCE.

I DID NOT APPROACH THE MOTORCYCLIST AND ASSISTED IN THE TRAFFIC FLOW.

POLICE AND LTA ARRIVED AT THE SCENE.

ONLY THE MOTORCYCLIST IS INJURED.

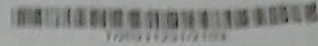
THE MOTORCYCLIST WAS CONSCIOUS BUT ON THE GROUND AT THE TIME OF AMBULANCE ARRIVAL.

I HAVE PICTURES & FOOTAGE OF THE ACCIDENT BUT MY SD CARD WAS TAKEN BY TP



SINGAPORE
POLICE FORCE

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



172094123172100

5 of 6

Report No. F20011231/3100

CONTINUATION OF REPORT

THAT IS ALL.

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

T202112312103

4 of 4

Report No. T/20211231/2103

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

TP /

SC2 HAKAN SIDDIQ ONDEK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/12/2021 21:29

Officer In Charge Of Case:

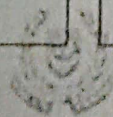
TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Classification Of Case:

NP168

SINGAPORE
POLICE FORCE

Signature: