



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	25/01/2022 15:53 (SGT)
Date of Accident	18/01/2022 19:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERANGOON GARDEN WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2803E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDILLAH BIN IZWARDI
NRIC No	S9318920E
Email Address	ABDILLAHIZWARDI@GMAIL.COM
Mobile Phone No	(Phone) +65-96676790
Alternative Phone No	+65-96676790

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400
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	400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5118247783-01
Cover Note Number	17/07/2021 - 16/07/2022

DRIVER

Name of Driver	ABDILLAH BIN IZWARDI
NRIC No	S9318920E



Date Of Birth	03/06/1993
Occupation	Indoor
Date Of Driving Pass	13/04/2018
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96676790
Alt. Phone Number	+65-96676790
Email Address	ABDILLAHIZWARDI@GMAIL.COM
Address	BLK 530 SERANGOON NORTH AVE 4 #02-06
Address complement	-
Postcode	550530
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 - Major/Minor Rd
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NORAISYAH BINTE ABDUL RAZAK
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
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?	Yes
Reasons for not uploading a video of the accident	WITNESS VIDEO
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4233C
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Vehicle Manufacturer	Hyundai
Vehicle Model	Ae ioniq
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	ABDILLAH BIN IZWARDI
Gender	Male
Phone No	(Phone) +65-96676790
Address	BLK 530 SERANGOON NORTH AVE 4 #02-06
Address Complement	-
Post Code	550530
Approximate Age Years Old	-
Injuries Sustained	RIGHT BODY,HAND,LEG,HIP
Injured person in which vehicle?	FBK2803E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	NORAISYAH BINTE ABDUL RAZAK
Gender	Female
Phone No	(Phone) +65-96390821
Address	BLK 530 SERANGOON NORTH AVE 4 #02-06
Address Complement	-
Post Code	550530
Approximate Age Years Old	-
Injuries Sustained	RIGHT BODY,HAND,LEG,HIP, LEFT ANKLE
Injured person in which vehicle?	FBK2803E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	MOHAMED FERROZ SHAH BIN MOHAMED FAUD SHAH
Phone	(Phone) +65-98266767
Email	-

WITNESS 2

Name	HUANG YOUYI
Phone	(Phone) +65-98435637
Email	-

SKETCH PLAN

DATE: 18/03/2024 TIME: 14:00 POLICE OFFICER: [Signature] STATION: [Signature]

SKETCH PLAN

IMPORTANT NOTICE

1. This form must be completed correctly to ensure the accuracy of the information provided.
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Consent under the Personal Data Protection Act (PDPA)

I hereby consent to the collection, use and disclosure of my personal data for the purposes stated below.

I, the undersigned, hereby consent to the collection, use and disclosure of my personal data for the purposes stated below. I understand that the information I provide may be used for the purposes of processing my insurance claim, and I agree to the collection, use and disclosure of my personal data for these purposes.

I understand that the information I provide may be used for the purposes of processing my insurance claim, and I agree to the collection, use and disclosure of my personal data for these purposes.

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[Signature]

NAME: [Name]

DATE: 18/03/2024

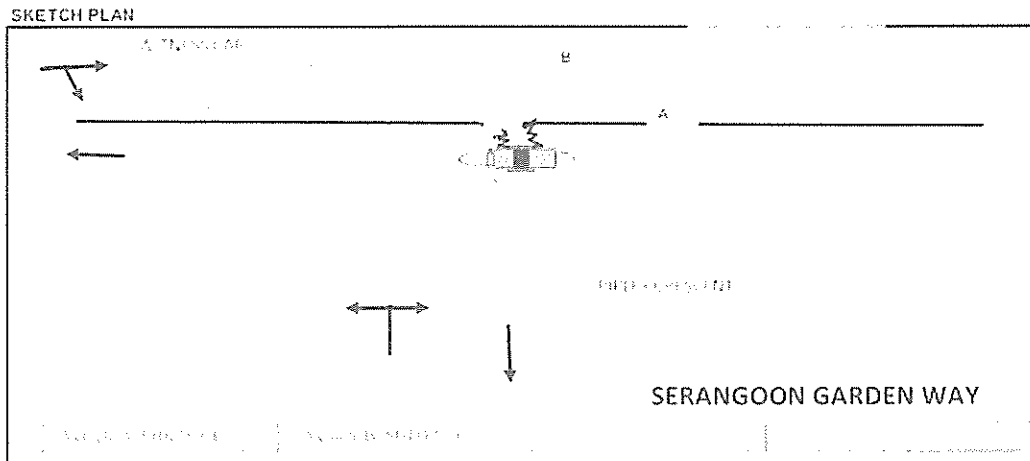
[Signature]

Policyholder's Signature
Name: [Name]

Authorised Driver's Signature
Name: [Name]

Police Officer's Signature
Name: [Name]
Station: [Station]

SKETCH PLAN #2



DECLARATION

I hereby declare that the information provided in this report is true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

DECLARATION

I hereby declare that the information provided in this report is true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

Signature: _____

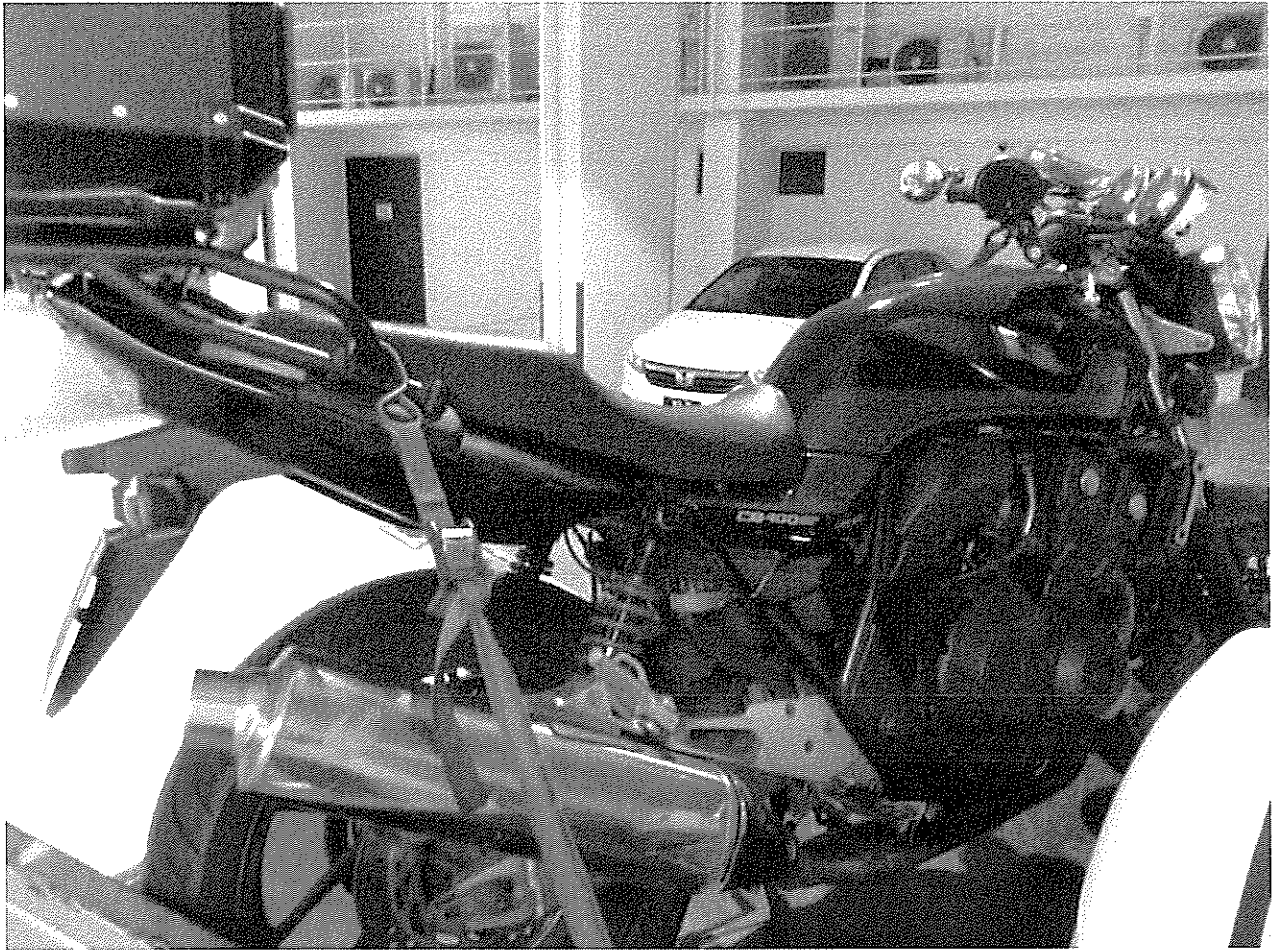
Date: _____

IMAGES



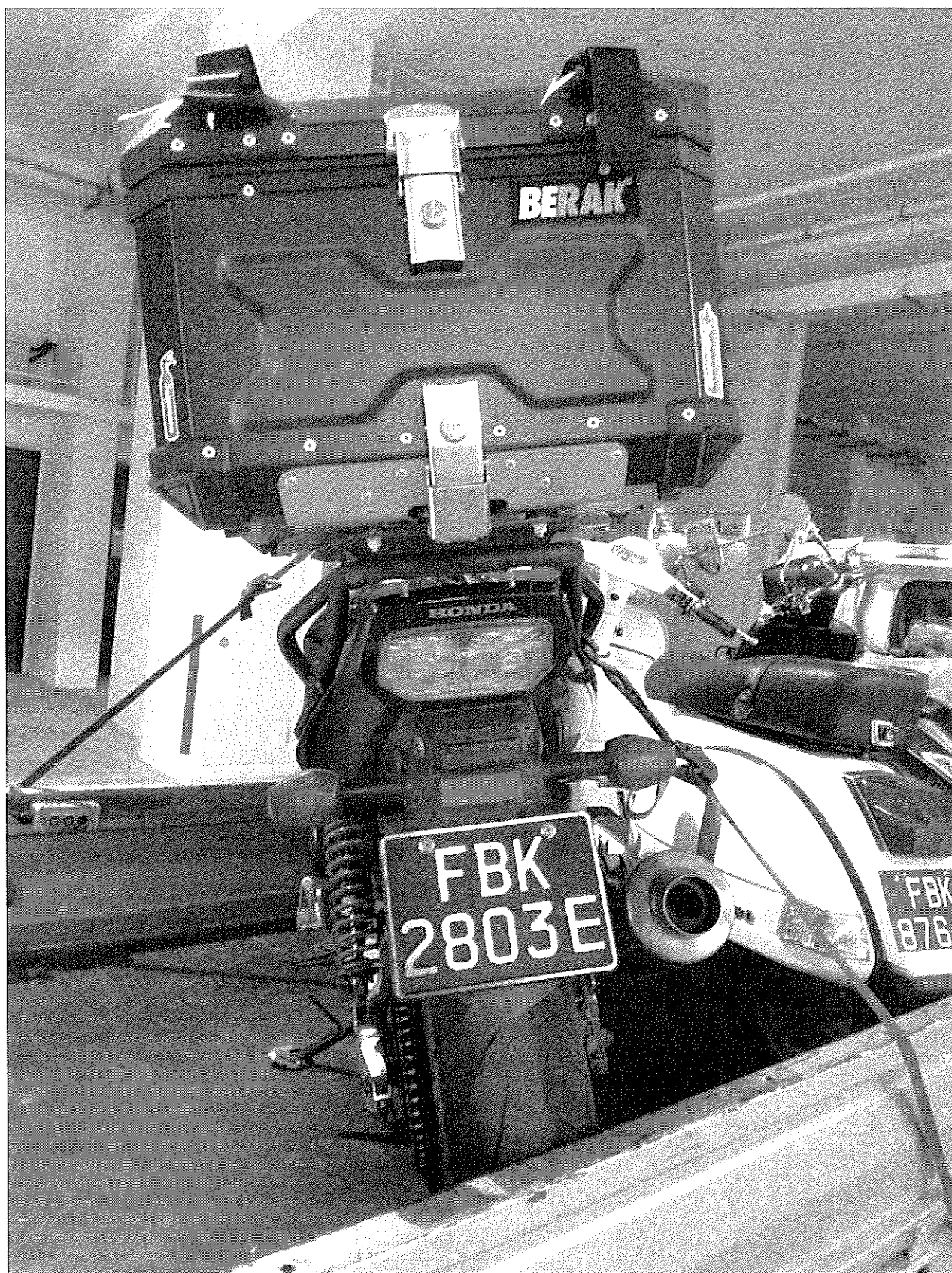


IMAGES #3



IMAGES #4





POLICE REPORT



**SINGAPORE
POLICE FORCE**



T 20220119 2004

Police Station Of Origin
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No 1800-343 8999

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Report No. T 20220119 2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/01/2022 00:51 Video Report No: Station Diary No: 16

Informant's Particulars

Name of Informant: ABDILLAH BIN IZWARDI			Address: APT BLK 530 SERANGOON NORTH AVENUE 4 #02-06 SINGAPORE 550530		
ID Type / ID No: NRIC NO / S9318920E			Contact No: Home/Office: Mobile: 96676790		
Nationality: SINGAPORE CITIZEN			Email: abdillahizwardi@gmail.com		
Sex: Male	Age: 28	Date of Birth: 03/06/1993	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class		Date of Expiry

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident: 18/01/2022 19:20	Type of Location: Straight Road
Location: SERANGOON GARDEN WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBK2803E	Motorcycle	HONDA	CB400SF MANUAL	Black	Seriously Damaged	2
SHD4233C	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T:20220119/2004

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No: T:20220119/2004

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK2803E	NTUC Income Insurance Co-Operative Limited	5118247783-01	17/07/2021	16/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDILLAH BIN IZWARDI	ID No.	S9318920E
Related Vehicle	FBK2803E (Motorcycle)	Contact No.	96676790
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	18/01/2022	Date Discharge	18/01/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Pillion			
Name	NORAISYAH BINTE ABDUL RAZAK	ID No.	S9231444H
Related Vehicle	FBK2803E (Motorcycle)	Contact No.	96390821
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/01/2022	Date Discharge	18/01/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 18/1/22 at about 1920hrs, I was riding (FBK2803E) along Serangoon Garden Way with my wife (NORAISYAH BINTE ABDUL RAZAK) as a pillion. Upon reaching a junction (Ripley Crescent), a Taxi (SHD4233C) who is coming from the opposite direction signalled and instantly turned into Ripley Crescent. He did not check for oncoming vehicle. He crashed into my Vehicle (FBK2803E) who was riding from the opposite direction. The taxi stopped, assisted my wife and I. Ambulance and Traffic Police came to the scene. My wife and I was conveyed to Sengkang General Hospital by the Ambulance and was given 5 days of MC.

I wish to state that I have a recording of the accident.





SINGAPORE
POLICE FORCE



I 20220119 2004

Police Station Of Origin
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No 1800-343 8999

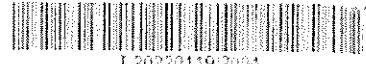
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CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



L202201192004

Police Station Of Origin:
Sengkang N.P.C.
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No. 1800-343 8999

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Report No. L202201192004

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

F /

Other MUHAMMAD YUSUF BIN
ABDUL WAHAB

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/01/2022 00:51

Officer In Charge Of Case

TP / GIT /

Sgt 3 MUHAMMAD FARHAN BIN SAIRI

Contact No. 65476224

Classification Of Case:

Authentication Stamp

REF-03