

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	23/09/2021 15:12 (SGT)
Date of Accident	21/09/2021 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK EAST AVE 3 TOWARDS BUKIT BATOK CENTRAL AFTER SPC IN LANE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK1759G
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INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz1-s
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	1000

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	MUHAMMAD ZULHIZAT BIN ABDUL RAHIM
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NRIC No	S9220400F
Date Of Birth	19/06/1992
Occupation	Indoor
Date Of Driving Pass	31/08/2017
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97910104
Alt. Phone Number	-
Email Address	MUHAMMADZULHIZAT@GMAIL.COM
Address	115D CANBERRA WALK #05-181
Address complement	-
Postcode	754115
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	Side Swipe
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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
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	SLT641C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

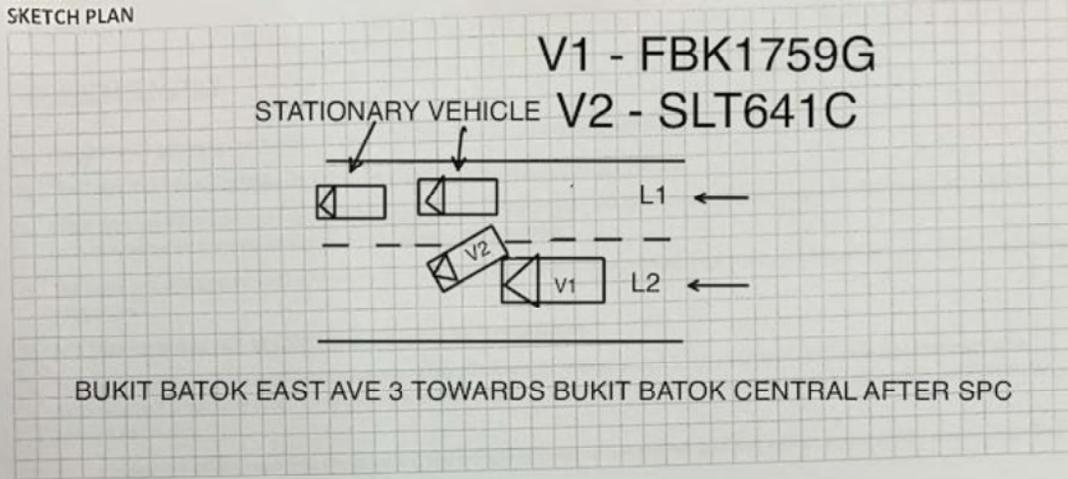
Name of Driver	GOH HOCK MENG JARROD
NRIC No	S7503633G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD ZULHIZAT BIN ABDUL RAHIM
Gender	Male
Phone No	(Phone) +65-97910104
Address	115D CANBERRA WALK #05-181
Address Complement	-
Post Code	754115
Approximate Age Years Old	29
Injuries Sustained	L/R ELBOW LEFT ARM RIGHT PALM & WRIST L/R KNEECAP RIGHT CALF LEFT TOE
Injured person in which vehicle?	FBK1759G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEARS

DECLARATION

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

RWAVE SUPERBIKE PTE. LTD.
Reg. No. 201938994K

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 23 SEP 2021
14:55HRS

Reporting Centre Personnel's Signature
Name: S994475
NRIC/FIN No.:

SKETCH PLAN

IMPORTANT NOTICE

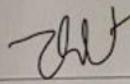
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

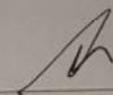
I understand, acknowledge, agree and consent that:

- (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 SUPERBIKE PTE. LTD.
Reg. No. 201938994K

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 23 SEP 2021
14:55HRS


Reporting Centre Personnel's Signature
Name: **S994475**
NRIC/FIN No.:

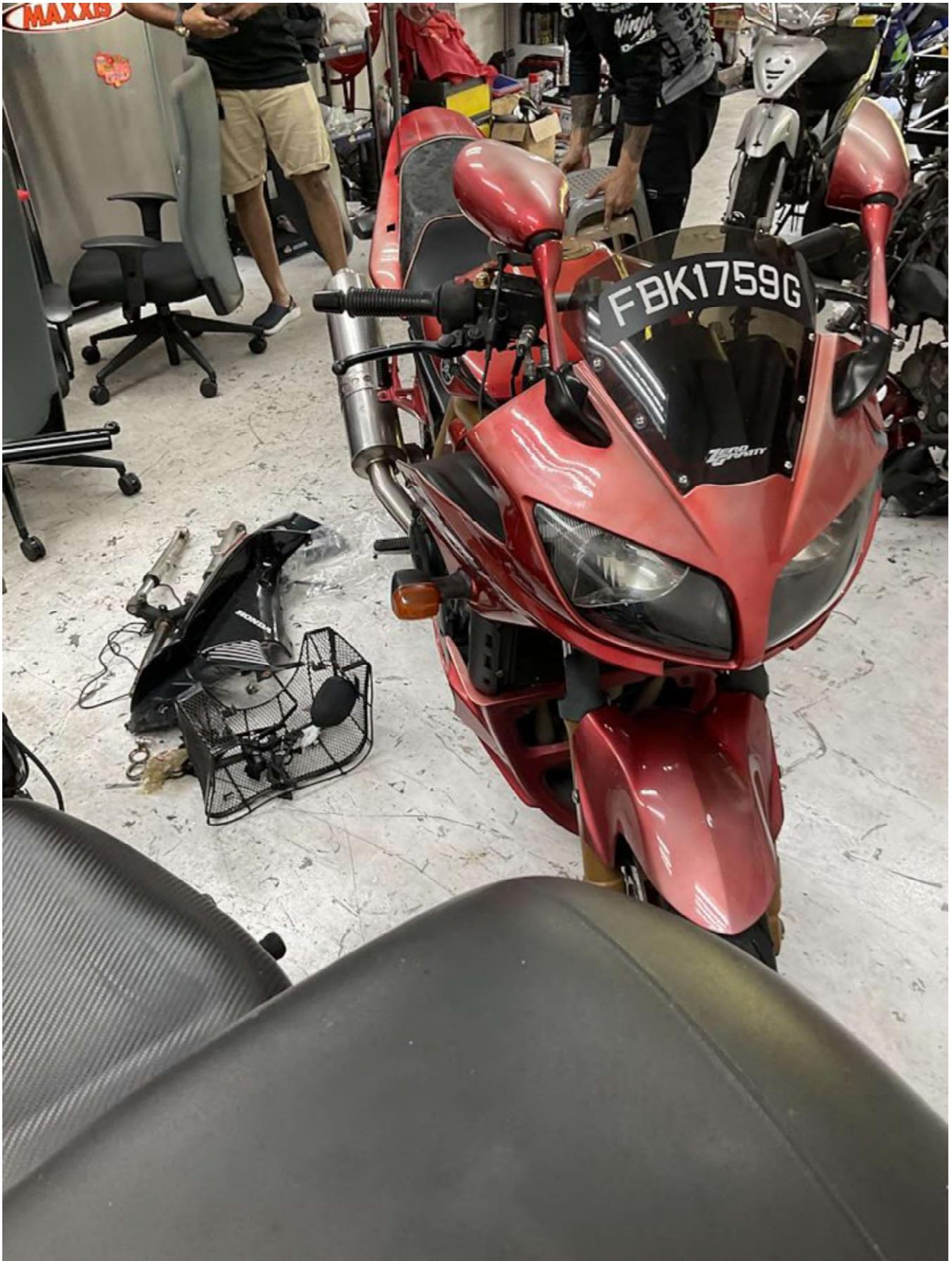














SINGAPORE POLICE FORCE



T/20210922/2040

1 of 4

Report No. T/20210922/2040

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2021 13:44	Vide Report No.:	Station Diary No.: 56
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Informant's Particulars

Name of Informant: MUHAMMAD ZULHIZAT BIN ABDUL RAHIM		Address: APT BLK 115D CANBERRA WALK #05-181 SINGAPORE 754115	
ID Type / ID No.: NRIC NO / S9220400F		Contact No.:	Mobile: 97910104
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 19/06/1992	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: TRAFFIC MARSHALL		Driving Licence Information: Class: 2B,2A,2	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/09/2021 17:00	Type of Location:
Location: BUKIT BATOK EAST AVENUE 3				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK1759G	Motorcycle				Slightly Damaged	0
SLT641C	Car				Slightly Damaged	0

Details of Person Involved

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



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1720210922/2040

Report No. T/20210922/2040

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD ZULHIZAT BIN ABDUL RAHIM	ID No.	S9220400F
Related Vehicle	FBK1759G (Motorcycle)	Contact No.	97910104
Hospital/Clinic	T MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	22/09/2021	Date Discharge	22/09/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	GOH HOCK MENG JARROD	ID No.	S7503633G
Related Vehicle	SLT641C (Car)	Contact No.	NIL
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.

On 21.09.2021 at about 1700hrs, I was riding a rental motorcycle, FBK1759G along Bukit Batok East Ave 3 towards Bukit Batok. It was a two lanes road and I was riding on the left.

There was a vehicle, SLT641C driving on the right lane. He made a sudden lane change without signaling. The driver hit onto the front wheel of the motorcycle. As a result, I was not able to control the said motorcycle. I fell together with the motorcycle. The motorcycle skidded and hit the rear middle bumper.

I immediately called the rental company and the motorcycle was towed to their workshop. The damages of the rental motorcycle were dented on the tank of motorcycle, scratches and paint chipped off on the left hand side.

Subsequently, the driver came down from his vehicle to render help. The damages of the other vehicle was a slight dent on the rear left and rear centre bumper.

I believe a passer by had assisted to call for police and ambulance. However, I did not wish to be conveyed as I was still able to walk. However, I went to visit a clinic on 22.09.2021 and received a 5 days MC.

The driver particulars : Goh Hock Meng Jarrod, S7503633G, Blk 121A Edgedale Plains #04-229 S(821121).