

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 28/02/2022 15:48 (SGT)
Date of Accident 23/02/2022 20:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information OUTRAM RD TOWARDS TIONG BAHRU ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK3975K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD ISA BIN MOHAMED RASHID
NRIC No SXXXX041E
Email Address XVIISX9@GMAIL.COM
Mobile Phone No (Phone) +65-89509562
Alternative Phone No (Home) +65-89509562

VEHICLE PARTICULARS

Manufacturer Ktm
Model 200
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 Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5122830812
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD ISA BIN MOHAMED RASHID
NRIC No SXXXX041E

Date Of Birth	25/12/1998
Occupation	Outdoor
Date Of Driving Pass	09/05/2019
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89509562
Alt. Phone Number	(Home) +65-89509562
Email Address	XVIISX9@GMAIL.COM
Address	2 SPOONER ROAD #06-32
Address complement	-
Postcode	168790
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	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?	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 ATTACHED

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	SHF743M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	-
Contact Number	(Phone) +65-91706771
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 ISA BIN MOHAMED RASHID
Gender	Male
Phone No	(Phone) +65-89509562
Address	-
Address Complement	-
Post Code	168790
Approximate Age Years Old	-
Injuries Sustained	REFER TO ATTACHED
Injured person in which vehicle?	FBK3975K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	K KAVINDRAN JAYRAJ
Phone	(Phone) +65-90032847
Email	KAVIN.VAN.BURREN@GMAIL.COM

SKETCH PLAN

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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.
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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

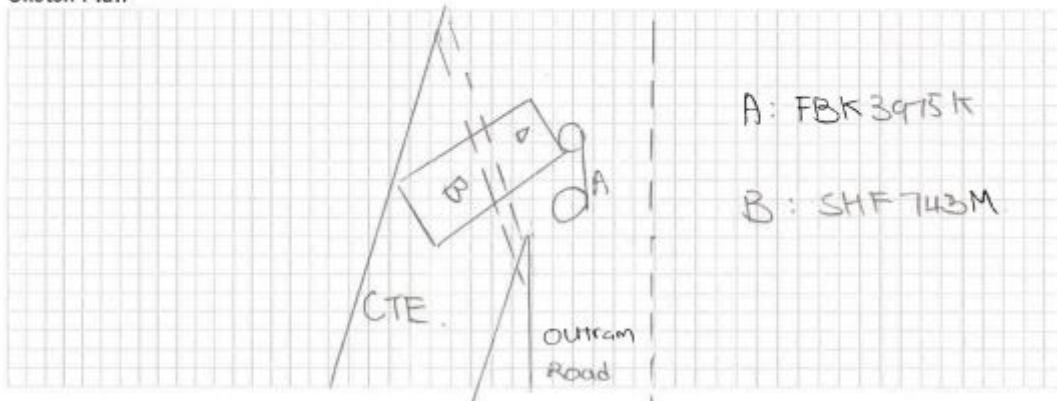
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report
Attached with witness Report.

Attached with witness Report

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







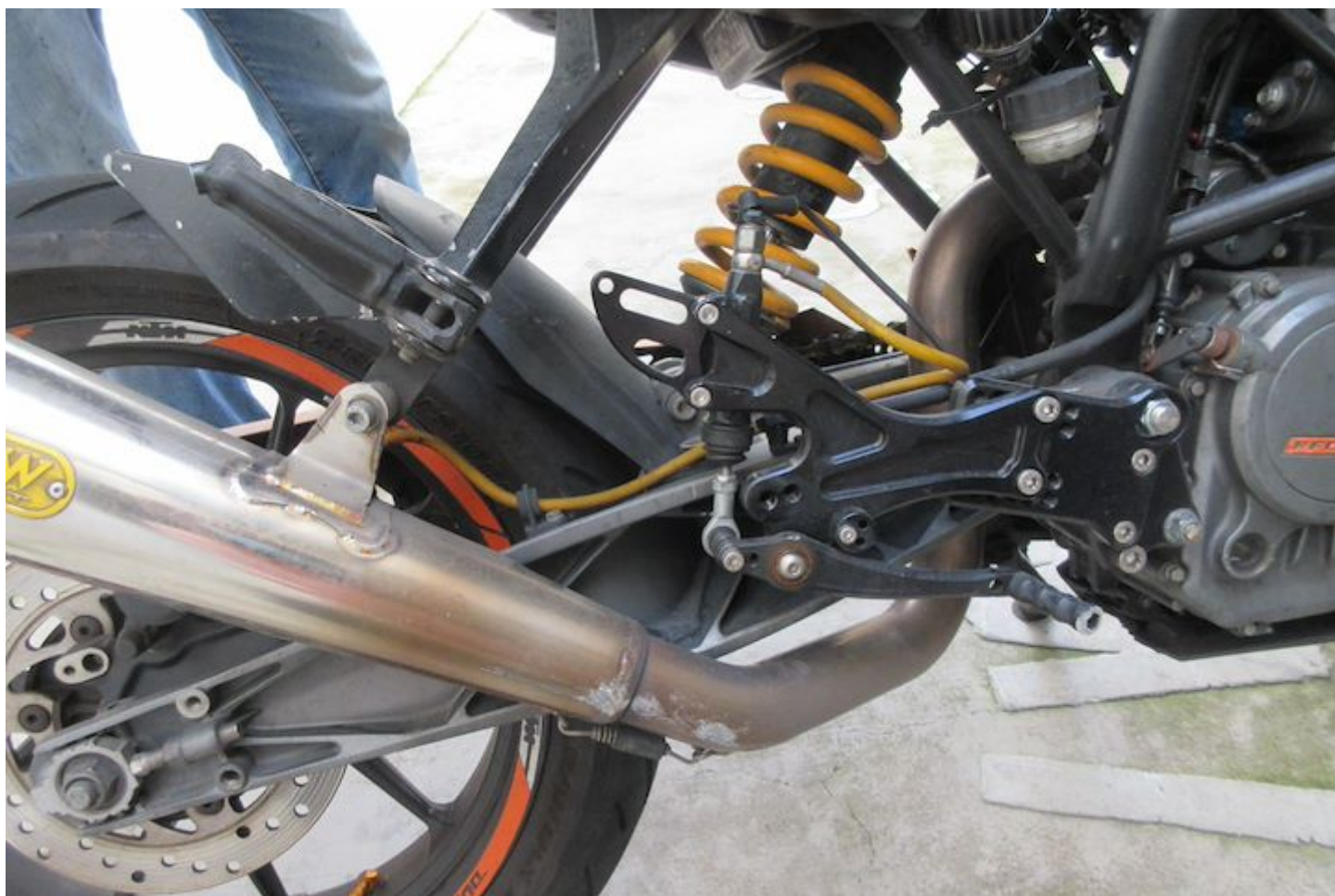




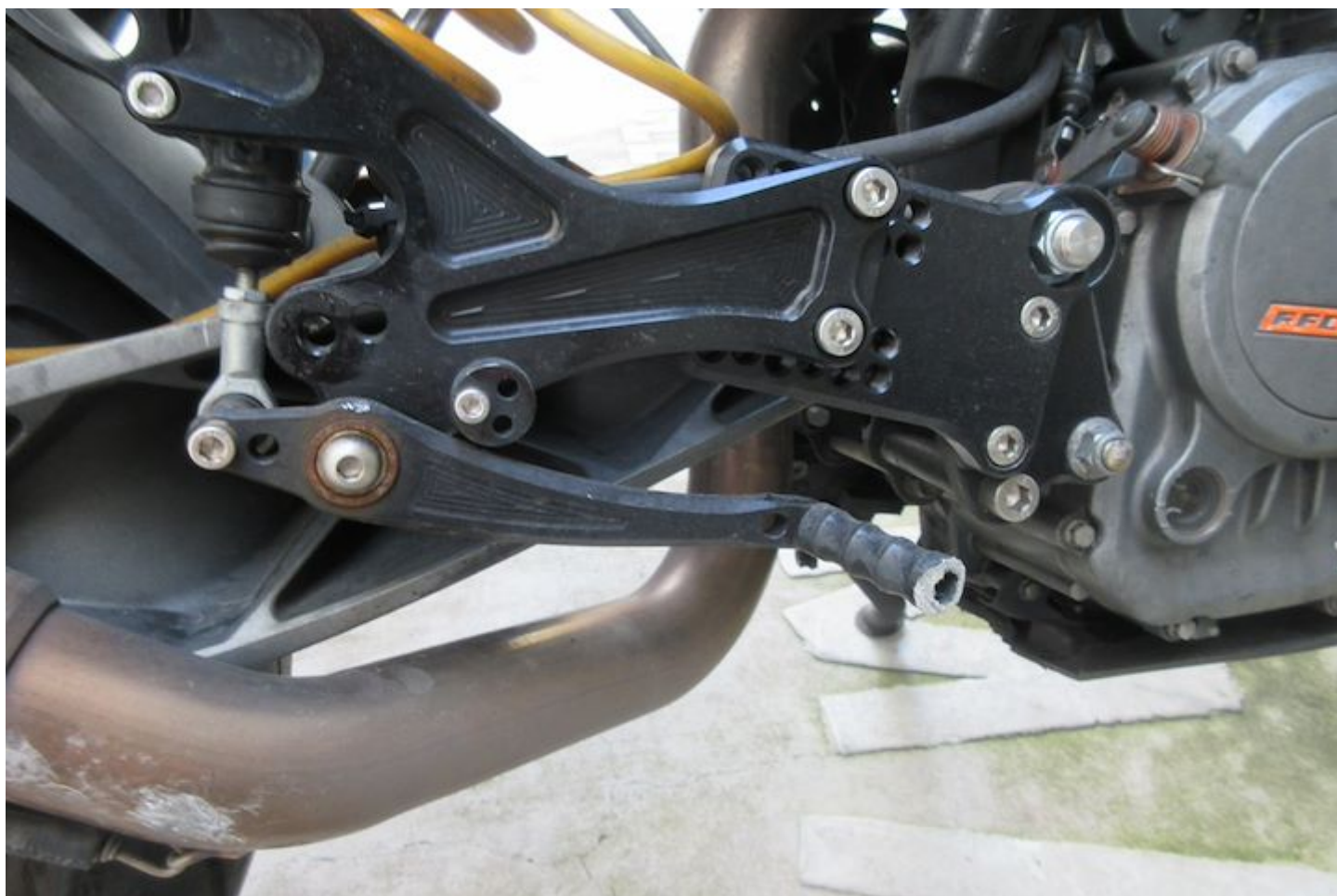






























**SINGAPORE
POLICE FORCE**



T/20220225/7030

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

1 of 4
Report No. T/20220225/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2022 16:27	Vide Report No.: T/20220224/2043	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMED ISA BIN MOHAMED RASHID			Address: 2 SPOONER ROAD #06-32 SINGAPORE 168790	
ID Type / ID No.: NRIC NO / S9843041E			Contact No.: Home/Office: Mobile: 89509562	
Nationality: SINGAPORE CITIZEN			Email: XVIISX9@GMAIL.COM	
Sex: Male	Age: 23	Date of Birth: 25/12/1998	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: GRABFOOD RIDER			Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/02/2022 20:20	Type of Location: Filter Lane
Location: OUTRAM ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBK3975K	Motorcycle	KTM	200 DUKE	Orange		0
SHF743M	Taxi			Red		0

Details of Vehicle Insurance

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



T/20220225/7030

Police Station Of Origin:
Traffic Police
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Tel No: 65470000

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Report No. T/20220225/7030

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK3975K	NTUC Income Insurance Co-Operative Limited	5122830812	06/07/2021	05/07/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	MUHAMMED ISA BIN MOHAMED RASHID		ID No.	S9843041E
Related Vehicle	FBK3975K (Motorcycle)		Contact No.	89509562
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	13		Degree of	Slight
Driver				
Name	MR PEH		ID No.	NIL
Related Vehicle	SHF743M (Taxi)		Contact No.	91706771
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

I wish to add details to my previous Traffic Police Accident Report No. T/20220224/2043.

I wish to state that I was riding my motorcycle no. FBK 3975 K along 3rd lane of Outram Road when suddenly a motortaxi no. SHF 743 M dashed out from the CTE filter lane towards Tiong Bahru Road without stopping behind the give-way line to make sure the road is clear from other motorists along the main road who have the right of way and the front right side of the motortaxi hit onto my rear left motorcycle. I have an eye-witness by the name of K Kavindran Jayraj (HP:90032847) who was riding on the 2nd lane of the same road behind me who saw the accident. Mr K Kavindran Jayraj has made a Traffic Police Report no. T/20220225/7025 and willing to testify that the driver of the motortaxi is totally in the wrong.

I have an additional Medical Certificate whereby I was given another 10 days of Outpatient Sick Leave from 25/02/2022 to 06/03/2022 by Bukit Merah Polyclinic excluding the 3 days



**SINGAPORE
POLICE FORCE**



T/20220225/7030

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

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Report No. T/20220225/7030

CONTINUATION OF REPORT

MC from Singapore General Hospital.

I also wish to state that my Lazer Tango Dragon helmet and my iPhone 12 Pro Max were damaged caused by the accident and I wish to claim for these damages besides my injuries and motorcycle damage.



**SINGAPORE
POLICE FORCE**

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



T/20220225/7030

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Report No. T/20220225/7030

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 / TPIB /
MUHAMMAD SYAKIR BIN ADANAN
Contact No.: 65476236

NP168

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

Date/Time:
25/02/2022 16:27

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20220225/7025

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

1 of 3

Report No. T/20220225/7025

Witness Police Report

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2022 15:12		Vide Report No.: A/20220223/0124		Station Diary No.:	
Informant's Particulars					
Name of Informant: K KAVINDRAN JAYRAJ			Address: 527B PASIR RIS STREET 51 #02-727 SINGAPORE 512527		
ID Type / ID No.: NRIC NO / S9606737B			Contact No.: Home/Office: Mobile: 90032847		
Nationality: SINGAPORE CITIZEN			Email: kavin.van.burren@gmail.com		
Sex: Male	Age: 26	Date of Birth: 01/02/1996	Type of Informant: Witness		
Race: Indian		Language: English		Institution / School Name:	
Occupation: Despatch worker		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/02/2022 20:15	Type of Location: Straight Road
Location: OUTRAM ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Policeman Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
FBK3975K	Motorcycle	KTM	200 Duke	Orange	Slightly Damaged	1
SHF743M	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220225/7025

Police Station Of Origin:
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2 of 3
Report No. T/20220225/7025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK3975K	NTUC Income Insurance Co-Operative Limited	5122830812	06/07/2021	05/07/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMED ISA BIN MOHAMED RASHID		ID No. S9843041E
Related Vehicle	NIL		Contact No. 89509562
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

At about 8:15PM along Outram road towards Tiong Bahru road FBK3975K was travelling along the 3rd lane. I was on the 2nd lane. To the left there is an exit from CTE, Red Taxi SHF743M failed to conform to the stop line and without checking proceeded to accelerate and turn out, hitting the Rider of above mentioned bike who had the right of way. Rider was conscious but in pain. Couldn't move his back.



**SINGAPORE
POLICE FORCE**



T/20220225/7025

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

3 of 3

Report No. T/20220225/7025

CONTINUATION OF REPORTSketch 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 / TPIB /
MUHAMMAD SYAKIR BIN ADANAN
Contact No.: 65476236

NP168

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

Date/Time:
25/02/2022 15:12

Classification Of Case: