

## 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	02/03/2022 13:15 (SGT)
Date of Accident	14/02/2022 17:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS DRIVE 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR7469S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD ISA BIN KASSIM
NRIC No	S1824466G
Email Address	ISA.PRSCUSTOM@GMAIL.COM
Mobile Phone No	(Phone) +65-83228467
Alternative Phone No	+65-83228467

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	CBF125
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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5119479207-01
Cover Note Number	-

#### DRIVER

Name of Driver	MOHAMAD ISA BIN KASSIM
NRIC No	S1824466G

Date Of Birth	04/05/1967
Occupation	Outdoor
Date Of Driving Pass	15/05/1989
Driving experience	32 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83228467
Alt. Phone Number	+65-83228467
Email Address	ISA.PRSCUSTOM@GMAIL.COM
Address	BLK 185C #02-131 RIVERVALE CRESCENT
Address complement	-
Postcode	543185
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 - Head to Rear
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	INDAHSURIA BINTE SAMSURI
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 FOR ACCIDENT STATEMENT

#### 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	SHF39M
Vehicle Manufacturer	-

Vehicle Model	-
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)	2

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	MOHAMAD ISA BIN KASSIM
Gender	Male
Phone No	(Phone) +65-83228467
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	55
Injuries Sustained	CHEST PAIN ABDOMINAL PAIN BOTH ARM PAIN MEDICAL LEAVE 5 DAYS
Injured person in which vehicle?	FBR7469S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

### INJURED 2

Name of injured person	INDAHSURIA BINTE SAMSURI
Gender	Female
Phone No	(Phone) +65-87815275
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	52
Injuries Sustained	MEDICAL LEAVE 15/02/2022 TO 16/02/2022
Injured person in which vehicle?	FBR7469S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

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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: 02/03/2022  
1300HRS

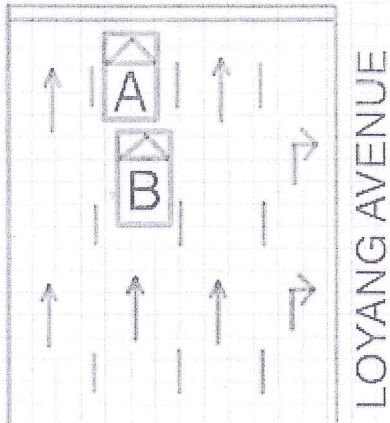
Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: SUMAN SUKUMAR  
NRIC/FIN No.: S690968

SKETCH PLAN



A : FBR7469S

B : SHF39M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT FOR STATEMENT OF ACCIDENT

DECLARATION

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

Policyholder's Signature

Date & Time: 02/03/2022  
1300HRS

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: SUMAN SUKUMAR  
NRIC/FIN No.: S990988





**SINGAPORE  
POLICE FORCE**



T/20220216/2000

1 of 4

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

Report No. T/20220216/2000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/02/2022 00:00		Vide Report No.:		Station Diary No.: 1
<b>Informant's Particulars</b>				
Name of Informant: MOHAMAD ISA BIN KASSIM		Address: APT BLK 185C RIVERVALE CRESCENT #02-131 SINGAPORE 543185		
ID Type / ID No.: NRIC NO / S1824466G		Contact No.: Home/Office: Mobile: 83228467		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 54	Date of Birth: 04/05/1967	Type of Informant: Rider	
Race: Malay		Language:	Institution / School Name:	
Occupation: IMPORT OPERATION EXECUTIVE		Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/02/2022 17:55	Type of Location: T-Junction
Location:  PASIR RIS DRIVE 1				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBR7469S	Motorcycle	HONDA	CBF125NA	Red		1
SHF39M	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Maroon	Slightly Damaged	1

<b>Details of Vehicle Insurance</b>			
Vehicle No.	Insurance Company	Insurance No.	Effective Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20220216/2000

2 of 4

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

Report No. T/20220216/2000

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBR7469S	NTUC Income Insurance Co-Operative Limited	5119479207-01	15/10/2021	14/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MOHAMAD ISA BIN KASSIM		ID No.	S1824466G
Related Vehicle	FBR7469S (Motorcycle)		Contact No.	83228467
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	Serious
Pillion				
Name	Indahsuria Binte Samsuri		ID No.	S7031973Z
Related Vehicle	FBR7469S (Motorcycle)		Contact No.	87815275
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	Slight

**Brief Details.**

On 14/02/2022 about 1755hrs. I was riding my motorcycle bearing FBR7469S with my wife on the third lane along Loyang avenue towards TPE direction. As the traffic volume was heavy at that point of time, I was riding at a rather slow speed as I saw amber light at the traffic light junction. I stop my vehicle at the traffic light junction before the traffic light turn red. About a few seconds later, I felt an impact from the rear and a SMRT taxi driver vehicle bearing SHF39M collided with my motorcycle as such fell towards the left as such I suffered chest pain, abdominal pain and both of my arm pain. My wife also fell towards her left and her left leg was trip under my motorcycle as such she suffered lower back, right hip and left ankle pain but she only went to Punggol polyclinic on 15/02/2022 as she only experienced the pain on the said day. After a few minutes, Traffic police and ambulance arrived. I was transferred to Changi Hospital on 14/02/2022 about 1845hrs and I was admitted to a short stay unit for a day. I was discharge on 15/02/2022 about 1341hrs and I was given 5 days of hospitalization leave.

My son then contacted to my insurance company but they instructed me to come to police station and lodged a police report.