

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 12/04/2022 18:01 (SGT)
Date of Accident 23/03/2022 18:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information YISHUN CENTRAL TOWARDS SEMBAWANG ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBD9650U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner RWAVE PTE. LTD
Company Reg No 201909822G
Email Address RWAVEPTLTD@GMAIL.COM
Mobile Phone No (Phone) +65-93696861
Alternative Phone No +65-93696861

VEHICLE PARTICULARS

Manufacturer Yamaha
Model X1-R
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 135

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 5108520408-02
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD FAUZI BIN IMRAN
NRIC No T0290022F

Date Of Birth	27/01/2002
Occupation	Outdoor
Date Of Driving Pass	18/02/2021
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98346422
Alt. Phone Number	-
Email Address	OFFICIALLYFAUZI@GMAIL.COM
Address	BLK 476A #11-28 YISHUN STREET 44
Address complement	-
Postcode	761476
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	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	NOOR DANIA FARISHA
Gender	Male

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 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

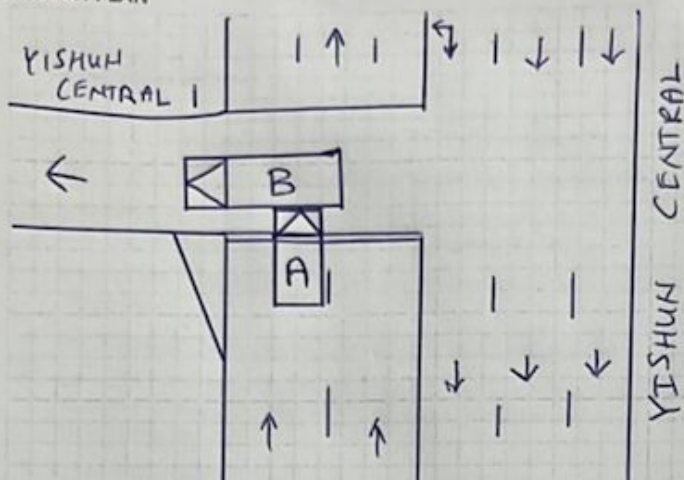
Vehicle Registration Number	SMB280T
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	KONG HAUR JYE
NRIC No	S7267920B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	10

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD FAUZI BIN IMRAN
Gender	Male
Phone No	(Phone) +65-98346422
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	20
Injuries Sustained	MEDICAL LEAVE FROM 24/03/2022 TO 22/04/2022 SUFFERED INJURIES TO LEFT HAND SUFFERED INJURIES TO SHOULDER
Injured person in which vehicle?	FBD9650U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes



B: SMB280T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT FOR ACCIDENT STATEMENT

DECLARATION

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

Policyholder's Signature _____

Date & Time:

12/04/2022

173 Steps

Driver's Signature _____

(If driver is not the policyholder)

Date & Time: 12/04/2022
1735hrs

Reporting Centre Personnel's Signature

Name: Suman Suvarna

NRIC/FIN No.: 8990968

SKETCH PLANIMPORTANT NOTICE

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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: 12/04/2022
1735HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/04/2022
1735HRS

Reporting Centre Personnel's Signature

Name: SUMAN Suman
NRIC/FIN No.: S99698P



















**SINGAPORE
POLICE FORCE**

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



T/20220324/7037

4 of 4

Report No. T/20220324/7037

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 / TP1B /
MOHAMMED FERAZ BIN HUSSIAN
Contact No.: 65476206

This report is lodged at Nee Soon South NPP Kiosk
NP168

Signature Of Informant:

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

Date/Time:
24/03/2022 17:54

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20220324/7037

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

3 of 4

Report No. T/20220324/7037

CONTINUATION OF REPORT

Brief Details.

i was about to return my rental bike (FBD 9650 U)back to the shop. so i went towards northpoint area. i was riding at an average speed of 50-55km/hr because i was reaching a junction at yishun central towards sembawang road signalised T junction of yishun central 1 . i saw a Tower Transit Bus (SMB280T) from the opp lane turning right. it was my right of way because it was a green light. he turned right and i manage to stop in time but was too close to the bus. the bus still continued moving straight. my front wheel collide with his left rear wheel/ fender. i was still on my bike because if i were to fall, i may end up getting run over by the bus. after the bus collide with me, i pushed my bike out and went straight to him. i saw my hand bleeding and went straight to ask him for first aid kit. i nearly turned unconscious due to my amount of blood lost. i ate a sweet & drank the water the bus driver gave. bus driver manager came to the scene &asked about my particulars. i also exchanged contact with him & took a photo of his IC & driving license.



SINGAPORE POLICE FORCE



T/20220324/7037

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

1 of 4

Report No. T/20220324/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2022 17:54		Vide Report No.: L/20220323/0090		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD FAUZI BIN IMRAN			Address: 476A YISHUN STREET 44 #11-28 SINGAPORE 761476		
ID Type / ID No.: NRIC NO / T0290022F			Contact No.: Home/Office: Mobile: 98346422		
Nationality: SINGAPORE CITIZEN			Email: OFFICIALLYFAUZI@GMAIL.COM		
Sex: Male	Age: 20	Date of Birth: 27/01/2002	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 2B		Date of Expiry: 24/03/2022

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/03/2022 18:15	Type of Location: T-Junction
Location: along yishun central towards sembawang road				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
FBD9650U	Motorcycle	YAMAHA	X1R	Black	Slightly Damaged	1
SMB 280 T	bus	MAN	TOWER TRANSIT	Red	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**

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



T/20220324/7037

2 of 4

Report No. T/20220324/7037

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD9650U	rental insurance		18/03/2022	25/03/2022
SMB 280 T	bus insurance	-		

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FAUZI BIN IMRAN	ID No.	T0290022F
Related Vehicle	FBD9650U (Motorcycle)	Contact No.	98346422
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: 24/03/2022
Date	23/03/2022	Date	23/03/2022
No. of Days granted Medical Leave	03	Degree of	Serious
Pillion			
Name	NOOR DANIA FARISHA	ID No.	-
Related Vehicle	FBD9650U (Motorcycle)	Contact No.	87760871
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Pillion			
Name	DANIA	ID No.	NIL
Related Vehicle	NIL	Contact No.	87760871
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL