

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 05/05/2022 16:28 (SGT)
Date of Accident 02/05/2022 02:57 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE(Tuas)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBT4386G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner VV RENTAL
Company Reg No 53439838C
Email Address bensonseow91@gmail.com
Mobile Phone No (Phone) +65-91711924
Alternative Phone No +65-91711924

VEHICLE PARTICULARS

Manufacturer Yamaha
Model NMAX
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 160

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number 5123937847
Cover Note Number -

DRIVER

Name of Driver MOHAMMAD DANIAL BIN MOHAMMAD TAIB
NRIC No S9143483J

Date Of Birth	29/11/1991
Occupation	Indoor
Date Of Driving Pass	21/06/2010
Driving experience	11 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88898991
Alt. Phone Number	-
Email Address	bensonseow91@gmail.com
Address	APT BLK 656 SENJA ROAD
Address complement	#15-262
Postcode	S670656
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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 sketch plan

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	SHB3635T
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMMAD DANIAL BIN MOHAMMAD TAIB
Gender	Male
Phone No	(Phone) +65-88898991
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBT4386G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT 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.

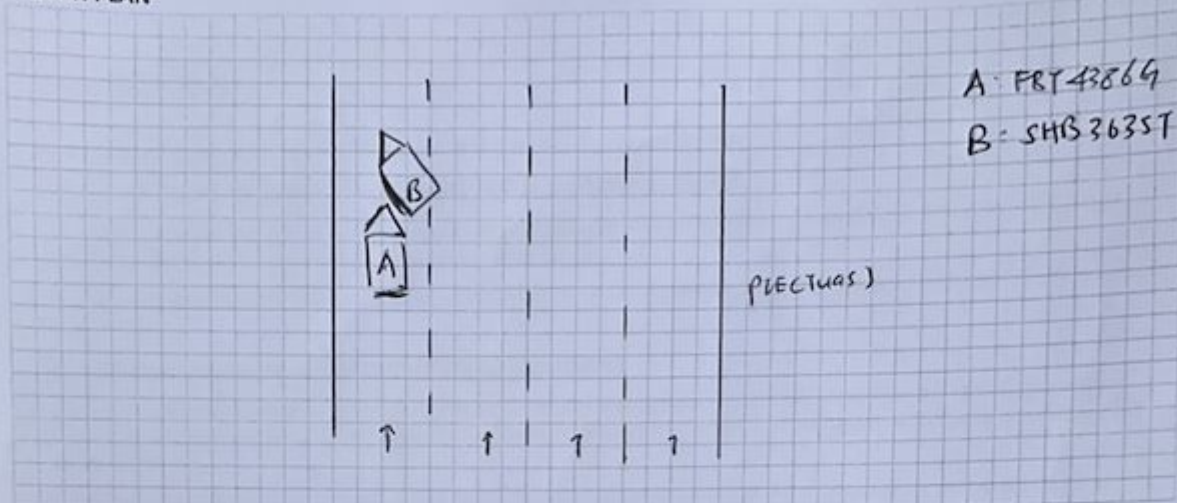
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 03/05/2022
1615 hrs

Reporting Centre Personnel's Signature
Name: Eugene Lee
NRIC/FIN No.: 5991283



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: 7/20220503/7008

DECLARATION

I/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: 05/07/2022
16:44

Reporting Centre Personnel's Signature
Name: Eugene Lee
NRIC/FIN No.: 399188?

















SINGAPORE POLICE FORCE



T/20220503/7008

1 of 3

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

Report No. T/20220503/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2022 17:30	Vide Report No.: E/20220502/0023	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHAMMAD DANIAL BIN MOHAMMAD TAIB			Address: 656 SENJA ROAD #15-262 SINGAPORE 670656	
ID Type / ID No.: NRIC NO / S9143483J			Contact No.: Home/Office:	Mobile: 88898991
Nationality: SINGAPORE CITIZEN			Email: DANIAL.TAIB@OUTLOOK.COM	
Sex: Male	Age: 30	Date of Birth: 29/11/1991	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry: 01/06/2090

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/05/2022 02:57	Type of Location: Expressway
Location: BENDEMEER ROAD				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBT4386G	Motorcycle	YAMAHA	NMAX	Grey	Slightly Damaged	0
SHB3635T	Car	HYUNDAI	i40	Yellow	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220503/7008

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

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Report No. T/20220503/7008

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT4386G	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD DANIAL BIN MOHAMMAD TAIB		ID No. S9143483J
Related Vehicle	FBT4386G (Motorcycle)		Contact No. 88898991
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Class: 2B,2A,2,3 Date of Expiry: 01/06/2090
Date	02/05/2022		Date 02/05/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the above-mentioned date, time and location, I was involved in an accident involving my motorcycle and a taxi.

I was riding along the leftmost lane of the four lane expressway when a taxi switched lane from lane 3 to lane 4, in front of me and encroaching into my path of travel whilst braking. The distance between me and the taxi was about less than one car's length and the road surface was wet. I tried to take evasive actions as much as I could, applied brakes but was unable to stop in time and collided onto the rear portion of the taxi.

After the accident, I was conveyed to Tan Tock Seng Hospital and discharged on the same day. I suffered abrasions over left elbow, right pelvis and shoulder. Left thumb disclosed fracture. I was given 5 days of outpatient sick leave.

That is all.

**SINGAPORE
POLICE FORCE**

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



T/20220503/7008

3 of 3

Report No. T/20220503/7008

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 /
QHAIRIL BIN ZULKEFLEE
Contact No.: 65476187

This report is lodged at Traffic Police Kiosk 1
NP168

Signature Of Informant:

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

Date/Time:
03/05/2022 17:30

Classification Of Case: