

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 14/05/2022 13:20 (SGT)
Date of Accident 19/04/2022 16:00 (SGT)
Exact Location of Accident Bukit Timah Rd, Singapore
Additional Location Information AND NAMLY AVE JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBE4893M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD HILMI BIN SAMAD
NRIC No S9815739E
Email Address HILMIHAFIZ@YAHOO.COM.SG
Mobile Phone No (Phone) +65-96580268
Alternative Phone No +65-96580268

VEHICLE PARTICULARS

Manufacturer Yamaha
Model T135
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 130

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5120339349-01
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD HILMI BIN SAMAD
NRIC No S9815739E

Date Of Birth	12/05/1998
Occupation	Indoor
Date Of Driving Pass	20/01/2018
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96580268
Alt. Phone Number	+65-96580268
Email Address	HILMIHAFIZ@YAHOO.COM.SG
Address	BLK 678 #04-612
Address complement	CHOA CHU KANG CRESCENT
Postcode	680678
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 - Major/Minor Rd
Weather Conditions	Clear
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	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT:T/20220420/2008

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	SLS3230R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

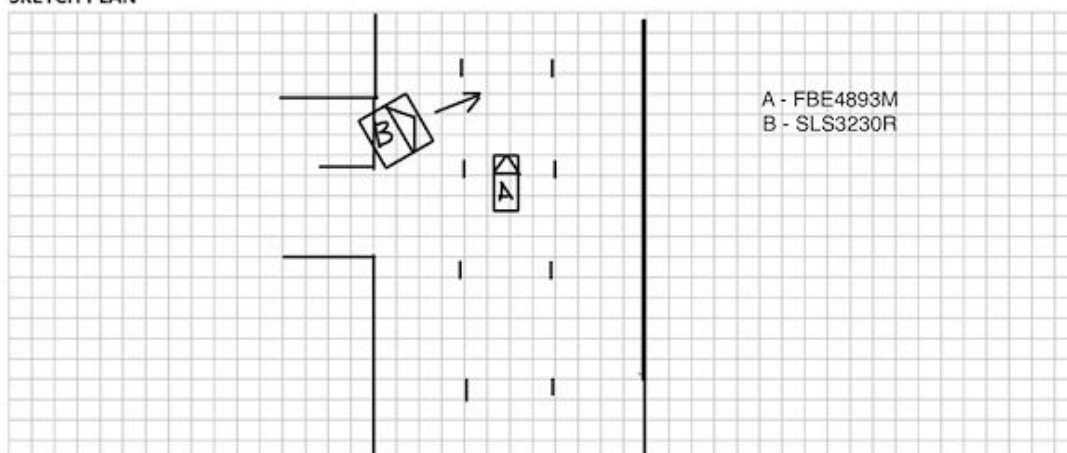
Name of Driver	YAAKOB BIN MOHD NAYAN
NRIC No	S1461926G
Contact Number	(Phone) +65-90704213
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD HILMI BIN SAMAD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBE4893M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for writing, currently crossed out with a diagonal line from the bottom-left to the top-right corner.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time: 14052022 & 1330Hrs

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

[Signature]

Reporting Centre Personnel's Signature
Name: Md Ikhsan
NRIC/FIN No.: S098395

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: 14/05/2022 & 1330HRS (If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Md Ikhsan
NRIC/FIN No.: S098395











**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20220420/2008

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Report No. T/20220420/2008

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

D /
SGT 3 JASMI BIN JUMA'AT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/04/2022 02:10

Officer In Charge Of Case:
TP / GIT /
STAFF SGT QHAIRIL BIN ZULKEFLEE
Contact No: 65476187

Classification Of Case:

NP168



SINGAPORE POLICE FORCE



T/20220420/2008

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

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Report No. T/20220420/2008

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD HILMI BIN SAMAD	ID No.	S9815739E
Related Vehicle	FBE4893M (Motorcycle)	Contact No.	96580268
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A.2 Date of Expiry: NIL
Date Treatment	19/04/2022	Date Discharge	19/04/2022
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	YA'AKOB BIN MOHD NAYAN	ID No.	S1461926G
Related Vehicle	SLS3230R (Car)	Contact No.	90704213
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 the 19/04/2022 at about 1600hrs, I was riding my motorcycle, FBE4893M (Red and Black Yamaha T135) in the 2nd lane at along Bukit Timah Road. When I was approaching the junction, suddenly a white Toyota Wish with the registration SLS3230M drove out of Namly Avenue junction and immediately entered the 2nd lane, where I was riding in, towards the 1st lane. During the duration when I was in the lane, the car cut into my lane and it causes an impact on my motorcycle on my front wheel with the centre right side of the car. The driver of the said continued to drive his car into the 1st lane of which my motorcycle also forced into lane 1 and hit onto the railing at the centre divider. I did not fall from my motorcycle but I suffered several abrasion on the right side of my body.

After about 10 - 15 minutes, ambulance came to my accident location to check on my injuries before they decided to convey me to National University Hospital (NUH) for further medical treatment.

Traffic Police in-charge is Qhairil Bin Zulkeflee and his contact number is 85476170 via incident D/20220419/0097.



SINGAPORE POLICE FORCE



T/20220420/2008

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20220420/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2022 02:10	Vide Report No.: E/20220419/0097	Station Diary No.: 5
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Informant's Particulars

Name of Informant: MUHAMMAD HILMI BIN SAMAD			Address: 678 CHOA CHU KANG CRESCENT #04-612 SINGAPORE 680678	
ID Type / ID No.: NRIC NO / S9815739E			Contact No.: Home/Office: Mobile: 96580268	
Nationality: SINGAPORE CITIZEN			Email: hilmihafiz@yahoo.com	
Sex: Male	Age: 23	Date of Birth: 12/05/1998	Type of Informant: Rider	
Race: Boyannese			Language: English	Institution / School Name
Occupation: Student			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/04/2022 16:00	Type of Location: T-Junction
Location: BUKIT TIMAH ROAD	Lamp Post Number: 182	Weather: Clear	Road Surface: Wet	Road Speed Limit
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	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 Passenger
FBE4893M	Motorcycle				Slightly Damaged	0
SLS3230R	Car				Slightly Damaged	0

Details of Person Involved

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