

## 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 ..... 20/05/2022 17:56 (SGT)  
Date of Accident ..... 17/05/2022 21:37 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... RAFFLES BOULEVARD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBS7044D

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HAIRUZI BIN SALEH  
NRIC No ..... S7020378B  
Email Address ..... HIGHRLV@ICLOUD.COM  
Mobile Phone No ..... (Phone) +65-93878931  
Alternative Phone No ..... +65-93878931

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... XSR155  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 155

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5122959223  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MUHAMMAD HAIRUL BIN HAIRUZI  
NRIC No ..... T0220565Z

Date Of Birth .....	13/07/2002
Occupation .....	Indoor
Date Of Driving Pass .....	04/05/2021
Driving experience .....	1 YEAR
Gender .....	Male
Mobile Number .....	(Phone) +65-96880962
Alt. Phone Number .....	-
Email Address .....	HIGHRVL@ICLOUD.COM
Address .....	929 JURONG WEST ST 92 #11-179 S640929
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	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? .....	No
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 .....	ANNA LYSHA BTE JOHARI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT 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 .....	SHD552H
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MUHAMMAD HAIRUL BIN HAIRUZI
Gender .....	Male
Phone No .....	(Phone) +65-96880962
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBS7044D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	ANNA LYSHA BTE JOHARI
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBS7044D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

## WITNESS DETAILS

### WITNESS 1

Name .....	THAM
Phone .....	(Phone) +65-91470854
Email .....	-

## SKETCH PLAN

## IMPORTANT NOTICE

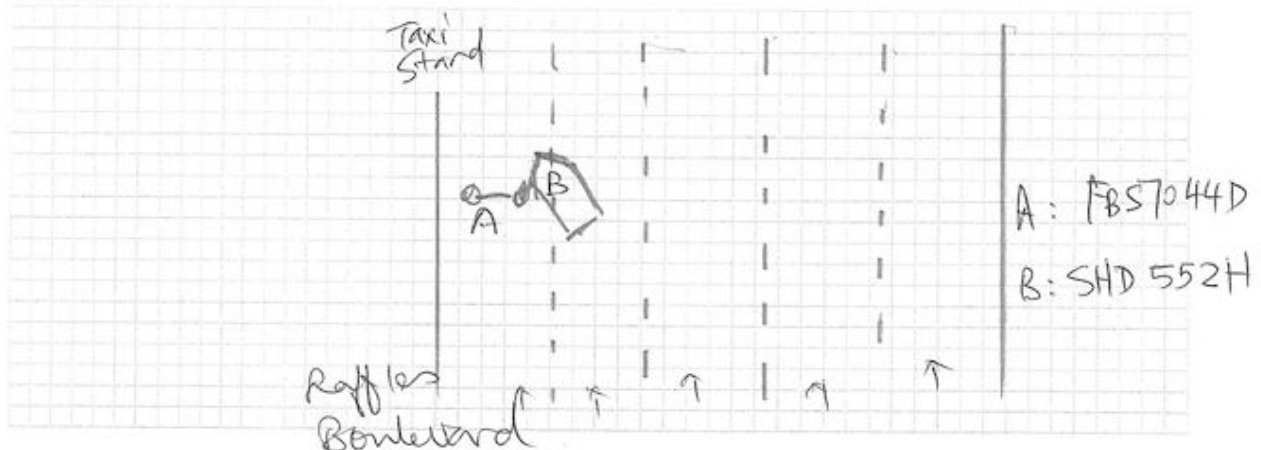
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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

Please refer to police report attached.

## 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

Witnessed by Reporting Centre Personnel





























**SINGAPORE  
POLICE FORCE**



T/20220518/2110

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 4  
Report No. T/20220518/2110

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/05/2022 18:52	Vide Report No.:	Station Diary No.: 197
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**Informant's Particulars**

Name of Informant: MUHAMMAD HAIRUL BIN HAIRUZI		Address: APT BLK 929 JURONG WEST STREET 92 #11-179 SINGAPORE 640929	
ID Type / ID No.: NRIC NO / T0220565Z		Contact No.:	Mobile: 96880962
Nationality: SINGAPORE CITIZEN		Email: highrvi@icloud.com	
Sex: Male	Age: 19	Date of Birth: 13/07/2002	
Race: Boyanese		Language:	Institution / School Name: ITE College Central
Occupation: Student		Driving Licence Information: Class: 2B	
		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/05/2022 21:30	Type of Location: Straight Road
Location:  RAFFLES BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS7044D	Motorcycle	YAMAHA	XSR155 MANUAL	Silver	Slightly Damaged	1
SHD552H	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	0



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T/20220518/2110

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20220518/2110

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD HAIRUL BIN HAIRUZI	ID No.	T0220565Z
Related Vehicle	FBS7044D (Motorcycle)	Contact No.	96880962
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Other Person</b>			
Name	RICHARD	ID No.	NIL
Related Vehicle	SHD552H (Car)	Contact No.	96233000
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 17/05/2022 at about 2130hrs, I was driving along the abovementioned location on my motorcycle (FBS7044D) with my girlfriend as passenger when a taxi (SHD552H) made a last minute signal to cut into my lane. I was caught off guard and did an emergency jam break, hitting the front of my motorcycle into the taxi. My girlfriend was thrown off my motorcycle and onto the ground. My vehicle's clutch and handle was bent. The taxi's front left wheel's tire was popped and the tire ring came off. I was in a state of shock and immediately attended to my girlfriend. The taxi driver namely Richard, alighted his vehicle and immediately started blaming me. A passerby namely, Tham, came forward as a witness and told me that it wasn't my fault. About 5-7 minutes later, the Ambulance arrived and did a check on my girlfriend and I. I sustained an injury on right shoulder, abrasions on the chest and trouble breathing. My girlfriend sustained scars on the face, abrasions on the right shoulder and back pain. We refused to be conveyed to the hospital. My older brother arrived at scene to assist me as the taxi driver was pushing to settle the matter privately. Shortly after, Traffic Police arrived at scene and advised me not to say anything and to not take the blame. He also advised me to contact my insurance. Lastly, he advised me to lodge a police report. The ambulance and TP subsequently left. Richard gave me his phone number and left. However, about 20 minutes later, he came back to charge me for his tires but my brother assisted me to tell him off. My brother also told him that I would be lodging a police report. No government properties were damaged and no foreign vehicles were involved.



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Report No. T/20220518/2110

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20220518/2110

Police Station Of Origin:  
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649482  
Tel No: 1800-7929999

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Report No. T/20220518/2110

**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:

J/  
Other ABDUL MATIIN BIN  
MUHAMAD HAMIM

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/05/2022 18:52

Officer In Charge Of Case:  
TP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168