

# 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 14:12 (SGT)  
Date of Accident ..... 17/05/2022 08:20 (SGT)  
Exact Location of Accident ..... TPE, Singapore  
Additional Location Information ..... TPE TWDS TAMPINES  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBR3979M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMMAD HAZIQ BIN AZIZ  
NRIC No ..... S9739975A  
Email Address ..... HAZIQOAZIZ69@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-83881401  
Alternative Phone No ..... +65-83881401

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Aerox  
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 ..... 155

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5124747427  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMMAD HAZIQ BIN AZIZ  
NRIC No ..... S9739975A

Date Of Birth .....	15/11/1997
Occupation .....	Outdoor
Date Of Driving Pass .....	23/01/2017
Driving experience .....	5 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83881401
Alt. Phone Number .....	+65-83881401
Email Address .....	HAZIQOAZIZ69@GMAIL.COM
Address .....	247 TAMPINES ST 21
Address complement .....	#02-287
Postcode .....	521247
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 - 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? .....	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 .....	AMIRUL
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

#### AS PER POLICE REPORT

#### 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 .....	SLP6477S
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	MUHAMMAD AMIRUL BIN GHAZALI
Gender .....	Male
Phone No .....	(Phone) +65-97899677
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBR3979M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	MOHAMMAD HAZIQ BIN AZIZ
Gender .....	Male
Phone No .....	(Phone) +65-83881401
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBR3979M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

## IMPORTANT NOTICE

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7. By the lodging 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:

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

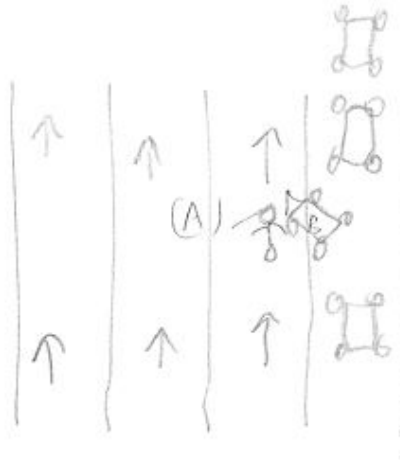


Reporting Centre Personnel's Signature  
Name: 20/05/22  
NRIC/FIN No.:

SKETCH PLAN

A) FBR 3979M

B) SLP 6477S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report.

\* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

Claim OD / TP At Falcon-Air	Claim OD / TP Own W/shop	Reporting Only
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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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/PIN No.:






























**SINGAPORE  
POLICE FORCE**


T/20220517/7048

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

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Report No. T/20220517/7048

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/05/2022 21:43		Vide Report No.: F/20220517/0055		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMMAD HAZIQ BIN AZIZ			Address: APT BLK 247 TAMPINES STREET 21 #02-287 SINGAPORE 521247		
ID Type / ID No.: NRIC NO / S9739975A			Contact No.: Home/Office: Mobile: 83881401		
Nationality: SINGAPORE CITIZEN			Email: haziqoaziz69@gmail.com		
Sex: Male	Age: 24	Date of Birth: 15/11/1997	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/05/2022 08:25	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR3979M	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Black		0
SLP6477S	Car	SUZUKI	Suzuki Swift	Blue	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220517/7048

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

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Report No. T/20220517/7048

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR3979M	NTUC Income Insurance Co-Operative Limited	5124747427	01/12/2021	30/11/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Pillion</b>			
Name	MUHAMMAD AMIRUL BIN GHAZALI	ID No.	S9531460J
Related Vehicle	FBR3979M (Motorcycle)	Contact No.	97899677
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	17/05/2022	Date	17/05/2022
No. of Days granted Medical Leave	04	Degree of	Slight
<b>Rider</b>			
Name	MOHAMMAD HAZIQ BIN AZIZ	ID No.	S9739975A
Related Vehicle	FBR3979M (Motorcycle)	Contact No.	83881401
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

**Brief Details.**

At 0820hrs me and my colleague Amirul (pillion) were on our way home from work on my motorcycle (FBR 3979M). We were at the highway TPE heading to Tampines. I was riding from the third lane going to second, when I was at the second lane, a blue Suzuki Swift (SLP 6477S) abruptly changed from first lane to second lane and hit on my bike and we both fell. When I tried to get up, I felt great pain on my left knee and my right shoulder which i was unable to do so, there was an eye witness from another vehicle who came down and assist. He assisted to get all the information of the accident during that time and he also assist to call ambulance 995 for me. Both my pillion and I had several abrasion on our right arm, elbow, hip, knees and ankles. My neck were stiff and I was unable to get up.

At around 0845hrs LTA officer arrived at the scene and moved my motorcycle to the nearest carpark @ Anchorvale St open carpark assisted by one of my other colleague Yus Henzry.

At around 0900hrs ambulance arrived and conveyed me to Khoo Teck Puat. I was unable to provide any information at that point of time as I was in great pain. I was brought to Khoo



**SINGAPORE  
POLICE FORCE**



T/20220517/7048

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Report No. T/20220517/7048

**CONTINUATION OF REPORT**

Teck Puat A&E and had medical checks. I was given 5 days MC and medications while Amirul, was given 4 days MC and medications. Both of us were discharged from KTPH @ 1315hrs. After discharge, my colleague Yus Henzry informed that the IO in-charge, SIO Abdillah requires me to call him and update him on my MC and report and provided me with this case number (CASE NO: F/20220517/0055). When I contacted him, he advised me to lodge a police report online. I have provide the footage to SIO Abdillah sent by an eye witness on whatsapp.



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T/20220517/7048

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Report No. T/20220517/7048

**CONTINUATION OF REPORT**

Sketch 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 /  
MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

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

Date/Time:  
17/05/2022 21:43

Classification Of Case:

NP168