

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 23/05/2022 15:58 (SGT)
Date of Accident 21/05/2022 21:30 (SGT)
Exact Location of Accident Loyang Ave, Singapore
Additional Location Information X JUNCTION LOYANG AVE TWDS TAMPINES
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR9634T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMED RAFIK BIN AZIZ
NRIC No S1551341A
Email Address MOHDRAFIK1480@GMAIL.COM
Mobile Phone No (Phone) +65-98378334
Alternative Phone No +65-98378334

VEHICLE PARTICULARS

Manufacturer Honda
Model ADV 150
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 150

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number P2422024
Cover Note Number -

DRIVER

Name of Driver MOHAMED RAFIK BIN AZIZ
NRIC No S1551341A

Date Of Birth	08/09/1962
Occupation	Outdoor
Date Of Driving Pass	12/12/1996
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98378334
Alt. Phone Number	+65-98378334
Email Address	MOHDRAFIK1480@GMAIL.COM
Address	809 TAMPINES AVE 4
Address complement	04-171
Postcode	520809
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 - Cross Junction
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)	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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
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	SHC4788Z
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	MOHAMED RAFIK BIN AZIA
Gender	Male
Phone No	(Phone) +65-98378334
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR9634T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes


SKETCH PLAN

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7. By the lodgment 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:

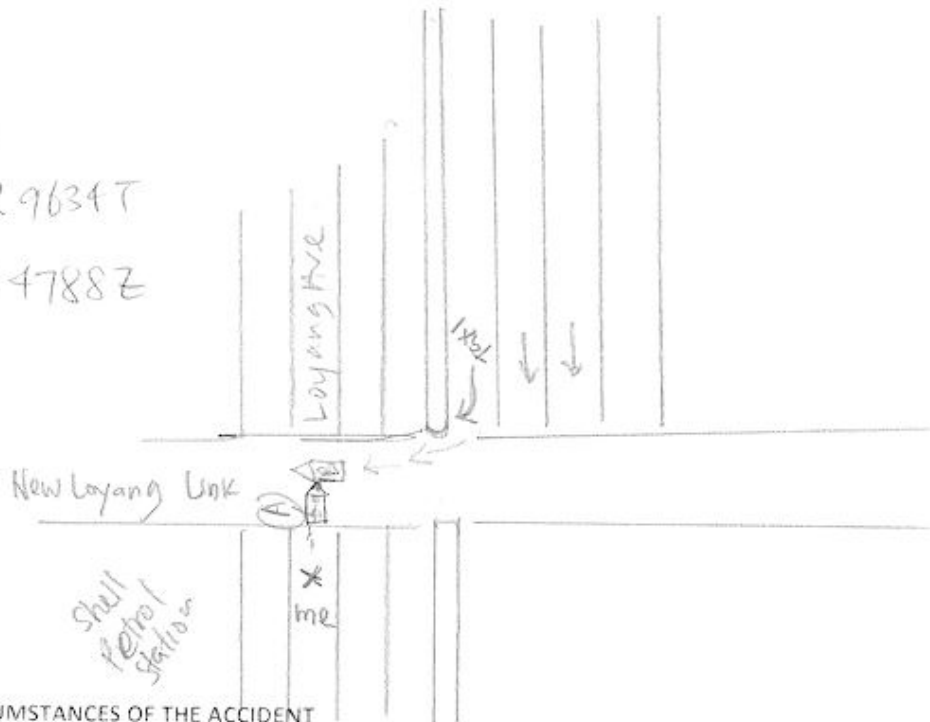
 Driver's Signature
 (If driver is not the policyholder) Date
 & Time:


 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No. 23/05/22

SKETCH PLAN

A) FBR 9634T

B) SHC 4788Z



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

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/FIN No.:





**SINGAPORE
POLICE FORCE**



T/20220522/2008

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20220522/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2022 06:18	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: MOHAMED RAFIK BIN AZIZ			Address: APT BLK 809 TAMPINES AVENUE 4 #04-171 SINGAPORE 520809	
ID Type / ID No.: NRIC NO / S1551341A			Contact No.: Home/Office: Mobile: 98378334	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 08/09/1962	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: FOOD DELIVERY			Driving Licence Information: Class: 2B,2A,2	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/05/2022 21:30	Type of Location: X-Junction
Location: LOYANG AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR9634T	Motorcycle	HONDA	ADV 150 ABS CVT	Red	Seriously Damaged	0
SHC4788Z	TAXI				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR9634T	AXA INSURANCE SINGAPORE PTE LTD	P2422024	14/12/2021	13/12/2022



**SINGAPORE
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2 of 3
Report No. T/20220522/2008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED RAFIK BIN AZIZ	ID No.	S1551341A
Related Vehicle	FBR9634T (Motorcycle)	Contact No.	98378334
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	21/05/2022	Date Discharge	21/05/2022
No. of Days granted Medical Leave	08	Degree of Injury	Serious

Brief Details.

On the above mentioned date, time and said location, I was riding my Honda motorbike, FBR9634T, red in colour along Loyang Ave near to the shell station toward Tampines Direction. When I am travelling straight with the traffic light indicated shown is green light suddenly one Taxi, SHC4788Z from opposite direction abruptly want to turn into New Loyang Link hence his front passenger left door collided onto the front of my motorbike. I then fell onto the ground with my bike. As there is private ambulance and police patrol car behind the taxi at that point of time hence the private paramedic assisted me while the police directed the traffic. In less then 30min, ambulance & traffic police came, and paramedic had checked on me and ask me whether I wish to be conveyed at that point of time which I inform no. The traffic police then took down my particular and asked me to lodge a traffic accident report. Due to the accident, I suffer injuries as follow: pain on my right wrist, both side groin area, bruises on my left knee, a cut on my left cheek. After the accident about 1 hour later, I went to Changi General Hospital to consult a doctor and was given 8 days MC. The doctor also conducted stitches on my left cheek area. I wish to state due to the accident my motorbike damages are the front portion and require to be tow away. I have CCTV install at the front and back of my bike however I am not sure whether it is in working condition.



**SINGAPORE
POLICE FORCE**



T/20220522/2008

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Tampines N.P.C
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Tel No: 1800-5871999

3 of 3

Report No. T/20220522/2008

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:
G/
SR STAFF SGT TAN YI KUN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/05/2022 06:18

Officer In Charge Of Case:
TP / GIT /
STAFF SGT SYED MUHAMMAD ISA BIN
OMAR ALHABSHEE
Contact No.: 65476187

Classification Of Case:

NP168