

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 17:47 (SGT)
Date of Accident	25/04/2022 15:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT MERAH CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ2521L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED HASSAN S/O KONNA SYED SAHUL HAMEED
NRIC No	S0278766J
Email Address	ASHIKISMAIL9@GMAIL.COM
Mobile Phone No	(Phone) +65-93824786
Alternative Phone No	+65-93824786

VEHICLE PARTICULARS

Manufacturer	Piaggio
Model	VESPA
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	No
Policy Number	5125660652
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED HASSAN S/O KONNA SYED SAHUL HAMEED
NRIC No	S0278766J

Date Of Birth	20/04/1951
Occupation	Indoor
Date Of Driving Pass	01/02/1984
Driving experience	38 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93824786
Alt. Phone Number	+65-93824786
Email Address	ASHIKISMAIL9@GMAIL.COM
Address	BLOCK 106 BUKIT PURMEI RD #12-124
Address complement	-
Postcode	090106
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	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	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002369999
Alt. Police Station Phone No	(Fax) +65-62204360
Police Station Address	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	SLL2615H
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED HASSAN S/O KONNA SYED SAHUL HAMEED
Gender	Male
Phone No	(Phone) +65-93824786
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	71
Injuries Sustained	PAIN ON RIBS AREA.BOTH LEGS, LEFT LEG SWOLLEN AND LEFT FOREARM ABRASION FBQ2521L
Injured person in which vehicle?	No
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: 20/05/2022
17:30

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

Reporting Centre Personnel's Signature
Name: Louis Lim
NRIC/FIN No.: S994220

B : UNKNOWN

BUKIT MERAH CENRAL

SPORT
LIFESTYLE
CENTRE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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

Policyholder's signature

Date & Time: 20/05/2022
17:30

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Louis Lim
NRIC/FIN No.: S994220



**SINGAPORE
POLICE FORCE**



T/20220426/2090

1 of 3

Report No. T/20220426/2090

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2022 18:13	Vide Report No.: D/20220425/0077	Station Diary No.: 81
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Informant's Particulars

Name of Informant: MOHAMED HASSAN S/O KONNA SYED SAHUL HAMEED			Address: APT BLK 106 BUKIT PURMEI ROAD #12-124 SINGAPORE 090106	
ID Type / ID No.: NRIC NO / S0278766J			Contact No.: Home/Office:	Mobile: 93824786
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 71	Date of Birth: 20/04/1951	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name:
Occupation: DISPATCH CLARK			Driving Licence Information: Class: 2	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2022 15:55	Type of Location: Straight Road
Location: BUKIT MERAH CENTRAL				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	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
FBQ2521L	Motorcycle	PIAGGIO	VESPA PRIMAVERA 150 ABS LED	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ2521L	NTUC Income Insurance Co-Operative Limited	5125660652	27/01/2022	26/01/2023



**SINGAPORE
POLICE FORCE**



T/20220426/2090

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Report No. T/20220426/2090

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED HASSAN S/O KONNA SYED SAHUL HAMEED	ID No.	S0278766J
Related Vehicle	FBQ2521L (Motorcycle)	Contact No.	93824786
Hospital/Clinic	SGH SPECIALIST PRACTICE	Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	25/04/2022	Date Discharge	25/04/2022
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the 25/04/2022 at about 1555hrs, I was riding my bike FBQ2521L along Bukit Merah Central just outside the swimming pool. Suddenly, one grey colour vehicle turned right and I have no time to stepped on my brakes. Therefore, the front of my motorbike collided with the vehicle's front passenger door. After the collision, I fell on the floor and I blacked out. Subsequently, I remember member of public came to carry me onto the pavement and traffic police came down too. I felt pain at my ribs area, both my legs, left leg swollen and left forearm abrasion. Subsequently, I was being send to the hospital at SGH for treatment. Subsequently, I was discharge from the SGH on the same day 25/04/2022 with a 4 day MC.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999



T/20220426/2090

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Report No. T/20220426/2090

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:

A /

SGT 2 JOLENE GOH XIN YI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/04/2022 18:13

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

NP168