

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 31/05/2022 17:26 (SGT)
Date of Accident 10/05/2022 07:50 (SGT)
Exact Location of Accident Tanjong Katong Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP5309U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD NUR HILMI BIN ROSLI
NRIC No SXXXX048D
Email Address aderudell@gmail.com
Mobile Phone No (Phone) +65-80889014
Alternative Phone No (Home) +65-80889014

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 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5121805619-01
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD ADELLE BIN ABDUL HAMID
NRIC No SXXXX889I

Date Of Birth	18/09/1992
Occupation	Outdoor
Date Of Driving Pass	05/02/2015
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96449444
Alt. Phone Number	-
Email Address	aderudell@gmail.com
Address	669B EDGEFIELD PLAINS #02-670 SINGAPORE 822669
Address complement	-
Postcode	822669
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 - Head to Rear
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	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

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE9024D
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	MUHAMMAD ADELLE BIN ABDUL HAMID
Gender	Male
Phone No	(Phone) +65-96449444
Address	669B EDGEFIELD PLAINS #02-670 SINGAPORE 822669
Address Complement	-
Post Code	822669
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBP5309U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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")

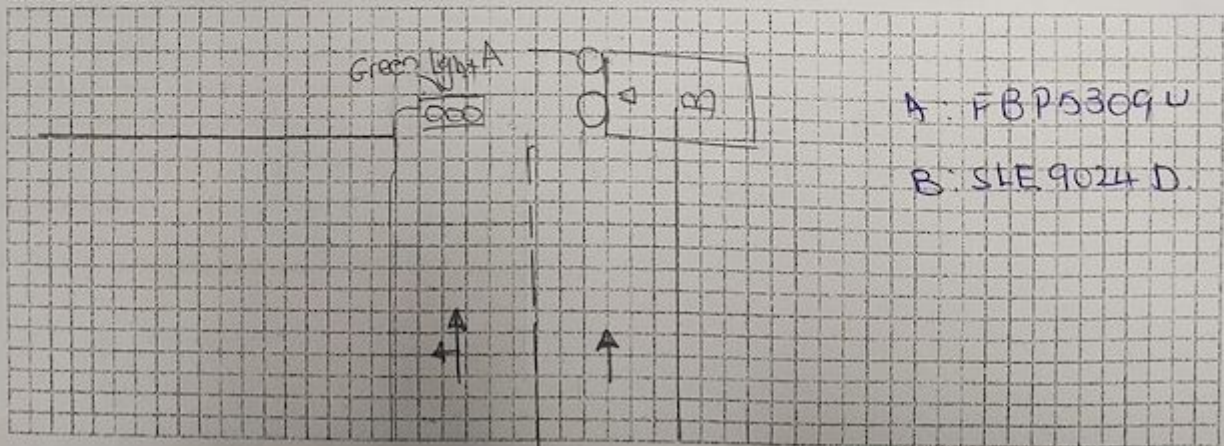
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

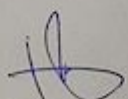
Sketch Plan

Describe Circumstances of the Accident

Refer to police Report.
owner is reporting on behalf of the Driver as
he is currently wheel chair bound after his surgery.


Declaration

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/20220526/7037

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

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Report No. T/20220526/7037

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP5309U	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ADELLE BIN ABDUL HAMID	ID No.	S9232889I
Related Vehicle	FBP5309U (Motorcycle)	Contact No.	96449444
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2 Date of Expiry: NIL
Date	10/05/2022	Date	24/05/2022
No. of Days granted Medical Leave	46	Degree of	Serious

Brief Details.

On 10/05/2022 at about 7.50 am, I was riding motorcycle no. FBP 5309 U along Tanjong Katong Road proceeding towards the direction of Geylang Road. I travel this route very often as I always send my wife to work at East Coast Road in the morning before going to work myself.

As I was travelling at normal speed along Tanjong Katong Road, all of a sudden there was a black Toyota Harrier plate number SLE 9024 D which was coming from the opposite direction of Tanjong Katong Road did not give any signal or any warning and dashed to make a right turn into Gray Lane without giving way to me when I had the right of way and the front side of the Toyota Harrier number SLE 9024 D violently collided onto the middle right side of my motorcycle that caused me to flung and roll several times for about 6 metres.

I suffered serious injuries to my hip and the right side of the body and was conveyed by ambulance to Tan tock Seng Hospital. I was hospitalized for 2 weeks and went for surgery for my fractured hip. I was then given forty-six (46) days of Hospitalization Leave.

My iPhone XS Max was damaged and OWNDAYS spectacles was lost as a result of the accident.

I wish to inform the Traffic Police that I have a video footage of the accident given by 1 eye-witness who was driving behind me.


**SINGAPORE
POLICE FORCE**


T/20220526/7037

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

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Report No. T/20220526/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/05/2022 15:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD ADELLE BIN ABDUL HAMID			Address: 669B EDGEFIELD PLAINS #02-670 SINGAPORE 822669		
ID Type / ID No.: NRIC NO / S9232889I			Contact No.: Home/Office: Mobile: 96449444		
Nationality: SINGAPORE CITIZEN			Email: aderudell@gmail.com		
Sex: Male	Age: 29	Date of Birth: 18/09/1992	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: MOBILE PARKING WARDEN			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: 10/05/2022 07:50	Type of Location: T-Junction
Location: TANJONG KATONG ROAD				
Weather: Sunny		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: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBP5309U	Motorcycle	YAMAHA	AEROX GDR155AC VT ABS	Grey	Seriously Damaged	0
SLE9024D	Car	TOYOTA	HARRIER	Black	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220526/7037

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

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Report No. T/20220526/7037

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

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



T/20220526/7037

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Report No. T/20220526/7037

CONTINUATION OF REPORTSketch 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 / TPB /
SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE
Contact No.: 65476187

NP168

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

Date/Time:
26/05/2022 15:46

Classification Of Case: