

# 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 .....	02/06/2022 17:04 (SGT)
Date of Accident .....	01/06/2022 10:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	OLD TOH TRUCK ROAD/TOH TUCK LINK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBP4547E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SHAH SAZLAN BIN JUMASLAN
NRIC No .....	S9717288I
Email Address .....	SHAH.SAZLAN97@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98208555
Alternative Phone No .....	+65-98208555

### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	Aerox
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 .....	Auto
CC .....	155

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	5126780046
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SHAH SAZLAN BIN JUMASLAN
NRIC No .....	S9717288I

Date Of Birth .....	25/05/1997
Occupation .....	Outdoor
Date Of Driving Pass .....	06/07/2018
Driving experience .....	3 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98208555
Alt. Phone Number .....	+65-98208555
Email Address .....	SHAH.SAZLAN97@GMAIL.COM
Address .....	154 SERANGOON N AVE 1 #03-440 S550154
Address complement .....	-
Postcode .....	-
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 .....	Collided into Property
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	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 .....	Serangoon North Neighbourhood Police Post
Police Station Address .....	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
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 .....	SDY8686P
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 .....	SHAH SAZLAN BIN JUMASLAN
Gender .....	Male
Phone No .....	(Phone) +65-98208555
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBP4547E
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

## IMPORTANT NOTICE

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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. The 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.
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.

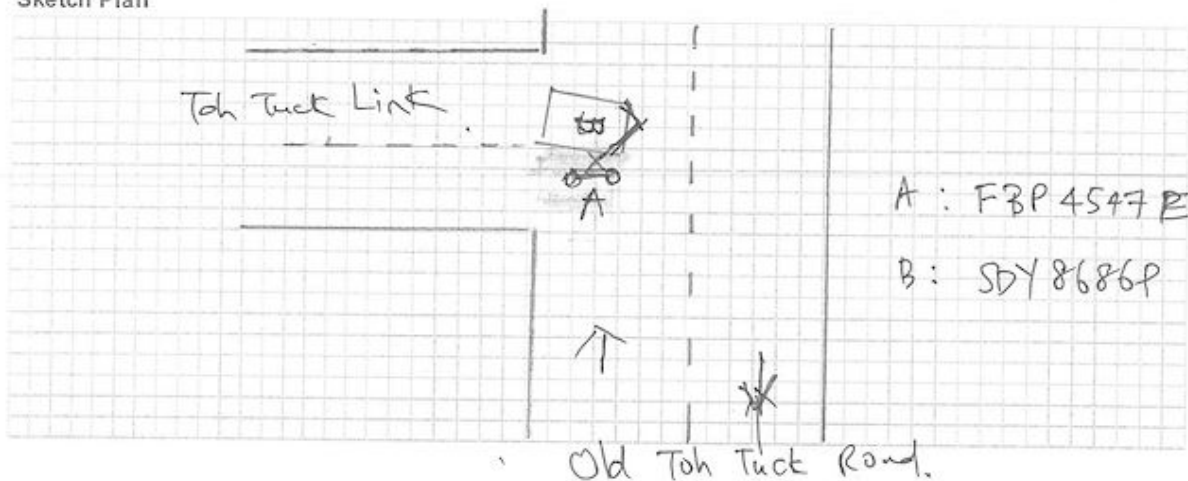
(collectively the "Purposes")

(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.

86 2/6/22 210pm  
 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 attached.

Declaration

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

SA 2/6/22 210pm  
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/20220601/2056

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

1 of 4

Report No. T/20220601/2056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/06/2022 13:36	Vide Report No.:	Station Diary No.: 17
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**Informant's Particulars**

Name of Informant: SHAH SAZLAN BIN JUMASLAN			Address: APT BLK 154 SERANGOON NORTH AVENUE 1 #03-440 SINGAPORE 550154		
ID Type / ID No.: NRIC NO / S9717288I			Contact No.: Home/Office: Mobile: 98208555		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 25/05/1997	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/06/2022 10:00	Type of Location: T-Junction
Location:  OLD TOH TUCK ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP4547E	Motorcycle	YAMAHA	GDR155A (AEROX)	Black	Slightly Damaged	0
SDY8686P	Car	RENAULT	GRAND SCENIC IV 1.5 DCI AT EU6	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20220601/2056

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

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Report No. T/20220601/2056

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBP4547E	NTUC Income Insurance Co-Operative Limited	5126780046	08/04/2022	07/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	SHAH SAZLAN BIN JUMASLAN		ID No.	S9717288I
Related Vehicle	FBP4547E (Motorcycle)		Contact No.	98208555
Hospital/Clinic	STANFORD MEDICAL CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/06/2022		Date Discharge	01/06/2022
No. of Days granted Medical Leave	03	Degree of Injury		Slight
Driver				
Name	TEE YONG HUAT		ID No.	S7208197H
Related Vehicle	NIL		Contact No.	90086868
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury		NIL

**Brief Details.**

On 01/06/2022 at around 1000hrs, I was riding my motorcycle FBP4547E along Old Toh Tuck Road towards the Junction of Toh Tuck Link. The weather was drizzling, road was wet and traffic was heavy.

I slowed down the speed as I was reaching to the junction of Toh Tuck Link. Suddenly there was a vehicle SDY8686P coming out from Toh Tuck Link. I wanted to stop to avoid hitting him however I skidded due to the wet floor and collided to the side of the vehicle. I fall to the side on the road from this accident.

The driver came out to check, he admitted that he did not check before coming from the road and apologize to me. The Traffic police came after and I was advised to see a doctor and lodge a traffic accident report.

I went to see a doctor as both of my lower arms and hips was injured from this incident. I was given 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20220601/2056

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

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Report No. T/20220601/2056

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20220601/2056

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

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Report No. T/20220601/2056

**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:  
F /  
Other LAM CHEW KIT

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/06/2022 13:36

Officer In Charge Of Case:  
TP / AEIT /  
INSP (1) BOON YEN KIAN  
Contact No.: 65476172

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20220601/2080

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

1 of 4

Report No. T/20220601/2080

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/06/2022 15:46	Vide Report No.: T/20220601/2056	Station Diary No.: 42
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**Informant's Particulars**

Name of Informant: SHAH SAZLAN BIN JUMASLAN			Address: APT BLK 154 SERANGOON NORTH AVENUE 1 #03-440 SINGAPORE 550154		
ID Type / ID No.: NRIC NO / S9717288I			Contact No.: Home/Office: Mobile: 98208555		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 25/05/1997	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/06/2022 10:00	Type of Location: T-Junction
Location:  OLD TOH TUCK ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
FBP4547E	Motorcycle	YAMAHA	GDR155A (AEROX)	Black		0
SDY8686P	Car	RENAULT	GRAND SCENIC IV 1.5 DCI AT EU6	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20220601/2080

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Report No. T/20220601/2080

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBP4547E	NTUC Income Insurance Co-Operative Limited	5126780046	08/04/2022	07/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	SHAH SAZLAN BIN JUMASLAN		ID No.	S9717288I
Related Vehicle	FBP4547E (Motorcycle)		Contact No.	98208555
Hospital/Clinic	STANFORD MEDICAL CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/06/2022		Date Discharge	01/06/2022
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	TEE YONG HUAT		ID No.	S7208197H
Related Vehicle	SDY8686P (Car)		Contact No.	90086868
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

Amendment on the previous report vide T/20220601/2056.

On 01/06/2022 at around 1000hrs, I was riding my motorcycle FBP4547E along Old Toh Tuck Road towards the Junction of Toh Tuck Link. The weather was drizzling, road was wet and traffic was heavy.

I slowed down the speed as I was reaching to the junction of Toh Tuck Link. Suddenly there was a vehicle SDY8686P coming out from Toh Tuck Link. I was unable to stop in time and collided to the side of the vehicle. I fall to the side on the road from this accident.

The driver came out to check, he admitted that he did not check before coming from the road and apologize to me. The Traffic police came after and I was advised to see a doctor and lodge a traffic accident report.

I went to see a doctor as both of my lower arms and hips was injured from this incident. I was given 3 days MC.



**SINGAPORE  
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T/20220601/2080

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Report No. T/20220601/2080

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20220601/2080

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

4 of 4

Report No. T/20220601/2080

**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:

F /

Other LAM CHEW KIT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/06/2022 15:46

Officer In Charge Of Case:

TP / AEIT /

INSP (1) BOON YEN KIAN

Contact No.: 65476172

Classification Of Case:

NP168



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SK0L2262000B Vehicle Registration No: FBP4547E  
 Name (as shown in NRIC): SHAH SAZLAN BIN JUMASLAN NRIC/FIN/Passport No: SXXXX288I  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 01/06/2022 Time of Accident: 10:00HR  
 Place of Accident: OLD TOH TRUCK ROAD/TOH TUCK LINK  
 Insurance Company: NTUC Income Insurance Co-operative Ltd

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Remove photo (wrong attachment)

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\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: