

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 15/06/2022 14:04 (SGT)
Reported by -
Date of Accident 21/05/2022 23:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information BUKIT BATOK WEST AVE 6
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ3144Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMMAD MIKAIL S/O AHMAD IBRAHIM
NRIC No S9721681I
Email Address MIKAIL@LIVE.COM.SG
Mobile Phone No (Phone) +65-90295360
Alternative Phone No (Home) +65-90295360

VEHICLE PARTICULARS

Manufacturer Yamaha
Model YZF-R15
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 Manual
CC 150

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5121909041-01

DRIVER

Name of Driver MOHAMMAD MIKAIL S/O AHMAD IBRAHIM
NRIC No S9721681I
Date Of Birth 25/06/1997
Occupation Indoor

Date Of Driving Pass	14/10/2020
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90295360
Alt. Phone Number	(Home) +65-90295360
Email Address	MIKAIL@LIVE.COM.SG
Address	BLK 692B CHOA CHU KANG CRESCENT #10-24 S682692
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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 ATTACHED POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1963D
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	MOHAMMAD MIKAIL S/O AHMAD IBRAHIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	FBJ3144Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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")

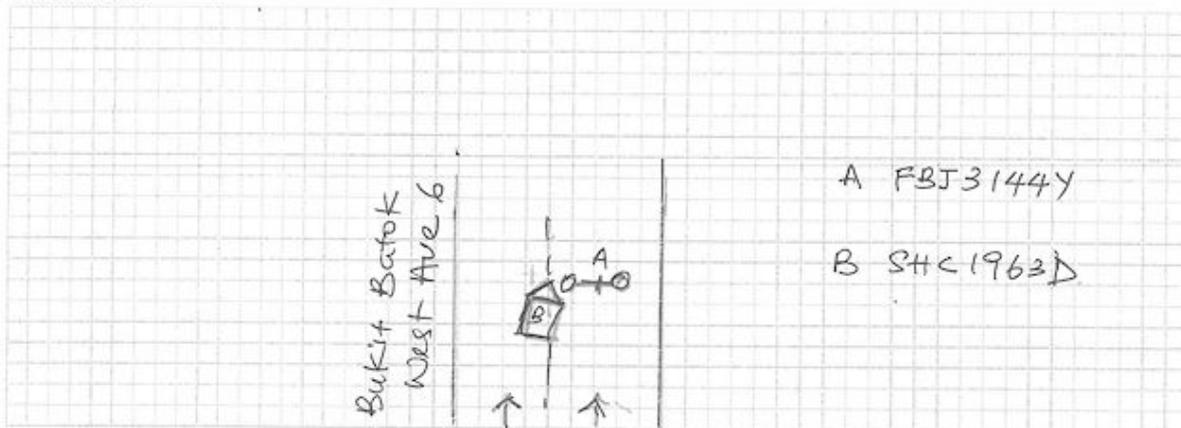
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.


 Policyholder's Signature / Date & Time
 15:30
 Sketch Plan 14/6/2022

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


 Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

Refer Police Report

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 1530
14/6/2022

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


Witnessed by Reporting Centre
Personnel











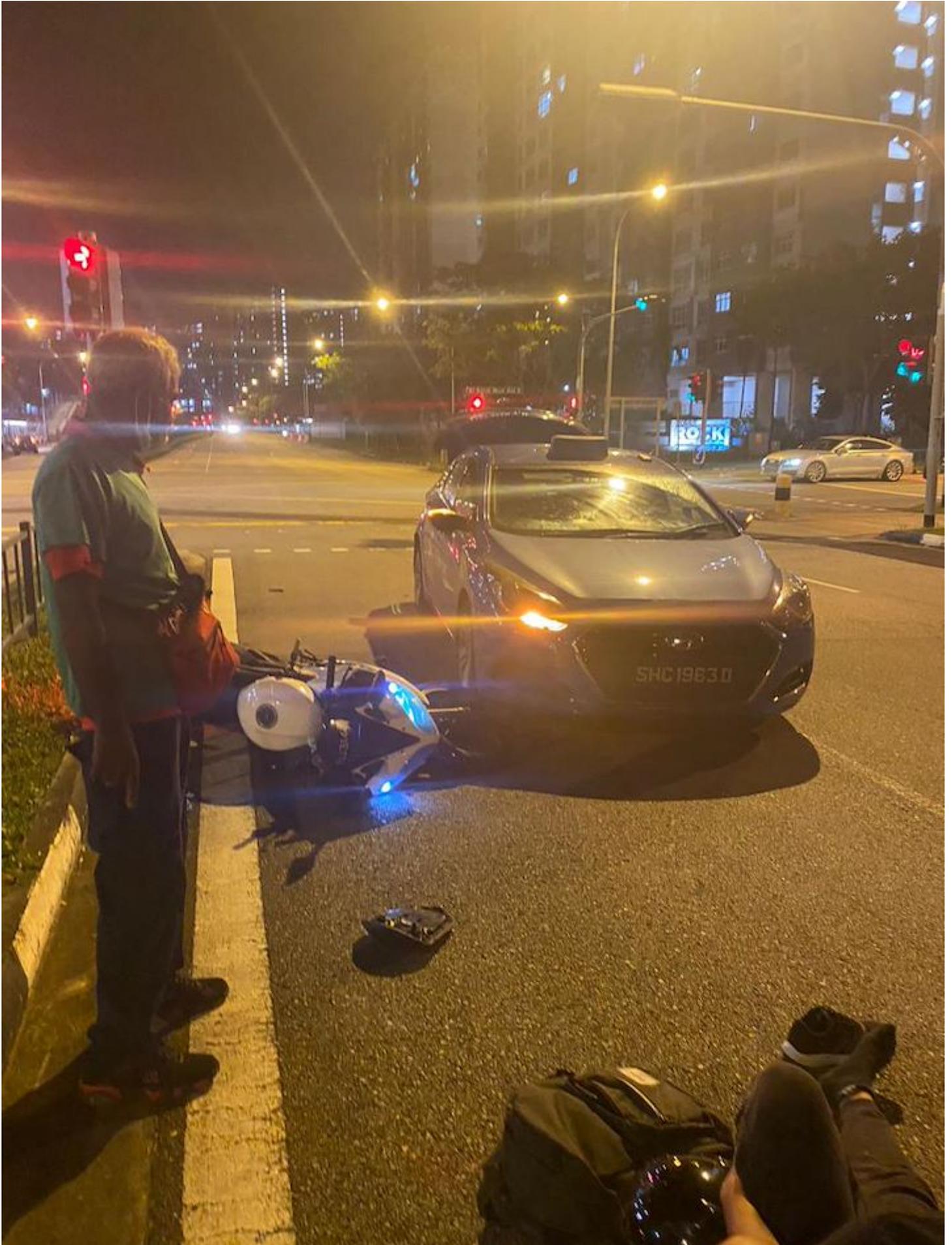


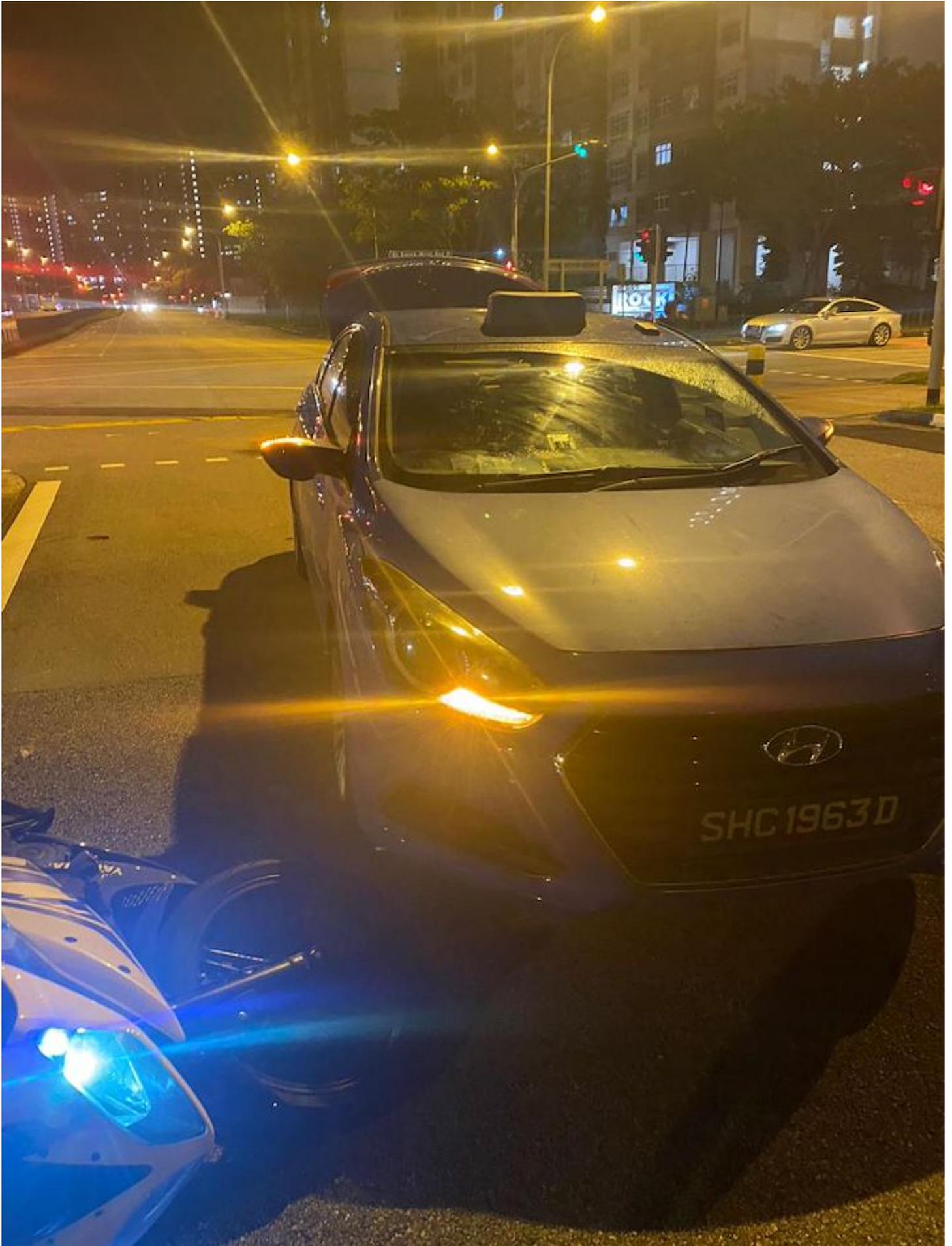






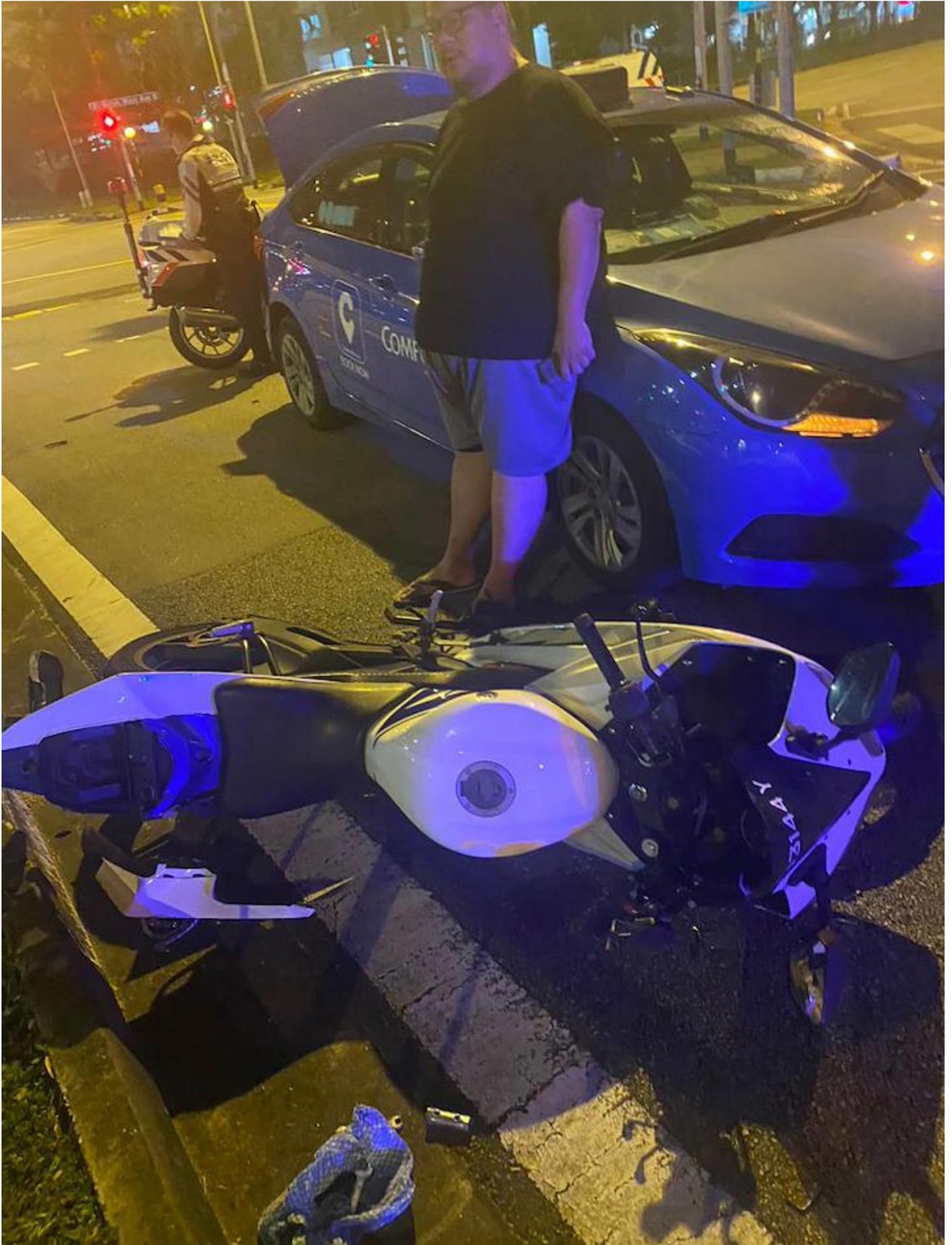














**SINGAPORE
POLICE FORCE**



T/20220525/7044

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

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Report No. T/20220525/7044

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 /
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:
25/05/2022 20:33

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20220525/7044

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

1 of 3

Report No. T/20220525/7044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2022 20:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD MIKAIL S/O AHMAD IBRAHIM			Address: 692B CHOA CHU KANG CRESCENT #10-24 SINGAPORE 682692		
ID Type / ID No.: NRIC NO / S9721681I			Contact No.:		Mobile: 90295360
Nationality: SINGAPORE CITIZEN			Email: MIKAIL@LIVE.COM.SG		
Sex: Male	Age: 24	Date of Birth: 25/06/1997	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B		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 23:55	Type of Location: X-Junction
Location: BUKIT BATOK WEST AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
FBJ3144Y	Motorcycle	YAMAHA	YZF- R15+MANU AL	White	Seriously Damaged	0
SHC1963D	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220525/7044

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

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Report No. T/20220525/7044

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ3144Y	NTUC Income Insurance Co-Operative Limited	5121909041-01	22/04/2022	21/04/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD MIKAIL S/O AHMAD IBRAHIM	ID No.	S97216811
Related Vehicle	FBJ3144Y (Motorcycle)	Contact No.	90295360
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	22/05/2022	Date	25/05/2022
No. of Days granted Medical Leave	21	Degree of	Serious

Brief Details.

On the stated date and time, I was riding my motorbike (FBJ3144Y) along Bukit Batok West Ave 6 towards Bukit Batok Road on lane 1. Out of a sudden, a taxi (SHC1963D) from lane 2 just cut into my lane and collided on my right portion. To what I remember, I flew off and landed on lane 1 with a broken leg and toe. After awhile the ambulance arrive and they send me to NTFH.