

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	19/07/2022 15:29 (SGT)
Reported by	Both
Date of Accident	12/06/2022 08:45 (SGT)
Exact Location of Accident	Clementi, Singapore
Additional Location Information	AVE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM1680M
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SOVERUS PTE LTD
Company Reg No	200807896W
Email Address	Kenneth.Rodrigues@soverus.com.sg
Mobile Phone No	(Phone) +65-68139500
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YAMAHA NMAX155 ABS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	P2464136

DRIVER

Name of Driver	MOHAMAD ZISHAN BIN ABDUL HALIM
NRIC No	S8235794G
Date Of Birth	15/11/1982
Occupation	Outdoor

Date Of Driving Pass	30/03/2006
Driving experience	16 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90232507
Alt. Phone Number	-
Email Address	ZISHAN424C@GMAIL.COM
Address	APT BLK 407 YISHUN AVENUE 6 #09-1298
Address complement	-
Postcode	S760407
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FBM6884J
Insurance Company of Other Vehicle Owned by Driver	Direct Asia Insurance (Singapore) Pte Ltd

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
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

PLEASE REFER TO POLICE REPORT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS168U
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	MOHAMAD ZISHAN BIN ABDUL HALIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBM1680M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstances of the Accident

please refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time
19/07/2022

Driver's Signature (if driver is not the policyholder) / Date & Time
19/07/2022



Witnessed by Reporting Centre Personnel

SKETCH PLAN**IMPORTANT NOTICE**

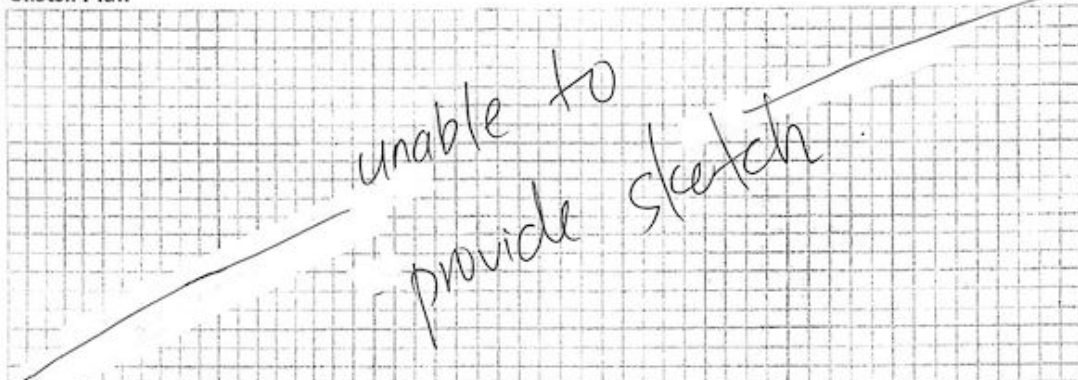
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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.



Policyholder's Signature / Date &
Time 19/7/2022

Driver's Signature (if driver is not the policyholder) / Date
& Time 19/07/2022

Witnessed by Reporting Centre
Personnel

Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20220717/7010

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

1 of 3

Report No. T/20220717/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2022 15:32	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

Informant's Particulars

Name of Informant: MOHAMAD ZISHAN BIN ABDUL HALIM			Address: 407 YISHUN AVENUE 6 #09-1296 SINGAPORE 760407		
ID Type / ID No.: NRIC NO / S8235794G			Contact No.: Home/Office: Mobile: 90232507		
Nationality: SINGAPORE CITIZEN			Email: ZISHAN424C@GMAIL.COM		
Sex: Male	Age: 39	Date of Birth: 15/11/1982	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/06/2022 08:45	Type of Location: T-Junction
Location: CLEMENTI AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBM1680M	Motorcycle					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220717/7010

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

2 of 3

Report No. T/20220717/7010

CONTINUATION OF REPORT

Rider			
Name	MOHAMAD ZISHAN BIN ABDUL HALIM	ID No.	S8235794G
Related Vehicle	FBM1680M (Motorcycle)	Contact No.	90232507
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	12/06/2022	Date	16/07/2022
No. of Days granted Medical Leave	44	Degree of	Serious

Brief Details.

On Sunday, June 12, 2022, at approximately 0845 hours, I, Mohamad Zishan Bin Abdul Halim, was on duty riding on company Soverus Privately Limited's motorcycle branded Yamaha with plate number FBM 1680 M when a collision occurred from my rear with a vehicle.

We were travelling along Clementi Avenue 6 when I was slowing down and about to make a left turn at the T-Junction towards Clementi Loop, suddenly with a great impact from my rear, I was flown off at several meters away to the ground.

Shaken by the shock in my conscious state, I tried to stand up to fetch my motorcycle which was at a further distance but was unable to do so as I felt unbearable pains throughout my whole body and getting breathless. In vague vision and laying motionlessly on the ground, there were a few passersby and closest road users came to assist me at the scene.

The husband of a lady driver who hit me also came out to assist and apologized for causing the accident. He admitted that his wife was driving at a high speed and unable to react at a safer distance causing the collision in great impact.

Not long after, the ambulance soon arrived and a traffic police officer attended to the scene where I was rushed to the A&E department at Ng Teng Fong Hospital. I was then suffered a few fractures on both toes and left wrist, several wounds on parts of my body, elbows and legs.

During my first week of stay in the hospital, I had to depend on external supports like to the bathroom from the bed. Now, I am currently discharged from the hospital and serving my medical leave in my mother's house until my next medical appointment.



**SINGAPORE
POLICE FORCE**

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



T/20220717/7010

3 of 3

Report No. T/20220717/7010

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 /
TAN JUN YAN
Contact No.: 65476311

NP168

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

Date/Time:
17/07/2022 15:32

Classification Of Case:









