

## 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 ..... 14/06/2022 21:26 (SGT)  
Date of Accident ..... 11/06/2022 12:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BISHAN ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FY129K

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMED NOR ASRAFF BIN MOHAMED  
NRIC No ..... S9347102D  
Email Address ..... MD.NR.ASRAFF@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-82332414  
Alternative Phone No ..... +65-82332414

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... WAVE 125 iA  
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 - Reporting only  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 125

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5127438729  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MOHAMED NOR ASRAFF BIN MOHAMED  
NRIC No ..... S9347102D

Date Of Birth .....	19/12/1993
Occupation .....	Indoor
Date Of Driving Pass .....	19/02/2014
Driving experience .....	8 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82332414
Alt. Phone Number .....	+65-82332414
Email Address .....	MD.NR.ASRAFF@GMAIL.COM
Address .....	BLK 210A PUNGGOL PLACE #09-1214
Address complement .....	-
Postcode .....	821210
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 - 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 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 .....	SKB3399P
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White
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) .....	2

PASSENGER 1

Name .....	-
Gender .....	Female

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	MOHAMED NOR ASRAFF BIN MOHAMED
Gender .....	Male
Phone No .....	(Phone) +65-82332414
Address .....	BLK 210A PUNGGOL PLACE #09-1214
Address Complement .....	-
Post Code .....	821210
Approximate Age Years Old .....	28
Injuries Sustained .....	ABRASSIONS ON RIGHT SHIN, LEFT KNEE, LEFT ELBOW AND LEFT SHOULDER.
Injured person in which vehicle? .....	FY129K
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**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 lodgment 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.
- (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: 1745HRS

13/06/2022

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Henry  
S992277




























...knee, left elbow and left shoulder. And given 3 days rest.

 **SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

Barcode: 1002206147048  
3 of 3  
Report No: T002206147048

CONTINUATION OF REPORT

Sketch Plan  
Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/06/2022 20:17
Officer In Charge Of Case: TP / TP/B / SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202	Classification Of Case:

NP158

3/3



Facebook



+65 8233 2414

14/6/22, 21:23

All Media

					Damaged
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## Details of Vehicle Insurance

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

T/20220814/7048

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 406665  
Tel No: 65470000

2 of 3  
Report No: T/20220814/7048

## CONTINUATION OF REPORT

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FY129K	NTUC Income Insurance Co-Operative Limited	5127438729	11/06/2022	03/05/2023

## Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MOHAMED NOR ASRAFF BIN MOHAMED	ID No.	S9347102D
Related Vehicle	FY129K (Motorcycle)	Contact No.	82332414
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2 Date of Expiry: NIL
Date	11/06/2022	Date	11/06/2022
No. of Days granted Medical Leave	03	Degree of	Slight

## Brief Details:

I was moving off from traffic light towards Bishan road from Ang mo kio ave 6 on the 4th(left most) lane. As I was approaching the end of the junction, 2 cars from the slip road on my left moved out on the 3rd and 2nd lane, both skipped the 4th lane as there was construction works going on. As I was straight, the white BMW does not seem to slow down or stop at the slip road line and proceed. 2/3  
join the main road I was on. Only when the white BMW (skb3399p) is unable to join lane 2, due to the car on the left stopping, he jammed brake at an angle and I did not manage to stop, hitting his rear left bumper. driver of said vehicle moved his car from the original position. photos taken and provided is not as per how the position of impact was. my bike did not have any camera, however I am aware that there are a few cameras around the junction. No personal details were exchanged, I was conveyed to Tan Tock Seng Hospital in an ambulance. I suffered abrasions and swelling on my right shin, left knee, left elbow and left shoulder. And given 3 days mc.

SINGAPORE  
POLICE FORCE

T/20220814/7048

3 of 3



8:17

92%



T202206147048.pdf

SINGAPORE  
POLICE FORCE

T202206147048

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

Report No: T202206147048

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2022 20:17 Vide Report No.: E2022061140112 Station Diary No.:

## Informant's Particulars

Name of Informant: MOHAMED NOR ASRAFF BIN MOHAMED Address: 210A PUNGOL PLACE #09-1214 SINGAPORE 621210  
ID Type / ID No.: NRIC NO: J59347102D Contact No.: Home/Office: Mobile: 82332414  
Nationality: SINGAPORE CITIZEN Email: md.nr.asraff@gmail.com  
Sex: Male Age: 28 Date of Birth: 15/12/1993 Type of Informant: Rider  
Race: Malay Language: English Institution / School Name:  
Occupation: Driving Licence Information: Class: 2B,2A,2 Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police:	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	11/06/2022 12:30	Straight Road
Location: BISHAN ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: Yes			

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
FY129K	Motorcycle	HONDA	WAVE 125i	Black		0
SKB3399P	Car	BMW	2.19i	White	Slightly Damaged	2

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE  
POLICE FORCE


T202206147048

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

Report No: T202206147048

CONTINUATION OF REPORT

 **Tan Tock Seng**  
HOSPITAL

Tan Tock Seng Hospital  
11 Jalan Tan Tock Seng, Singapore 308433  
TEL: (65) 6256 6011

MEDICAL CERTIFICATE ORIGINAL TTSH22112896

NAME: MOHAMED NOR ASRAFF BIN MOHAMED NRIC: S93471020


Type of Medical Leave granted : OUTPATIENT SICK LEAVE


The above named is unfit for duty for a period of 3 day(s) from 11-Jun-2022 to 13-Jun-2022 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 11-Jun-2022 13:33 to 11-Jun-2022 16:12

11-Jun-2022 BENJAMIN LIM JIA HAN (673400) Emergency Department  
Date Issued by Location

  
Signature

 A member of National Healthcare Group  
Nurturing years of healing life