

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 04/06/2022 13:31 (SGT)
Reported by -
Date of Accident 03/06/2022 01:10 (SGT)
Exact Location of Accident Raffles Ave, Singapore
Additional Location Information Raffles Avenue towards Stamford road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH9806S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Stars Rental & Leasing
Company Reg No 53312317L
Email Address starsrentlease@gmail.com
Mobile Phone No (Phone) +65-90877770
Alternative Phone No (Home) +65-90877770

VEHICLE PARTICULARS

Manufacturer Honda
Model Pcx150a
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 150

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5124672738-000017

DRIVER

Name of Driver Muhammad Vijai Bin Abdul Ghafur Dason
NRIC No T0138043A
Date Of Birth 05/12/2001
Occupation Outdoor

Date Of Driving Pass	13/01/2021
Driving experience	1 YEAR AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87486503
Alt. Phone Number	-
Email Address	starsrentlease@gmail.com
Address	Blk 2 Hougang Ave 3 #12-276
Address complement	-
Postcode	530002
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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
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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer attached police report no: F/20220603/7047

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	UNKNOWN
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	Muhammad Vijai Bin Abdul Ghofur Dason
Gender	-
Phone No	(Phone) +65-87486503
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBH9806S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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:

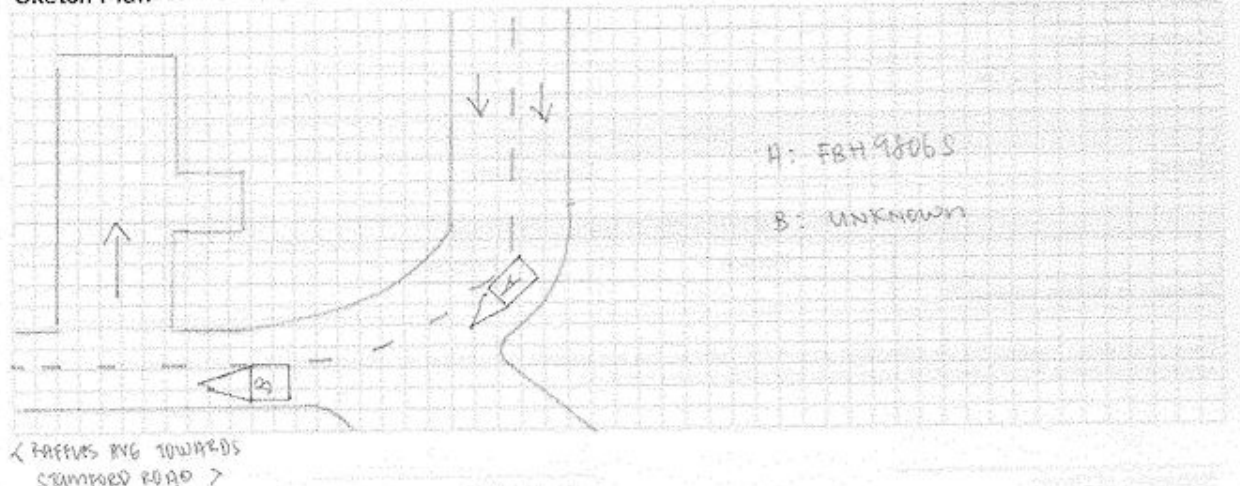
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



REFER TO POLICE REPORT.

We declare the foregoing particulars are true in every respect.

Holder's Signature /

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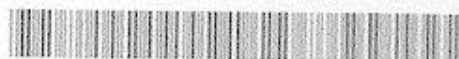








**SINGAPORE
POLICE FORCE**



F/20220603/7047

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POLICE REPORT (NP299)

Report No. F/20220603/7047

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 03/06/2022 17:03	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD VIJAI BIN ABDUL GHOFUR DASON	Address 2 HOUGANG AVENUE 3 #12-276 SINGAPORE 530002	
ID Type / ID No. NRIC NO / T0138043A	Contact No. Home/Office:	Mobile: 87486503
Nationality SINGAPORE CITIZEN	Email Address VIJAIIDSON@GMAIL.COM	
Occupation Student	Sex Male	Age 20
Institution/School Name	Date of Birth 05/12/2001	Race Indian
Date/Time Of Incident 03/06/2022 01:00 - 03/06/2022 01:10	Location Of Incident 2 HOUGANG AVENUE 3 #12-276 SINGAPORE 530002	

Brief details.

I was travelling along Raffles Avenue towards Stamford Avenue. Upon approaching the bend on the road which is a corner, at the point of time when I was travelling the road was dark and it was blind spot in front of me when I was anticipating to the corner bend. After turning, I saw the taxi in front of me and the rear light of the taxi was off and I have don't have enough time to react due to the blind sport and i swirl to my right to avoid myself collided to the taxi and my vehicle skidded and hit on to the taxi . I was travelling on the left lane and the driver was outside the vehicle when the accident happen. Due to the accident, I was injured and conveyed to SGH and given 4 days MC. As I was badly injured I did not take the photo of the

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: 03/06/2022 17:03
Officer In-Charge Of Case:	Classification Of Case:


**SINGAPORE
POLICE FORCE**


F/20220603/7047

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220603/7047

other party VRN. Upon the time of accident there is 1 witness happen to be travelling behind me. He saw the whole accident how it happen. Traffic police came on to the accident scene and did the investigation.

Subjects Involved			
Victim			
Person Name	MUHAMMAD VIJAI BIN ABDUL GHOFUR DASON		
ID Type	NRIC NO	ID No	T0138043A
Gender	Male	Age	20
Race	Indian	Language	English
Occupation	Student	Address	2 HOUGANG AVENUE 3 #12-276 SINGAPORE 530002
Mobile No	87486503	Is Informant A Victim?	Yes
Person Name MUHAMMAD VIJAI BIN ABDUL GHOFUR DASON (Informant)			

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: 03/06/2022 17:03
Officer In-Charge Of Case:	Classification Of Case:



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: SS0222640004 Vehicle Registration No: FBH9806S
 Name (as shown in NRIC): Stars Rental & Leasing NRIC/FIN/Passport No: SXXXX317L
 (*Vehicle Driver (Vehicle Owner)*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 90877770
 Email Address: _____
 Date of Accident: 3/6/22 Time of Accident: 0110hrs
 Place of Accident: Raffles Ave towards Stamford Rd
 Insurance Company: NTUC

(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:

I would like to add on that during the accident the driver did not render any
assistance to me. Instead he keep shaking my body and ask for compensation.
My car rental company tried calling on my behalf to the taxi driver but he
said he has some pain on his body and submitted for claim instead.

Policyholder / Driver's Signature
 Date: 8/6/22



Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 8/6/22