

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	01/07/2022 15:43 (SGT)
Reported by	Both
Date of Accident	20/06/2022 01:45 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	TURNING RIGHT INTO HOUGANG AVENUE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS538S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD HASBULLAH BIN MD ISA
NRIC No	SXXXX893H
Email Address	hasbullah11@live.com
Mobile Phone No	(Phone) +65-90213616
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Xmax
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	292

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTMC01000266

DRIVER

Name of Driver	MUHAMMAD HASBULLAH BIN MD ISA
NRIC No	SXXXX893H
Date Of Birth	18/11/1989
Occupation	Indoor

Date Of Driving Pass	09/11/2010
Driving experience	11 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90213616
Alt. Phone Number	-
Email Address	hasbullah11@live.com
Address	BLK 104D CANBERRA STREET #08-545
Address complement	-
Postcode	754104
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 on collision
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)	2
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	-

PASSENGER 1

Name	DAVE
Gender	Male

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 T/20220628/7030

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE

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 HASBULLAH BIN MD ISA
Gender	Male
Phone No	(Phone) +65-90213616
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBS538S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	DAVE
Gender	Male
Phone No	(Phone) +65-93497179
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBS538S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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.

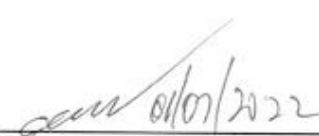
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

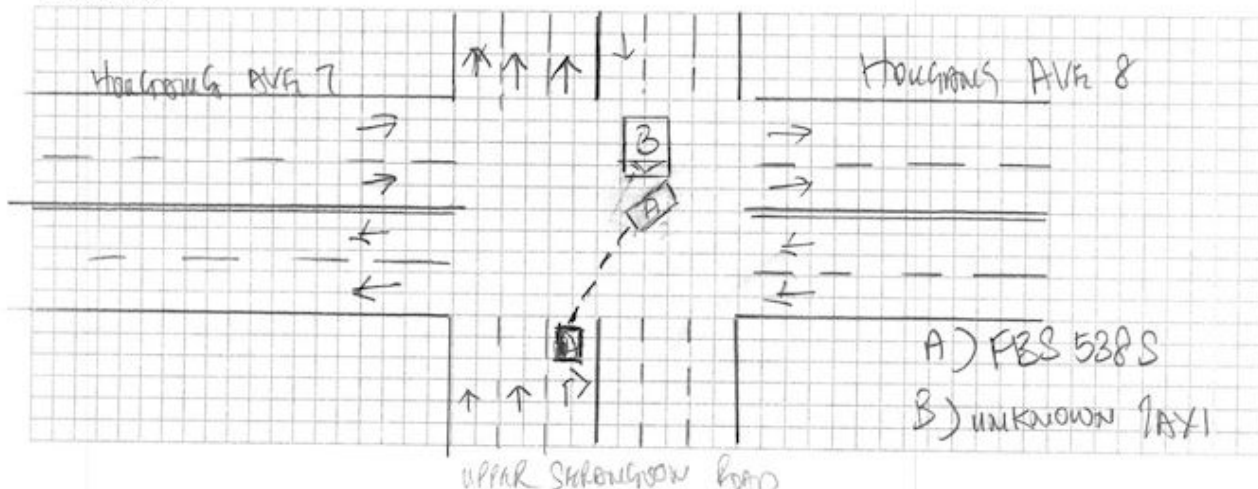
 1/7/22 1500HRS

Policyholder's Signature / Date & Time

 01/07/2022

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

Witnessed by Reporting Centre Personnel


Sketch Plan

Describe Circumstances of the Accident

REFR 70 Police Report 7/2022 0628/7030

Declaration

We declare the foregoing particulars are true in every respect.

 1/7/2022 1455HRS
 Policyholder's Signature / Date & Time

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

 01/07/2022
 Witnessed by Reporting Centre Personnel
































**SINGAPORE
POLICE FORCE**


T/20220628/7030

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

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Report No. T/20220628/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2022 15:39		Vide Report No.: F/20220620/0024		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD HASBULLAH BIN MD ISA			Address: 104D CANBERRA STREET #08-545 SINGAPORE 754104		
ID Type / ID No.: NRIC NO / S8940893H			Contact No.: Home/Office: Mobile: 90213616		
Nationality: SINGAPORE CITIZEN			Email: hasbullah11@live.com		
Sex: Male	Age: 32	Date of Birth: 18/11/1989	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/06/2022 01:45	Type of Location: T-Junction
Location: UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS538S	Motorcycle	YAMAHA	CZD300A / XMAX300	Green		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBS538S	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC01000266	07/01/2022	06/01/2023	



**SINGAPORE
POLICE FORCE**



T/20220628/7030

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

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Report No. T/20220628/7030

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	DAVE	ID No.	NIL
Related Vehicle	FBS538S (Motorcycle)	Contact No.	93497179
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	20/06/2022	Date	20/06/2022
No. of Days granted Medical Leave	06	Degree of	Slight
Rider			
Name	MUHAMMAD HASBULLAH BIN MD ISA	ID No.	S8940893H
Related Vehicle	FBS538S (Motorcycle)	Contact No.	90213616
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 20/06/2022 at about 1.45am, I was riding my motorbike (Fbs538s) with my friend Dave. We were heading back home to 104D Canberra street. We were approaching a traffic light junction in Hougang along Upper Serangoon road, I slowed down as we were making a right turn at the traffic light. As we were approaching the traffic light, I was very sure of seeing the green light with the green arrow and that is when i made the turn. While making the turn, I realise there was a taxi approaching straight from the opposite direction. Upon realising it, i hit on my brakes but we got hit on the front left side of my motorbike. We fell on the road and I could not get up because I suffering extreme pain on my left shoulder.

I suffered a few abrasions on both legs and arms, fracture right toe and a dislocated/fractured left shoulder. We were both brought to Sengkang General Hospital by ambulance. I was admitted for 7 days and was discharge on 27/6/2022 with 30 days hospitalisation leave was given.

After the accident, I did not exchange contacts information with the taxi driver or was able to check the damages on both my motorbike and the taxi as I was lying on the road until the ambulance came to take us to the hospital. My friend did manage to take our belongings and the paramedic manage to get the sd card from my motorbike camera as I hand it to the officer who was at the scene when I was in in ambulance.



**SINGAPORE
POLICE FORCE**

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



T/20220628/7030

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Report No. T/20220628/7030

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

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



T/20220628/7030

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Report No. T/20220628/7030

CONTINUATION OF REPORTSketch 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 /
MUHAMMAD SYAKIR BIN ADANAN
Contact No.: 65476236

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

Date/Time:
28/06/2022 15:39

Classification Of Case:

NP168