

# 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 .....	04/07/2022 12:46 (SGT)
Reported by .....	Both
Date of Accident .....	02/07/2022 22:35 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TPE(SLE)10.3 KM
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNF2206M
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MAZLAN BIN ABU
NRIC No .....	SXXXX480B
Email Address .....	zepp3lin69@gmail.com
Mobile Phone No .....	(Phone) +65-96160416
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Freed
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 .....	Private car
Transmission .....	Auto
CC .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SD22V06512/VPZ/R00

### DRIVER

Name of Driver .....	MAZLAN BIN ABU
NRIC No .....	SXXXX480B
Date Of Birth .....	18/08/1969
Occupation .....	Indoor

Date Of Driving Pass .....	28/06/2013
Driving experience .....	9 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96160416
Alt. Phone Number .....	-
Email Address .....	zepp3lin69@gmail.com
Address .....	BLK 624B WOODLANDS DRIVE 52
Address complement .....	#07-29
Postcode .....	732624
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? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
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 .....	NOORFAIZAH
Gender .....	Female

#### PASSENGER 2

Name .....	NUR DIYANA
Gender .....	Female

#### PASSENGER 3

Name .....	NOVI
Gender .....	Female

#### PASSENGER 4

Name .....	AMIRA
Gender .....	Female

#### 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

PLS REFER TO THE POLICE REPORT:T/20220703/7001

## 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 ..... FP1599C  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Motorcycle  
Name of Driver ..... SEE SERN YONG  
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 ..... SEE SERN YONG  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT  
Injured person in which vehicle? ..... FP1599C  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

# **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 willful 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

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

ROSEINDA BINTE A WAHAB  
Witnessed by Reporting Centre Personnel 04/07/22

## **Sketch Plan**





Please refer to police report T/20220703/7001.

We declare the foregoing particulars are true in every respect.

holder's Sig

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

ROSKIWA BINTE A WAHAB  
Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**

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



T/20220703/7001

2 of 3

Report No. T/20220703/7001

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SEE SERN YONG	ID No.	NIL
Related Vehicle	FP1599C (Motorcycle)	Contact No.	NIL
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	Slight
<b>Driver</b>			
Name	MAZLAN BIN ABU	ID No.	S6925480B
Related Vehicle	SNF2206M (Car)	Contact No.	96160416
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.**

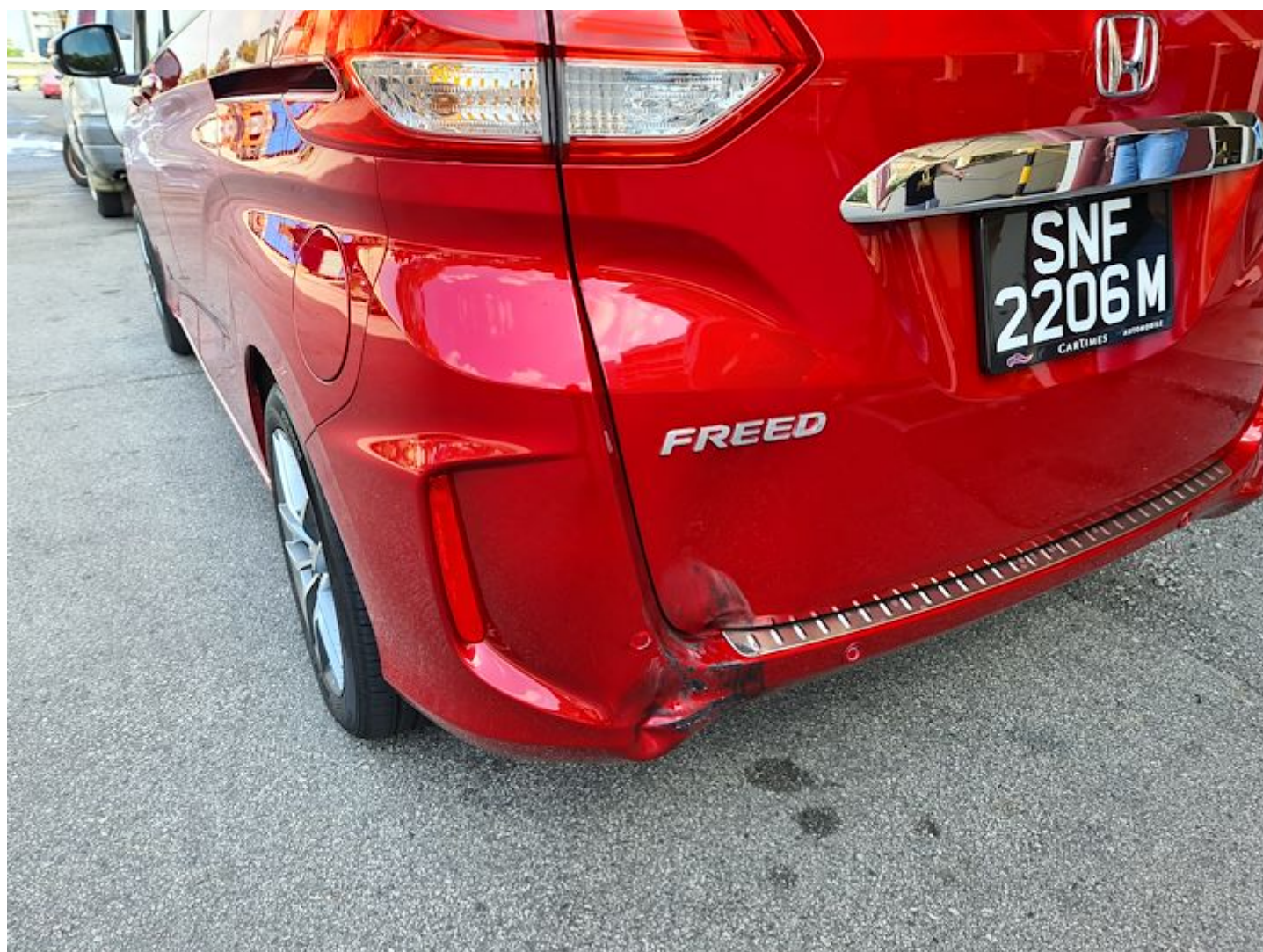
I was driving on 1st lane at 90km/h on TPE(SLE) 10.3KM suddenly I felt a bang at the rear of my car. I slow down my car a few meters ahead after the loud bang. I saw a motorbike(FP1599C) on the 2nd lane flat down on the road. I try to search for the rider with some other motorist who had stop to help. But the rider was not found. I called the ambulance and the police for assistance.

























**SINGAPORE  
POLICE FORCE**



T/20220703/7001

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

1 of 3

Report No. T/20220703/7001

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/07/2022 02:47		Vide Report No.: F/20220702/0229		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MAZLAN BIN ABU			Address: 624B WOODLANDS DRIVE 52 #07-29 SINGAPORE 732624		
ID Type / ID No.: NRIC NO / S6925480B			Contact No.: Home/Office: Mobile: 96160416		
Nationality: SINGAPORE CITIZEN			Email: ZEPP3LIN69@GMAIL.COM		
Sex: Male	Age: 52	Date of Birth: 18/08/1969	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Technical Specialist			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: 02/07/2022 22:35	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
FP1599C	Motorcycle	YAMAHA	FZ8-N	Black	Slightly Damaged	0
SNF2206M	Car					0





**SINGAPORE  
POLICE FORCE**

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



T/20220703/7001

2 of 3

Report No. T/20220703/7001

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SEE SERN YONG	ID No.	NIL
Related Vehicle	FP1599C (Motorcycle)	Contact No.	NIL
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	Slight
<b>Driver</b>			
Name	MAZLAN BIN ABU	ID No.	S6925480B
Related Vehicle	SNF2206M (Car)	Contact No.	96160416
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.**

I was driving on 1st lane at 90km/h on TPE(SLE) 10.3KM suddenly I felt a bang at the rear of my car. I slow down my car a few meters ahead after the loud bang. I saw a motorbike(FP1599C) on the 2nd lane flat down on the road. I try to search for the rider with some other motorist who had stop to help. But the rider was not found. I called the ambulance and the police for assistance.



**SINGAPORE  
POLICE FORCE**

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



T/20220703/7001

3 of 3

Report No. T/20220703/7001

**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 /  
ROIZMAN BIN MOHAMED POSARI  
Contact No.: 65476131

NP168

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

Date/Time:  
03/07/2022 02:47

Classification Of Case: