

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	30/06/2022 14:56 (SGT)
Reported by	Driver
Date of Accident	29/06/2022 17:10 (SGT)
Exact Location of Accident	Cashew Rd, Singapore
Additional Location Information	FILTERING INTO PETIR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN6265R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD AMRAN BIN AHMAD SABTU
NRIC No	S7828700D
Email Address	HELMISOULHUNTERZ85@GMAIL.COM
Mobile Phone No	(Phone) +65-94798117
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400sf
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	Manual
CC	400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5119877329-01

DRIVER

Name of Driver	MUHAMMAD HELMI BIN AHMAD SABTU
NRIC No	S8130956F
Date Of Birth	21/09/1981
Occupation	Indoor

Date Of Driving Pass	25/11/2008
Driving experience	13 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94798117
Alt. Phone Number	-
Email Address	HELMISOULHUNTERZ85@GMAIL.COM
Address	BLK 620 #05-826
Address complement	BUKIT PANJANG RING ROAD
Postcode	670620
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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)	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	NOOR ADILA BINTE SANIAF
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220630/2025

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	SMK6724T
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	NG KWEE LAN
Passport No/FIN	S1318263I
Contact Number	(Phone) +65-91285135
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NOOR ADILA BINTE SANIAF
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBN6265R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 Traffic Police Department for investigation.
6. This report will be forwarded by the Insurers to 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:

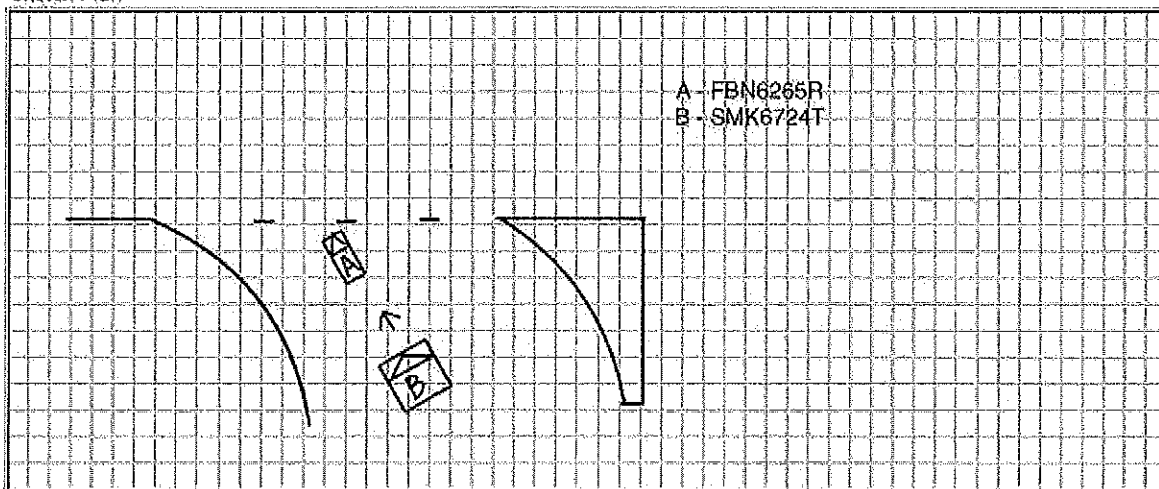
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

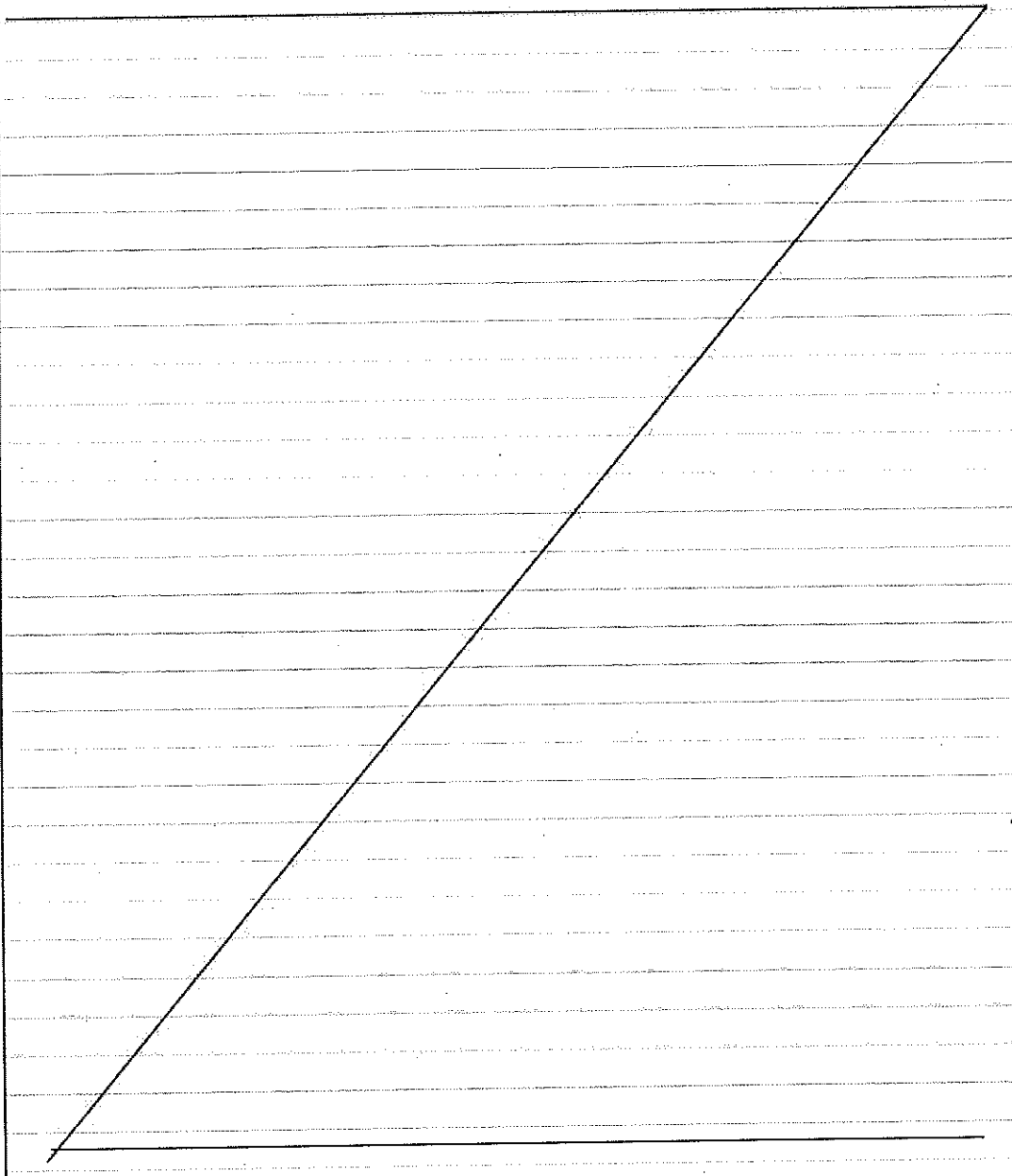
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



✓ SKETCH PLAN #2

Describe Circumstance of the Accident



Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20220630/2025

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20220630/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2022 11:41	Vide Report No.:	Station Diary No.: 57
Informant's Particulars		
Name of Informant: MUHAMMAD HELMI BIN AHMAD SABTU	Address: APT BLK 620 BUKIT PANJANG RING ROAD #05-826 SINGAPORE 670620	
ID Type / ID No.: NRIC NO / S8130956F	Contact No.: Home/Office:	Mobile: 94798117
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 40	Date of Birth: 21/09/1981
Type of Informant: Rider		
Race: Boyanesese	Language:	Institution / School Name:
Occupation: Technician	Driving Licence Information: Class: 2B,2A,2	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2022 17:10	Type of Location: Filter Lane
Location: CASHEW ROAD				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume: Light	
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 Passenger
FBN6265R	Motorcycle	HONDA		Blue	Slightly Damaged	1
SMK6724T	Car	HYUNDAI		Blue		0

Details of Person Involved

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

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**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20220630/2025

CONTINUATION OF REPORT

Pillion			
Name	NOOR ADILA BINTE SANIAF	ID No.	S8936060I
Related Vehicle	FBN6265R (Motorcycle)	Contact No.	87173017
Hospital/Clinic	Bukit Panjang Polyclinic	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/06/2022	Date Discharge	30/06/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Rider			
Name	MUHAMMAD HELMI BIN AHMAD SABTU	ID No.	S8130956F
Related Vehicle	FBN6265R (Motorcycle)	Contact No.	94798117
Hospital/Clinic	nil	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name			
Name	NG KWEE LAN	ID No.	S91285135
Related Vehicle	SMK6724T (Car)	Contact No.	S1318263I
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/06/2022 at about 5:10pm, I was riding my motorcycle (FBN6265R) with my wife Noor Adila as the pillion. While we were at the filter lane of Cashew Road turning left towards Petir road, I came to a stop at the give way line to wait for the cars from the right to clear before proceeding. However as in less than a minute, we felt an impact coming from the rear and fell off from the motorcycle. A car bearing SMK6724T was behind us however she did not saw that we were in front of her and was just looking at her blind spot which resulted in the collision.

My wife was sitting at the roadside and shortly later ambulance came and assess my wife's injury however there were no conveyance. We stayed at the scene for awhile and exchange particulars with the driver and left.



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POLICE FORCE**



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Report No. T/20220630/2025

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Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

My wife felt some pain at her leg area and we went to see a doctor at the polyclinic and she was issued with 5 days of Medical Leave. As a results of the accident, I had some bruises on my leg however I did not see a doctor. My motorbike do not have any dash camera.

NG KWEE LAN is the driver of SMK6724T.



**SINGAPORE
POLICE FORCE**



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Report No. T/20220630/2025

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1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J /

SGT 2 ZOEN LEE WEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/06/2022 11:41

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

NP168

