

## 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 ..... 22/03/2021 17:41 (SGT)  
Date of Accident ..... 16/03/2021 19:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... LORONG 4 TOA PAYOH  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBP983E

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD KHALIS BIN MOHAMED BAGGATUR  
KHAN  
NRIC No ..... S9035014E  
Email Address ..... willnotbestopped@hotmail.com  
Mobile Phone No ..... (Phone) +65-92202862  
Alternative Phone No ..... +65-92202862

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... YAMAHA / MTN850A  
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 ..... 900

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5107358800-02  
Cover Note Number ..... -

#### DRIVER

Name of Driver .....	MUHAMMAD KHALIS BIN MOHAMED BAGGATUR
NRIC No .....	KHAN
Date Of Birth .....	S9035014E
Occupation .....	27/09/1990
Date Of Driving Pass .....	Indoor
Driving experience .....	21/04/2011
Gender .....	9 YEARS AND 11 MONTHS
Mobile Number .....	Male
Alt. Phone Number .....	(Phone) +65-92202862
Email Address .....	+65-92202862
Address .....	willnotbestopped@hotmail.com
Address complement .....	BLK 219 #02-166 PASIR RIS STREET 21
Postcode .....	-
Is the driver the policyholder? .....	510219
If No, Relationship of the Driver with the Insured .....	Yes
Does Driver Own Other Vehicles? .....	-
Vehicle Registration Number of Other Vehicle Owned by Driver .....	No
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
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 material 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

AS PER POLICE REPORT No.T/20210318/7006;

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC2679T
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

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) .....	2

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MUHAMMAD KHALIS BIN MOHAMED BAGGATUR KHAN
Address .....	BLK 219 #02-166 PASIR RIS STREET 21
Address Complement .....	-
Post Code .....	510219
Approximate Age Years Old .....	30
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBP983E
Were seat belts worn? .....	No
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.

22.03.21

Policyholder's Signature / Date & Time

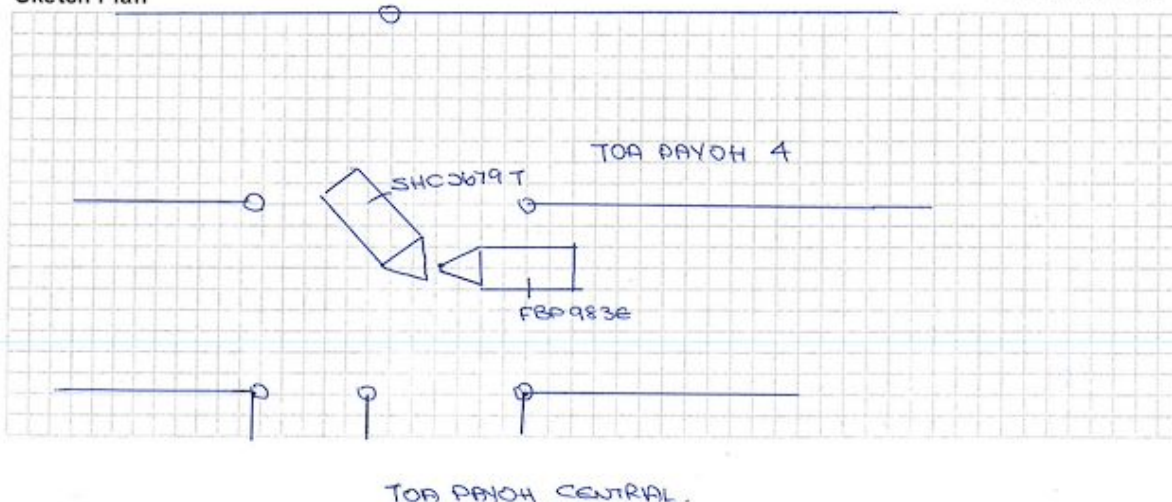
Driver's Signature (If driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre  
Personnel

22 MAR 2021

## Sketch Plan



## Describe Circumstances of the Accident

REFER TO POLICE REPORT

## Declaration

We declare the foregoing particulars are true in every respect.

 22.03.21 1432 HOURS

Policyholder's Signature / Date & Time

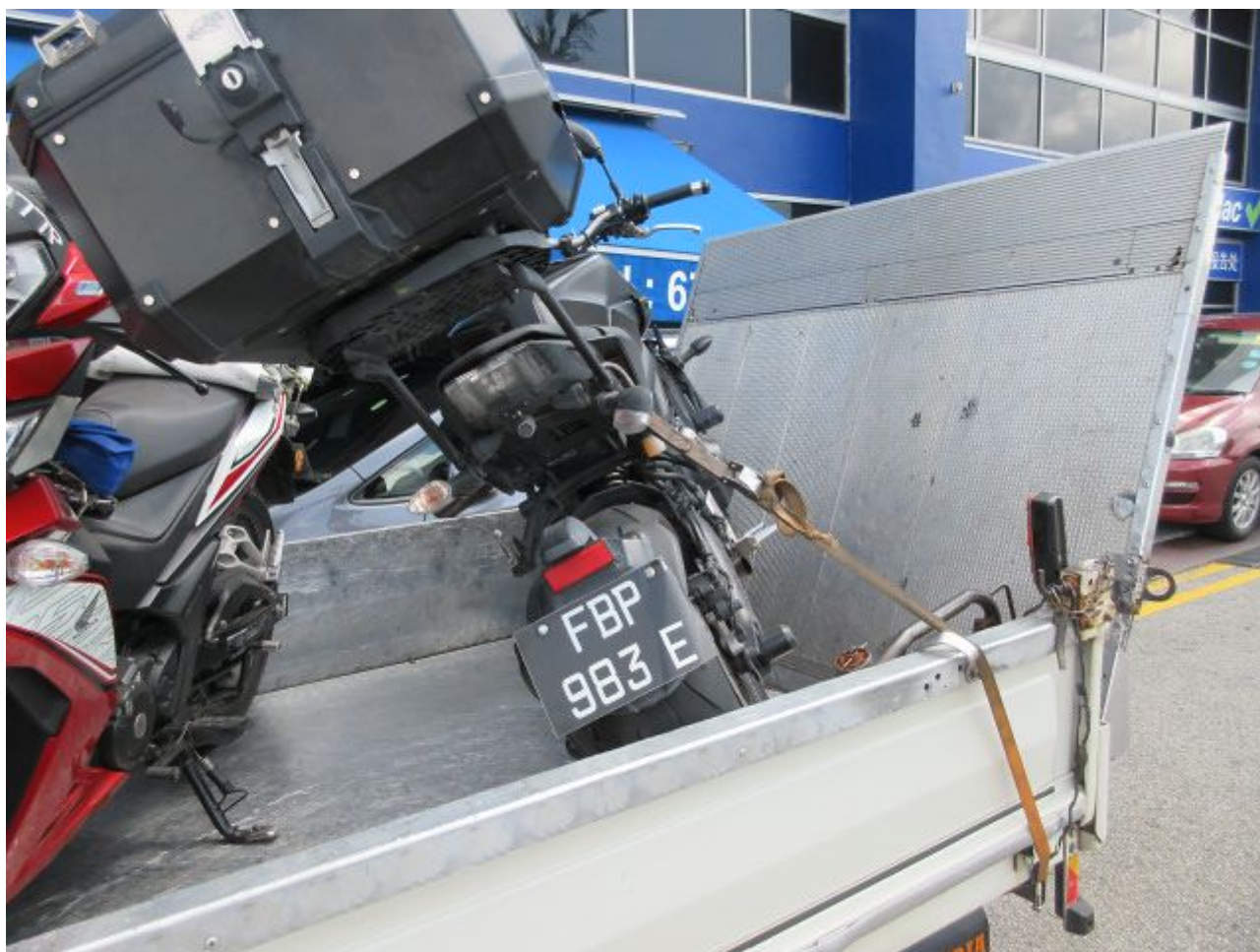
Driver's Signature (If driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre  
Personnel

22 MAR 2021



























# SINGAPORE POLICE FORCE



T/20210318/7006

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

1 of 3

Report No. T/20210318/7006

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2021 10:05	Vide Report No.: E/20210316/0148	Station Diary No.:
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## Informant's Particulars

Name of Informant: MUHAMMAD KHALIS BIN MOHAMED BAGGATUR KHAN			Address: 219 PASIR RIS STREET 21 #02-166 SINGAPORE 510219		
ID Type / ID No.: NRIC NO / S9035014E			Contact No.: Home/Office: Mobile: 92202862		
Nationality: SINGAPORE CITIZEN			Email: willnotbestopped@hotmail.com		
Sex: Male	Age: 30	Date of Birth: 27/09/1990	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Advanced Performance Coach / Personal Trainer			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

## General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/03/2021 19:00	Type of Location: T-Junction
Location:  LORONG 4 TOA PAYOH				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBP983E	Motorcycle	YAMAHA	MTN850A	Black		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP983E	NTUC Income Insurance Co-Operative Limited	5107358800-02	31/01/2021	30/01/2022



**SINGAPORE  
POLICE FORCE**



T/20210318/7006

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

2 of 3

Report No. T/20210318/7006

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD KHALIS BIN MOHAMED BAGGATUR KHAN	ID No.	S9035014E
Related Vehicle	FBP983E (Motorcycle)	Contact No.	92202862
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	16/03/2021	Date	16/03/2021
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

i was going straight.  
taxi was turning right at junction.  
i horned and flashed my high beam. he looked at me but still proceeded to move.  
i tried to avoid but hit the front side of the taxi.

witness gave me a video



# SINGAPORE POLICE FORCE

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



T/20210318/7006

3 of 3

Report No. T/20210318/7006

## 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 / TPHQ /  
ABDUL RAHIM BIN SALIM  
Contact No.: 65476437

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
18/03/2021 10:05

Classification Of Case:





Changi  
General Hospital  
SingHealth

ORIGINAL

MEDICAL CERTIFICATE

EMD202151627

Name MUHAMMAD KHALIS BIN MOHAMED, BAGGATUR KHAN		NRIC No. S9035014E
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>18-Mar-2021</u> to <u>20-Mar-2021</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit : _____	Time in : <u>N.A.</u>	Time out : <u>N.A.</u>
Diagnosis		Surgical Operation (if applicable) <u>20-Mar-2021</u>
Comments :		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 19-Mar-2021	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  SCOTT JOEL HENG YU JIE , 66145G



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

MEDICAL CERTIFICATE	ORIGINAL	TTSH21057508
NAME: MUHAMMAD KHALIS BIN MOHAMED BAGGATUR KHAN		NRIC: S9035014E

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of 4 day(s) from **16-Mar-2021** to **19-Mar-2021** inclusive

The certificate is not valid for absence from court attendance.

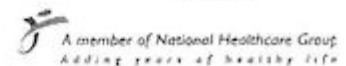
The above named attended for Examination/Treatment from **16-Mar-2021 19:52** to **17-Mar-2021 00:13**

17-Mar-2021  
Date

LIM WEI KIAN (06505F)  
Issued by

Emergency Department  
Location

  
Signature



**CENTRAL 24HR CLINIC (PASIR RIS)**

BLK 446 PASIR RIS DRIVE 6 #01-122 S'PORE 510446

TEL: 6582 2640 FAX: 6582 5045

**SINGAPORE**  
**Medical Certificate****Date : 20 Mar 2021****MC No. : 0000247720**

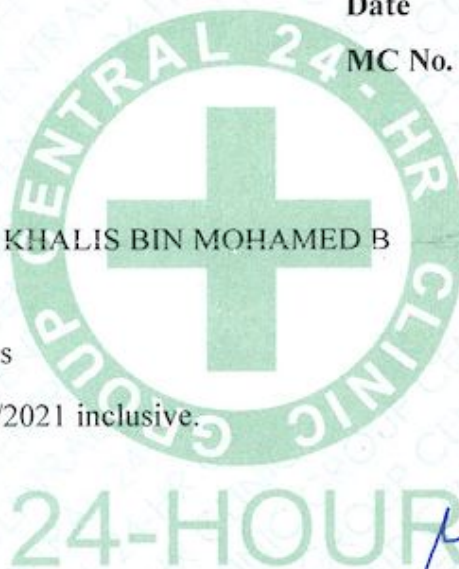
This is to certify that :

Name : MUHAMMAD KHALIS BIN MOHAMED B

NRIC : S9035014E

is Unfit for Duty for 2 days

from 20/03/2021 to 21/03/2021 inclusive.

\_\_\_\_\_  
LOCUM**For Health News and Updates : <http://news.centralclinic.com.sg>****24-Hour Clinics**

<b>HOUGANG</b>	Blk 681 Hougang Ave 8 #01-831 Singapore 530681	Tel: 6387 6965
<b>BEDOK</b>	Blk 219 Bedok Central #01-124 Singapore 460219	Tel: 6247 6122
<b>PASIR RIS</b>	Blk 446 Pasir Ris Drive 6 #01-122 Singapore 510446	Tel: 6582 2640
<b>TAMPINES</b>	Blk 201D Tampines Street 21 #01-1151 Singapore 524201	Tel: 6968 7001
<b>CLEMENTI</b>	Blk 450 Clementi Ave 3 #01-291 Singapore 120450	Tel: 6773 2925
<b>YISHUN</b>	Blk 701A Yishun Ave 5 #01-04 Singapore 761701	Tel: 6759 7985
<b>JURONG WEST</b>	Blk 492 Jurong West Street 41 #01-54 Singapore 640492	Tel: 6565 7484
<b>PIONEER NORTH</b>	Blk 959 Jurong West Street 92 #01-160 Singapore 640959	Tel: 6251 2775
<b>WOODLANDS</b>	Blk 768 Woodlands Ave 6 #02-06A Woodlands Mart Singapore 730768	Tel: 6365 4895
<b>MARSILING</b>	Blk 303 Woodlands Street 31 #01-185 Singapore 730303	Tel: 6365 2908

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*