

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 Actual 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 | 03/08/2022 17:51 (SGT) |
| Reported by | Driver |
| Date of Accident | 27/07/2022 17:40 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | PIONEER RD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | FBQ5879K |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|--------------------------|
| Is company? | No |
| Name Of Registered Owner | SAPARI BIN MOHAMED |
| NRIC No | S1151030B |
| Email Address | WANKECYK040212@GMAIL.COM |
| Mobile Phone No | (Phone) +65-88989241 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Yamaha |
| Model | R15V3 |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | - |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Motorcycle |
| Transmission | Manual |
| CC | 150 |

INSURANCE COMPANY

| | |
|---|-------------------------------------|
| Name of Insurance Company | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | D21MTMC01004571 |

DRIVER

| | |
|----------------------|-----------------------------|
| Name of Driver | MUHAMMAD RIDUWAN BIN SAPARI |
| NRIC No | T0290686J |
| Date Of Birth | 04/12/2002 |
| Occupation | Indoor |

| | |
|--|--|
| Date Of Driving Pass | 11/05/2021 |
| Driving experience | 1 YEAR AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93894742 |
| Alt. Phone Number | - |
| Email Address | WANKECYK040212@GMAIL.COM |
| Address | 76 TELOK BLANGAH DRIVE #12-262 S100076 |
| Address complement | - |
| Postcode | - |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 | 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

REFER POLICE REPORT ATTACHED

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 | SLZ4979X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|-------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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 RIDUWAN BIN SAPARI |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | REFER TO DETAILS IN POLICE REPORT |
| Injured person in which vehicle? | FBQ5879K |
| Were seat belts worn? | Yes |
| 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' 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 "Purpose")
- (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 Purpose(s); 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 Purpose(s).

Policyholder's Signature / Date & Time

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

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

Sketch Plan


Describe Circumstance of the Accident

Refer Police Report

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
 3/8/2022
 1420


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



**SINGAPORE
POLICE FORCE**



T/20220730/7094

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

1 of 4

Report No. T/20220730/7094

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 30/07/2022 16:27 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: MUHAMMAD RIDUWAN BIN SAPARI | | | Address: 76 TELOK BLANGAH DRIVE #12-262 SINGAPORE 100076 | | |
| ID Type / ID No.: NRIC NO / T0290686J | | | Contact No.: Home/Office: Mobile: 93894742 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: wankecyk040212@gmail.com | | |
| Sex: Male | Age: 19 | Date of Birth: 04/12/2002 | Type of Informant: Rider | | |
| Race: Malay | | | Language: English | | Institution / School Name: |
| Occupation: Student Intern | | | Driving Licence Information: Class: | | Date of Expiry: |

| | | | | |
|--|---------------------------------|-----------------------|---|---|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 27/07/2022 17:40 | Type of Location: |
| Location: PIONEER ROAD | | | | |
| Weather: | | Road Surface: | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: | | | | Anyone conveyed by ambulance: Yes |

| | | | | | | |
|------------------------------------|------------|------|-------|-------|----------|-------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| FBQ5879K | Motorcycle | | | | | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20220730/7094

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

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Report No. T/20220730/7094

CONTINUATION OF REPORT

| Rider | | | |
|-----------------------------------|-----------------------------|-----------------------------------|-----------------------------------|
| Name | MUHAMMAD RIDUWAN BIN SAPARI | ID No. | T0290686J |
| Related Vehicle | FBQ5879K (Motorcycle) | Contact No. | 93894742 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | 07 | Degree of | Serious |

Brief Details.

On the stated date and time, I was riding my bike FBQ5879K, travelling straight along the extreme left lane of Pioneer Road towards Tuas Road when suddenly, a huge impact hit my bike's rear, resulting in me losing my balance and falling on my right.

I landed hard on the right portion of my body and my bike landed on my right leg.

After falling to the ground, I realised that the SLZ4979X, which had hit my bike's rear, did not stop and continued to push me forward, pushing me and my bike on the ground for a distance of 1-2 lamp posts before finally coming to a stop.

I felt relieved when the ordeal was finally over.

A female driver came out of SLZ4979X and was still using her wired earphones as she was still in the midst of a video call.

She admitted that she did not realise that I was in front of her and was flustered after hitting me.

As such, she stepped on her accelerator instead of her brakes after hitting me, resulting in me being pushed on the ground for some distance.

A few passer-bys assisted me to lift my bike off my body and proceeded to help me to the kerbside.

I sustained injuries to the following areas:

Right elbow
Right Forearm
Right Palm
Right Wrist
Right Ribcage
Right foot
Right Big and Index Toes
Right Ankle
Right Heel



**SINGAPORE
POLICE FORCE**



T/20220730/7094

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

3 of 4

Report No. T/20220730/7094

CONTINUATION OF REPORT

Mid Back

I was conveyed by Ng Teng Fong Hospital via ambulance and was discharged the following morning with 7 days MC for injuries caused by the accident.

After I woke up, I also started feeling soreness and aches in my Neck, shoulders, lower back, right calf and both forearms.

I will be seeking further treatment at my GP if the pain does not go away.



**SINGAPORE
POLICE FORCE**



T/20220730/7094

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

Report No. T/20220730/7094

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 /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

NP163

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

Date/Time:
30/07/2022 16:27

Classification Of Case: