

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 07/08/2022 14:44 (SGT)
Reported by Both
Date of Accident 06/08/2022 14:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information MAYFLOWER AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS3495L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ABDUL RAHMAN BIN ABDUL MUTALIB RAO
NRIC No S8533758J
Email Address ABDULMUTALIBRAO@YAHOO.COM
Mobile Phone No (Phone) +65-81004914
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model NMAX155
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Auto
CC 160

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5121575205-01

DRIVER

Name of Driver ABDUL RAHMAN BIN ABDUL MUTALIB RAO
NRIC No S8533758J
Date Of Birth 13/10/1985
Occupation Indoor

Date Of Driving Pass	02/05/2006
Driving experience	16 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81004914
Alt. Phone Number	-
Email Address	ABDULMUTALIBRAO@YAHOO.COM
Address	BLK 457 #03-79
Address complement	YISHUN STREET 41
Postcode	760457
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)	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 TO POLICE REPORT

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	SHC3650T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	GOH SAY CHONG
NRIC No	S1227398C
Contact Number	(Phone) +65-96328978
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	ABDUL RAHMAN BIN ABDUL MUTALIB RAO
Gender	Male
Phone No	(Phone) +65-81004914
Address	BLK 457 #03-79
Address Complement	YISHUN STREET 41
Post Code	760457
Approximate Age Years Old	-
Injuries Sustained	REFER TO POLICE REPORT
Injured person in which vehicle?	FBS3495L
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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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
07/08/2022
0900HJ

Driver's Signature (if driver is not the policyholder) / Date & Time
2

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
MO SHAN KASMEIR BIN ABDULAH

Sketch Plan

A-FBS349SL
B-SHC3650T

reverse

Mayflower Avenue

Mayflower Terrace

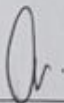
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Describe Circumstance of the Accident

Refer to police report

Declaration

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



Policyholder's Signature / Date & Time

07/08/2022
0900HR

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



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

MOHAMMAD KAMEIR BIN ABDULWAH
2

















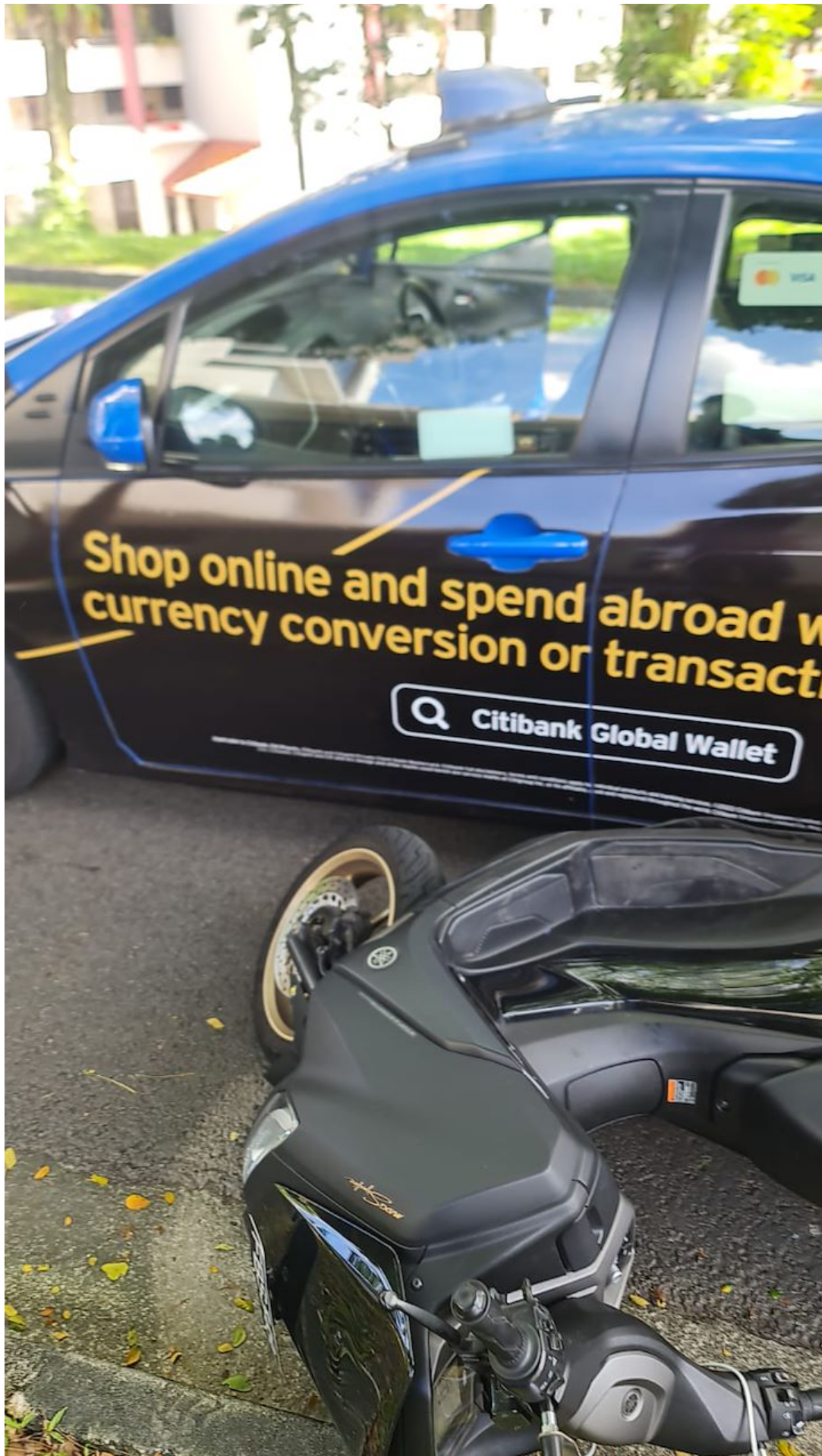




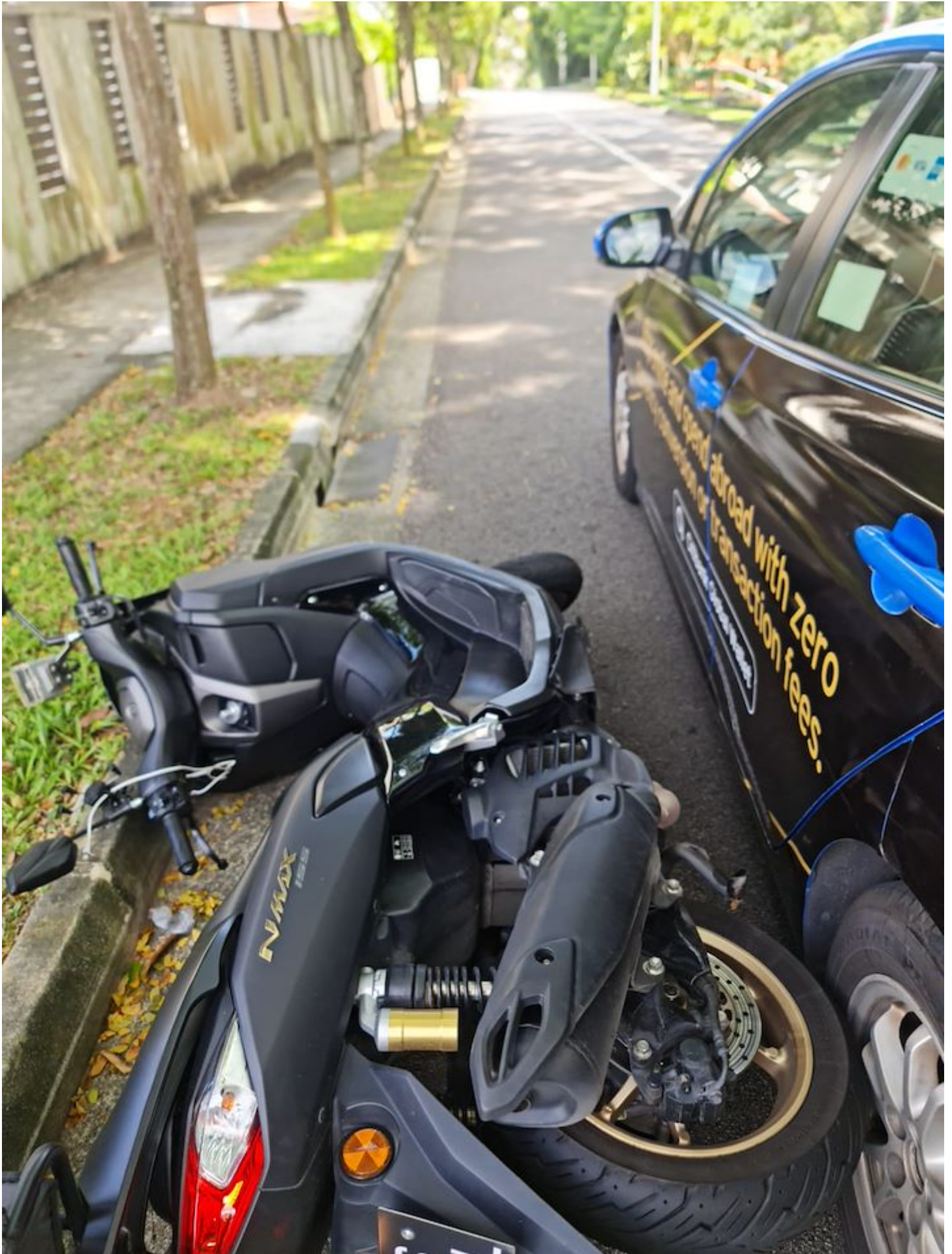


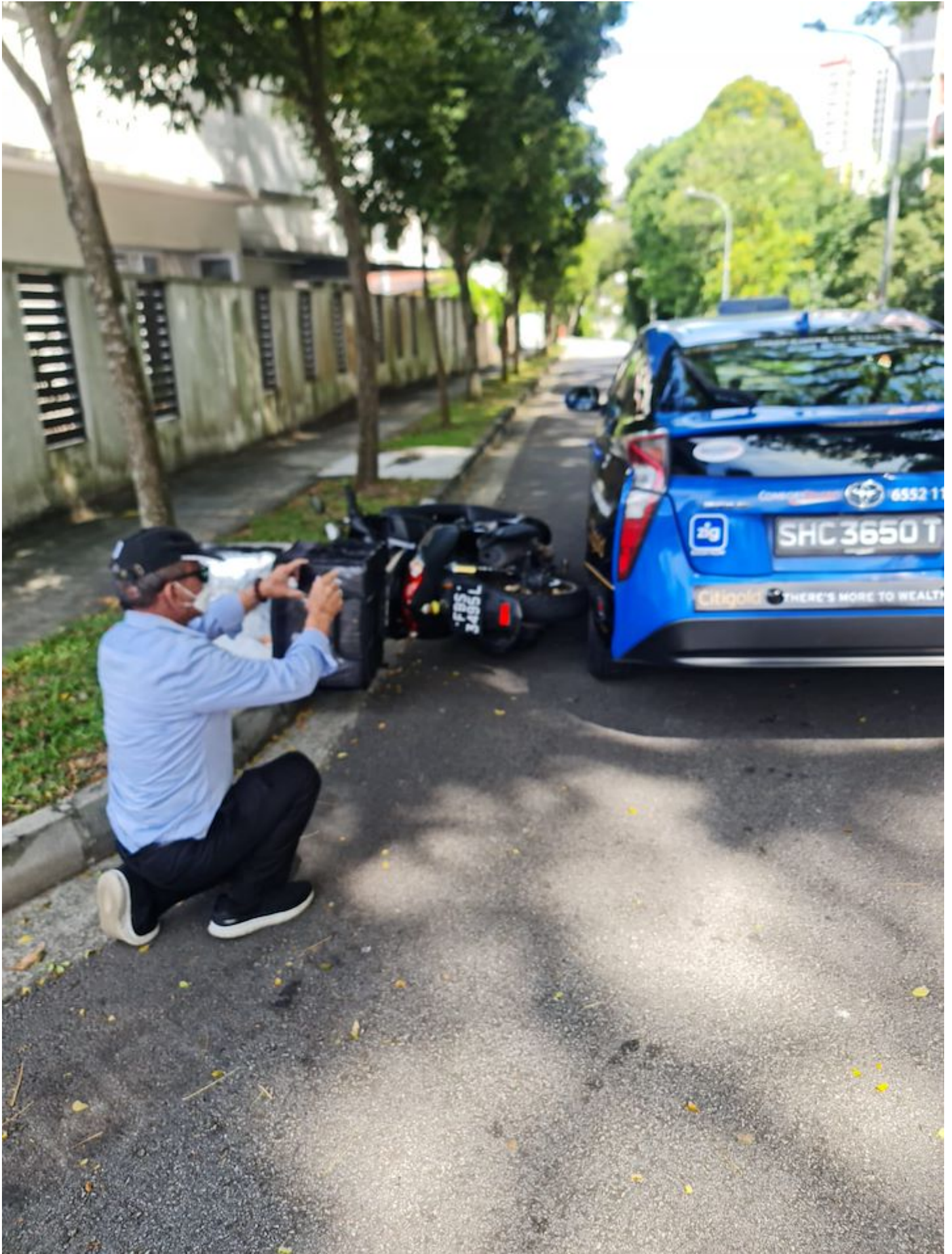





















**SINGAPORE
POLICE FORCE**


T/20220806/7036

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

1 of 3
Report No. T/20220806/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2022 17:31		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABDUL RAHMAN BIN ABDUL MUTALIB RAO			Address: 457 YISHUN STREET 41 #03-79 SINGAPORE 760457		
ID Type / ID No.: NRIC NO / S8533758J			Contact No.: Home/Office: Mobile: 81004914		
Nationality: SINGAPORE CITIZEN			Email: abdulmutalibrao@yahoo.com		
Sex: Male	Age: 36	Date of Birth: 13/10/1985	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/08/2022 16:40	Type of Location: Straight Road
Location: MAYFLOWER AVENUE				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: between moving vehicle- rear to head			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS3495L	Motorcycle	YAMAHA	N MAX 155	Black	Seriously Damaged	0
SHC3650T	Car	TOYOTA		Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220806/7036

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

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Report No. T/20220806/7036

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS3495L	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL RAHMAN BIN ABDUL MUTALIB RAO		ID No. S8533758J
Related Vehicle	FBS3495L (Motorcycle)		Contact No. 81004914
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	06/08/2022		Date 06/08/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 06/08/2022 at around 1450hrs, i was delivery grab food on my motorcycle bearing plate number FBS3495L. As i was travelling on mayflower ave, a taxi bearing plate number SHC3650T who was in front of me suddenly jam brake however i manage to react in time and stop my bike. The taxi then started to reverse. I was stationary therefore his vehicle then hit onto my front and the impact causes me to fall onto the left side.

After hitting onto me, the taxi driver came down and ask if I am ok. He then told me that he did not see me as he thought there the road was clear. The impact causes my bike left fairing, both side mirror, phone holder and wind screen to broke off. There is also white smoke coming out from the exhaust.

The taxi driver suggest both party to settle the accident through insurance however i refuse. I then call for police but they informed that there is no government property damage and no man trap hence they advice me to take picture of the accident and lodge a traffic report.

I wish to state that during the accident, i did not felt any pain of injury however after the accident i feel pain in my right hand and lower back. I then went to see a doctor and was given 3 days mc

**SINGAPORE
POLICE FORCE**

T/20220806/7036

3 of 3

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

Report No. T/20220806/7036

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 NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

This report is lodged at Yishun North NPC Kiosk 1
NP168

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

Date/Time:
06/08/2022 17:31

Classification Of Case: