





## 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	08/08/2022 18:02 (SGT)
Reported by	Both
Date of Accident	06/08/2022 05:00 (SGT)
Exact Location of Accident	Marine Parade Rd, Singapore
Additional Location Information	TOWARDS BEDOK SOUTH AVENUE 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT4665G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ROSLI BIN MOHMAD
NRIC No	SXXXX919Z
Email Address	muhdaimanhart@gmail.com
Mobile Phone No	(Phone) +65-96949561
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1591

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00110252200

### DRIVER

Name of Driver	MUHAMMAD AIMAN BIN ROSLI
NRIC No	TXXXX477Z
Date Of Birth	05/08/2001
Occupation	Outdoor

Date Of Driving Pass	15/01/2021
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91466792
Alt. Phone Number	-
Email Address	muhdaimanhart@gmail.com
Address	BLK 554 BEDOK NORTH STREET 3 #04-229
Address complement	-
Postcode	460554
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 - Major/Minor Rd
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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220806/2052

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF9509K
Vehicle Manufacturer	Yamaha
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MOHAMED AKHIL BIN MOHAMED SULTAN JAVAHARULLAH
NRIC No	TXXXX800C
Contact Number	(Phone) +65-92411635
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 AIMAN BIN ROSLI
Gender	Male
Phone No	(Phone) +65-91466792
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJT4665G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

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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.

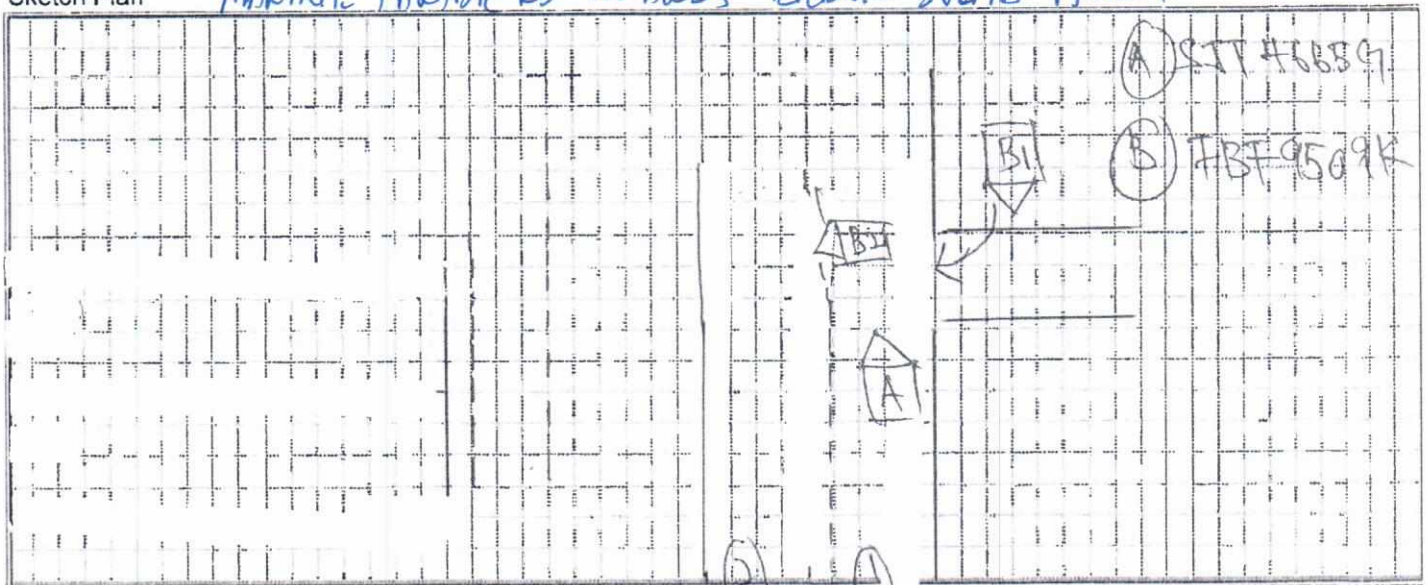
Policyholder's Signature / Date & Time

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

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

Sketch Plan

MARINE PARADE RD TOWARDS BEDOK SOUTH AVE 1




Describe Circumstance of the Accident


REFER POLICE REPORT

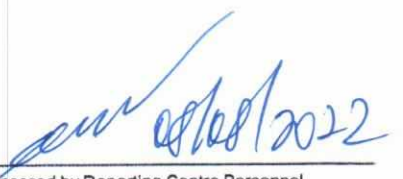
T/20220806/2052

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/20220806/2052

1 of 4

Report No. T/20220806/2052

Police Station Of Origin:

Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:

06/08/2022 17:25

Vide Report No.:

Station Diary No.:

81

**Informant's Particulars**

Name of Informant:

MUHAMMAD AIMAN BIN ROSLI

Address:

APT BLK 554 BEDOK NORTH STREET 3 #04-229  
SINGAPORE 460554

ID Type / ID No.:

NRIC NO / T0123477Z

Contact No.:

Home/Office:

Mobile: 91466792

Nationality:

SINGAPORE CITIZEN

Email:

Sex:

Male

Age:

21

Date of Birth:

05/08/2001

Type of Informant:

Driver

Race:

Malay

Language:

Institution / School Name:

Occupation:

National Service Full Time

Driving Licence Information:

Class: 3

Date of Expiry:

**General Information of the Accident**Type of  
Accident:Injury  
OthersDrink  
Drive:  
NoDate/Time of  
Accident:

06/08/2022 05:00

Type of Location:  
Straight Road

Location:

MARINE PARADE ROAD

Weather:  
ClearRoad Surface:  
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

Type of Collision:

Between Moving Vehicles - Head To Side

Anyone conveyed by  
ambulance:  
No**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF9509K	Motorcycle	YAMAHA	X-1R	Blue		0
SJT4665G	Car	KIA	CERATO FORTE SX 1.6L MT ABS D/AB 2WD 4DR	Brown	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20220806/2052

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Report No. T/20220806/2052

Police Station Of Origin:

Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

**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	MOHAMED AKHIL BIN MOHAMED SULTAN JAVAHARULLAH	ID No.	T0218800C
Related Vehicle	FBF9509K (Motorcycle)	Contact No.	92411635
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
<b>Driver</b>			
Name	MUHAMMAD AIMAN BIN ROSLI	ID No.	T0123477Z
Related Vehicle	SJT4665G (Car)	Contact No.	91466792
Hospital/Clinic	LIFEPLUS MEDICAL GROUP (BEDOK)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/08/2022	Date Discharge	06/08/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 06/08/2022 at about 0500hrs, I was driving along Marine Parade Rd towards Bedok South Ave 1 on the right-most lane, after crossing the junction at Telok Kurau Rd. Suddenly, a motorcycle appeared from the central divider at the pedestrian crossing in front of Blk 57 Marine Terrace. I immediately applied my brakes and swerved to the left, however, the front right side of my vehicle hit onto the left side of the motorcycle.

I then stepped out from my vehicle and checked on the male motorcyclist and the female pillion. He then called the ambulance and I called the police. When the ambulance came, they attended to the motorcyclist and the pillion. They treated the motorcyclist's left foot and the pillion's left ankle, but they were not conveyed by the ambulance. At that time, I did not feel any pain, thus I did not require any immediate medical attention.

After that, I went back and took a nap. When I woke up at about 1000hrs, I felt pain on my right shoulder and neck. Thus I went to see the doctor where I was given 3 days MC from 06/08/22 to 08/08/22.

The right side of my front bumper and front lip is broken off, the water tank for my wiper is broken, there are scratches on my front right rim and there is a tear on the tyre. There are also dents and scratches on the right side skirt, door and fender.

I have in-car camera in my vehicle, and I have the footage of the incident saved.





**SINGAPORE  
POLICE FORCE**



T/20220806/2052

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Report No. T/20220806/2052

Police Station Of Origin:

Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

**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:

G/

SI MUHAMMAD HAFIZ BIN  
ABDUL RAZAK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

06/08/2022 17:25

Classification Of Case:



①

Date of Accident : 06/08/22 Accident Time: 0445HRS (24-HR-Format)  
Accident Place : MARINE PARADE RD TWDS BEDOK SOUTH  
Vehicle No. (Car Plate No.) : SST4665G Make/Model: KIA CERATO FORTESXI  
Insurance Company : CHINA TP Policy No: AMPCSNW0011051200  
Owner or Company Name /IC No. : ROSLI BIN MUHAMMAD S743191912  
Owner or Company Contact No. : 9694 9561 Owner's Hp — Company Tel —  
DRIVER'S Name / IC No. : MUHAMMAD AIMAN BIN ROSLI  
DRIVER'S Date Of Birth : 05/08/2001 DRIVER'S License Pass Date 15/01/2021  
Relationship of Owner & Driver : Spouse (Parent) Children (Siblings) Employee (Others) SON  
DRIVER'S Address : BLK 554 BEDOK NORTH ST 3 #04-229  
DRIVER'S Contact No./ Alt No. : 1) 9146 66792 2) —  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : muhaimanbait@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): —

Was there any video Captured by car camera: YES (NO)  
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
Any Injury (If YES, Pls state): NI

**Other Party Driver's Particular (if any)**

Vehicle. No: (B) FBF 9509 K

Vehicle. No: —

Vehicle Make \Model: YAMAHA XIR

Vehicle Make \Model: —

Name Driver: MUHAMMAD ARHIL BIN MUHAMMAD SULTAN MUHAMMAD

Name Driver: —

IC No. Driver/Contact: TD218800C  
9241 1635

IC No. Driver/Contact: —

\* **NEW – Passenger's name & gender:**





Motor Private Car

MX1F

N SN

AN0420A

Cov. Type:C

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00110252200

Engine No.: G4FC9H298853

Cha. No.: KNAFW411LA5131154

1. Index Mark and Registration  
Number of Vehicle

SJT4665G

AUTOSAFE  
=====

2. Name of Policy Holder

ROSLI BIN AHMAD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

29/04/2022  
(11:51:34)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

12/04/2023

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use.\*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : MAYBANK SINGAPORE LIMITED

\* Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse



Issued By: INXPRESS INSURANCE AGENCY PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory