



## 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	05/08/2022 17:36 (SGT)
Reported by	Both
Date of Accident	04/08/2022 18:30 (SGT)
Exact Location of Accident	Surin Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA4339T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD AL AMIN BIN ABDUL LATIFF
NRIC No	T0006805A
Email Address	THEPHAITOM@GMAIL.COM
Mobile Phone No	(Phone) +65-91089607
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400
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	0

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5128975034

### DRIVER

Name of Driver	MUHAMMAD AL AMIN BIN ABDUL LATIFF
NRIC No	T0006805A
Date Of Birth	06/03/2000
Occupation	Indoor

Date Of Driving Pass	28/08/2019
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-91089607
Alt. Phone Number	-
Email Address	THEPHAITOM@GMAIL.COM
Address	APT BLK 620 HOUGANG AVENUE 8 #07-278
Address complement	-
Postcode	530620
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 - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

#### 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	DIAN NUR AFIZAH
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHMENT

#### 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	SLU1088M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MICHAEL
Contact Number	(Phone) +65-96238490
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 AL AMIN BIN ABDUL LATIFF
Gender	Male
Phone No	(Phone) +65-91089607
Address	APT BLK 620 HOUGANG AVENUE 8 #07-278
Address Complement	-
Post Code	530620
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBA4339T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	DIAN NUR AFIZAH
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBA4339T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### WITNESS DETAILS

##### WITNESS 1

Name	Danzel
Phone	(Phone) +65-88083714
Email	-

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Describe Circumstances of this Accident

Refer to police report.

Declaration

We declare the foregoing particulars are true in every respect

Signature of Signatory/ Driver  
(Print)

Signature of Witness/ Other Person Present  
(Print)

Signature of Witness/ Other Person Present  
(Print)

SKETCH PLAN

IMPORTANT NOTICE

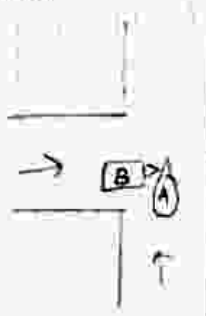
1. Please sign correctly to indicate the signatory in the reporting process.
2. The form must be submitted by the Policyholder and/or the Authorized Driver.
3. I/We hereby declare that I/We understand and accept the contents. Any other interpretation or withholding of material facts may render the insurance voidable policy liability.
4. The scope and content 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. The report will be forwarded by the Insurance of the GIA Remits Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that a copy of the report will for a fee be made available upon application by interested parties.
7. By the submission of this report to the Insurance, you hereby consent to the archiving of this report at the centre and to copies of the report being made available elsewhere.
8. Consent under the Personal Data Protection Act (PDPA)  
I/understand, acknowledge, agree and consent that:  
(a) My insurer, my workplace 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 vehicles involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"; the Insurers' law yers/law firm, the Ministry 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 claim, including the settlement of the claim and any necessary investigations relating to the claim;  
(ii) investigating the accident and/or my claim;  
(iii) carrying out and/or dealing with my obligations or responding to any enquiries by me;  
(iv) administering my claim 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 sum as well as on the external cover of envelope/mail packages; and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claim.  
(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firm, 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/has been disclosed by any of the Insurers and/or GIA to third party service providers or agents (including their law yers/law firm), which may be situated 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

Sketch Plan



A: FBA 4339T  
B: SLU1088M



**SINGAPORE  
POLICE FORCE**



F/20220805/7055

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**POLICE REPORT (NP299)****Report No. F/20220805/7055**

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No. 1800-2180000

Date/Time Report Made 05/08/2022 16:00		Vide Report No.		Station Diary No.	
Name Of Informant MUHAMMAD AL AMIN BIN ABDUL LATIFF		Address 620 HOUGANG AVENUE 8 #07-278 SINGAPORE 530620			
ID Type / ID No. NRIC NO / T0006805A		Contact No. Home/Office:                      Mobile: 91089607			
Nationality SINGAPORE CITIZEN		Email Address THEPHAITOM@GMAIL.COM			
Occupation Data centre engineer		Sex Male	Age 22	Date of Birth 06/03/2000	Race Malay
Institution/School Name		Language English			
Date/Time Of Incident 04/08/2022 17:00 - 04/08/2022 17:30		Location Of Incident 620 HOUGANG AVENUE 8 #07-278 SINGAPORE 530620			

**Brief details.**

On the 4th August 17:00 along Surin Avenue, I was involved in an accident. I was the rider and my fiance was my pillion. I was riding straight but there was a car on the left side that didnt manage to stop at the stop sign and therefore hit us from the left side and we fell to the right. The driver went out to checked on us. He apologise and he said that his baby was vomiting and he was distracted. We sat there for about 5 minutes as our legs were injured. There was a couple of abrasion and bruises on both my fiance and i. There was one witness that helped me to shift my bike to the side of the road. Few minutes went by, my

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/08/2022 16:00
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20220805/7055

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220805/7055

fiance and i got up by the help of the witness and we sat by the road. We exchanged our contact and therefore got off and went to the clinic to get ourselves checked.

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	Michael		
Gender	Male	Race	Chinese
Language	English	Mobile No	96238490
<b>Victim</b>			
Person Name	MUHAMMAD AL AMIN BIN ABDUL LATIFF		
ID Type	NRIC NO	ID No	T0006805A
Gender	Male	Age	22
Race	Malay	Language	English
Occupation	Data centre engineer	Address	620 HOUGANG AVENUE 8 #07-278 SINGAPORE 530620
Mobile No	91089607	Is Informant A Victim?	Yes
<b>Person Name</b> Dian Nur Afizah			
ID Type	NRIC NO	ID No	T02083301
Gender	Female	Age	20
Race	Malay	Language	English
Occupation	Baker	Address	442 43 #04-13 SINGAPORE 520442

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
05/08/2022 16:00

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20220805/7055

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220805/7055

Mobile No	92289754	Relation To Informant	Fiance
Person Name			
MUHAMMAD AL AMIN BIN ABDUL LATIFF (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/08/2022 16:00
Officer In-Charge Of Case:	Classification Of Case: