

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 01/08/2022 11:07 (SGT)
Reported by Both
Date of Accident 30/07/2022 09:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG LENTOR AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FU7173G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMAD ROSMAN BIN SULAIMAN
NRIC No S8041241Z
Email Address ROSSTHEMANN@HOTMAIL.COM
Mobile Phone No (Phone) +65-94500640
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model ADV 150
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 Auto
CC 150

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5123631626

DRIVER

Name of Driver MOHAMAD ROSMAN BIN SULAIMAN
NRIC No S8041241Z
Date Of Birth 30/12/1980
Occupation Outdoor

Date Of Driving Pass	21/07/1999
Driving experience	23 YEARS
Gender	Male
Mobile Number	(Phone) +65-94500640
Alt. Phone Number	-
Email Address	ROSTHEMANN@HOTMAIL.COM
Address	BLK 448 #02-74
Address complement	YISHUN RING ROAD
Postcode	760448
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : T/20220730/2094 AND SKETCH PLAN

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	SHA4293U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	KHUNG WILLY
NRIC No	S6832853E
Contact Number	(Phone) +65-90012736
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJS46A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TENG DING CHAO
NRIC No	S9423306B
Contact Number	(Phone) +65-90013262
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMAD ROSMAN BIN SULAIMAN
Gender	Male
Phone No	(Phone) +65-94500640
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SUFFERED CHEST PAIN. SUFFERED LEFT ANKLE SPRAIN. SUFFERED RIGHT WRIST PAIN. SUFFERED LEFT KNEE ABRASION
Injured person in which vehicle?	FU7173G
Were seat belts worn?	No
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:

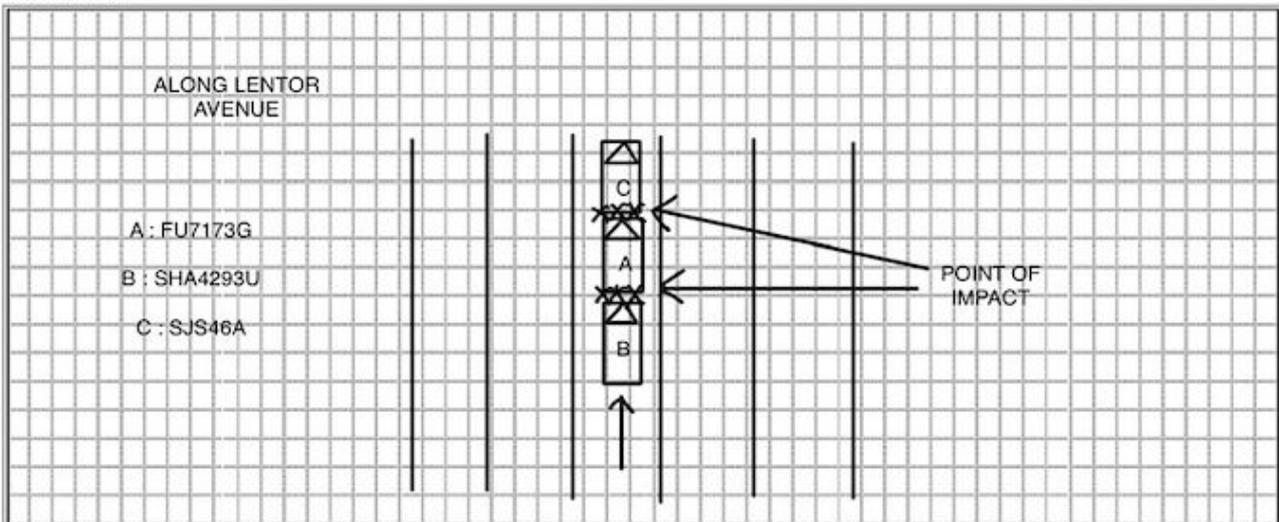
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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, 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.


 01/08/2022
 1130HRS
 Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

REFER TO POLICE REPORT ATTACHED

Declaration

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

27/06/2022
1430HRS

Policyholder's Signature / Date & Time

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

VINCENT SOH

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




























**SINGAPORE
POLICE FORCE**


T/20220730/2094

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20220730/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2022 17:02	Vide Report No.:	Station Diary No.: 94
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Informant's Particulars

Name of Informant: MOHAMAD ROSMAN BIN SULAIMAN		Address: APT BLK 448 YISHUN RING ROAD #02-74 SINGAPORE 760448	
ID Type / ID No.: NRIC NO / S8041241Z		Contact No.: Home/Office: Mobile: 94500640	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 30/12/1980	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: DELIVERY RIDER		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/07/2022 09:15	Type of Location: X-Junction
Location: LENTOR AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU7173G	Motorcycle	HONDA	ADV 150 ABS CVT	Red	Seriously Damaged	0
SHA4293U	Car				Slightly Damaged	0
SJS46A	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220730/2094

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20220730/2094

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FU7173G	NTUC Income Insurance Co-Operative Limited	5123631626	06/09/2021	05/09/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMAD ROSMAN BIN SULAIMAN	ID No.	S8041241Z
Related Vehicle	FU7173G (Motorcycle)	Contact No.	94500640
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	30/07/2022	Date Discharge	30/07/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 30/07/2022 at about 0915hrs, I was riding my motorcycle FU7173G along Lentor Ave waited at the traffic junction. Suddenly, a vehicle (SHA4293U) hit against the rear of my bike. The impact was great as it pushes me forward to hit against the rear of the vehicle (SJS46A) in front of me, and I also fell off from my bike. My bike is seriously damaged.

The three of us exchange contact. No police attended and no one was conveyed by ambulance. I went to Khoo Teck Puat hospital and was given 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20220730/2094

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20220730/2094

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:
L/
SGT 1 YANG ZHI YING, MANDY 

Signature Of Informant: 

Signature Of Interpreter:
Not applicable

Date/Time:
30/07/2022 17:02

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168