

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	16/08/2022 18:50 (SGT)
Reported by	Driver
Date of Accident	16/08/2022 01:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (TUAS) BEFORE CTE (SLE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP8032Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD FAIROZ BIN MOHAMED RAFI
NRIC No	S9523454B
Email Address	YUYULSMILEY@ICLOUD.COM
Mobile Phone No	(Phone) +65-91730771
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CB
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	150

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5119512538-01

DRIVER

Name of Driver	AL AKEEM BIN MOHAMED RAFI
NRIC No	T0014630C
Date Of Birth	12/04/2000
Occupation	Indoor

Date Of Driving Pass	18/09/2020
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87499234
Alt. Phone Number	-
Email Address	AKEEMELIANTO@GMAIL.COM
Address	BLK 510 ANG MO KIO AVENUE 8
Address complement	#03-2536
Postcode	560510
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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 - Change/cross lane
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	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 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	SHA4096Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	YAP SOON WEE
NRIC No	S6929111B
Contact Number	(Phone) +65-97888141
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AL AKEEM BIN MOHAMED RAFI
Gender	Male
Phone No	(Phone) +65-87499234
Address	BLK 510 ANG MO KIO AVENUE 8
Address Complement	#03-2536
Post Code	560510
Approximate Age Years Old	22
Injuries Sustained	REFER TO POLICE REPORT
Injured person in which vehicle?	FBP8032Y
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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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.

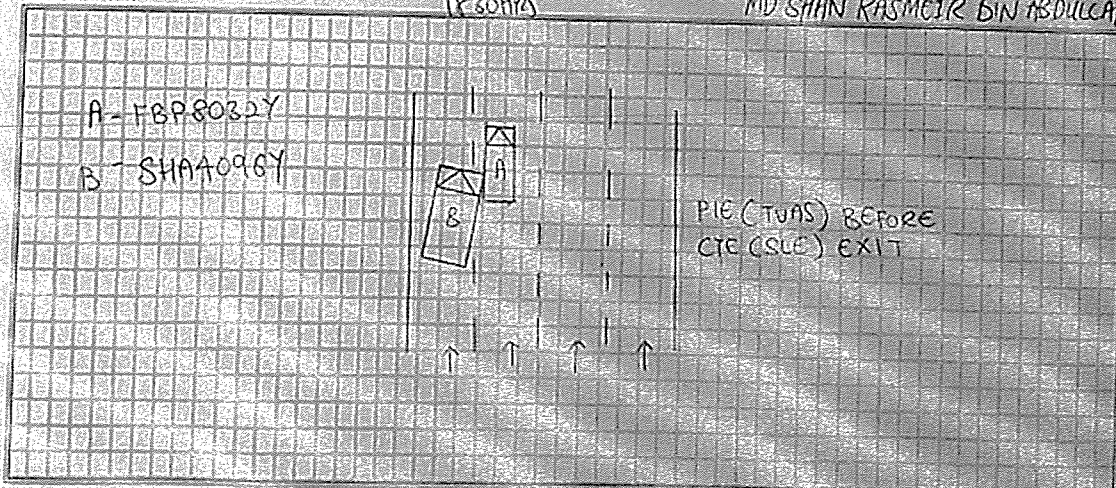
SKETCH PLAN

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



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

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

Witnessed by Reporting Centre personnel
(Name as in NRIC-10 card)

MD SHAM KASMER BIN
ABDULLAH



**SINGAPORE
POLICE FORCE**



F/20220816/7052

1 of 2

POLICE REPORT (NP299)

Report No. F/20220816/7052

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 16/08/2022 16:29	Vide Report No.	Station Diary No.
Name Of Informant AL AKEEM BIN MOHAMED RAFI	Address 510 ANG MO KIO AVENUE 8 #03-2536 SINGAPORE 560510	
ID Type / ID No. NRIC NO / T0014630C	Contact No. Home/Office: Mobile: 87499234	
Nationality SINGAPORE CITIZEN	Email Address AKEEMELIANTO@GMAIL.COM	
Occupation Student	Sex Male	Age 22
Institution/School Name	Date of Birth 12/04/2000	Race Malay
Date/Time Of Incident 16/08/2022 01:40 - 16/08/2022 03:30	Location Of Incident 510 ANG MO KIO AVENUE 8 #03-2536 SINGAPORE 560510	

Brief details.

FBP8032Y riding along CTE near Exit 15b on 3rd lane, veh SHA4096Y on the 4th lane, did not check blind spot and changed to 3rd lane and collided with rider FBP8032Y. No traffic police no ambulance. Rider seek medical attention at Ang MO Kio polyclinic and received 4 days on MC due to neck,knee,ankle and elbow pain.

Subjects Involved

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: 16/08/2022 16:29
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20220816/7052

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220816/7052

Victim			
Person Name	AL AKEEM BIN MOHAMED RAFI		
ID Type	NRIC NO	ID No	T0014630C
Gender	Male	Age	22
Race	Malay	Language	English
Occupation	Student	Address	510 ANG MO KIO AVENUE 8 #03-2536 SINGAPORE 560510
Mobile No	87499234	Is Informant A Victim?	Yes
Person Name	AL AKEEM BIN MOHAMED RAFI (Informant)		

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:
16/08/2022 16:29

Classification Of Case: