

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 Authorised 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 13/01/2022 11:40 (SGT)
Date of Accident 11/01/2022 13:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information Along Jurong West Central 3 towards Jalan Boon Lay
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number AZ9389X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AZAHAR BIN MAT YUSOF @AZAHAR
NRIC No S6984129E
Email Address Xxxrr20@gmail.com
Mobile Phone No (Phone) +65-83858338
Alternative Phone No +65-83858338

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Aerox
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
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5118109180-01
Cover Note Number -

DRIVER

Name of Driver AZAHAR BIN MAT YUSOF @AZAHAR
NRIC No S6984129E

| | |
|--|--|
| Date Of Birth | 20/07/1969 |
| Occupation | Outdoor |
| Date Of Driving Pass | 22/09/1994 |
| Driving experience | 27 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-83858338 |
| Alt. Phone Number | +65-83858338 |
| Email Address | Xxxrr20@gmail.com |
| Address | 745 Jurong West St 73 #07-57 |
| Address complement | - |
| Postcode | 640745 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | Yes |
| Vehicle Registration Number of Other Vehicle Owned by Driver | FBH9155L |
| Insurance Company of Other Vehicle Owned by Driver | NTUC Income Insurance Co-operative Ltd |

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 |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Nanyang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18007929999 |
| Alt. Police Station Phone No | (Fax) +65-67912972 |
| Police Station Address | No. 2 Jurong West Avenue 5 Singapore 649482 |
| 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 |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SHA7742X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |

| | |
|---|----------------------|
| Name of Driver | KOH CHIANG HUANG |
| NRIC No | S1449623H |
| Contact Number | (Phone) +65-97361728 |
| 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 | AZAHAR BIN MAT YUSOF @AZAHAR |
| Gender | Male |
| Phone No | (Phone) +65-83858338 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | 52 |
| Injuries Sustained | SWELLING ON RIGHT SHIN AND RIGHT WRIST AND PAIN ON RIGHT SHOULDER. |
| Injured person in which vehicle? | AZ9389X |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | No |

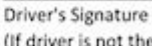
SKETCH PLAN**IMPORTANT NOTICE**


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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time: 13/01/2022 1130hrs


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


 Reporting Centre Personnel's Signature
 Name: Ash Kamal
 NRIC/FIN No.: S9218370Z













**SINGAPORE
POLICE FORCE**



T/20220111/2090

1 of 4

Report No. T/20220111/2090

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 11/01/2022 18:57 | Vide Report No.: | Station Diary No.: 153 |
|--|------------------|---------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: AZAHAR BIN MAT YUSOF | | | Address: APT BLK 745 JURONG WEST STREET 73 #07-57 SINGAPORE 640745 | | |
| ID Type / ID No.: NRIC NO / S6984129E | | | Contact No.: Home/Office: Mobile: 83858338 | | |
| Nationality: INDONESIAN | | | Email: | | |
| Sex: Male | Age: 52 | Date of Birth: 20/07/1969 | Type of Informant: Rider | | |
| Race: Malay | | | Language: | | Institution / School Name: |
| Occupation: FOODPANDA RIDER | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 11/01/2022 13:00 | Type of Location: Straight Road |
| Location: JURONG WEST CENTRAL 3 | | | | |
| Weather: Sunny | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| 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 |
|-------------|------------|---------|-------------------------------|-------|---------------------|-----------------|
| AZ9389X | Motorcycle | YAMAHA | AEROX GDR155A CVT ABS | Red | Totally Damaged | 0 |
| SHA7742X | Car | HYUNDAI | AE IONIQ HEV FL 1.6 DCT | Blue | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE
POLICE FORCE**



T/20220111/2090

2 of 4

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20220111/2090

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| AZ9389X | NTUC Income Insurance Co-Operative Limited | 5118109180-01 | 07/07/2021 | 06/07/2022 |

| Details of Person Involved | | | |
|-----------------------------------|----------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | AZAHAR BIN MAT YUSOF | ID No. | S6984129E |
| Related Vehicle | AZ9389X (Motorcycle) | Contact No. | 83858338 |
| Hospital/Clinic | RAFFLES MEDICAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 11/01/2022 | Date Discharge | 11/01/2022 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | KOH CHIANG HUANG | ID No. | S1449623H |
| Related Vehicle | SHA7742X (Car) | Contact No. | 97361728 |
| 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 |

Brief Details.

On the 11/01/2022 at about 1300hrs, I was riding my motorcycle bearing number AZ9389X along Jurong West Central 3 towards Jln Boon Lay on the right lane as I was doing my food delivery. I did not notice a taxi that was exiting the carpark of Blk 692A Jurong West Central 3 as there was another vehicle that was entering the carpark but I did not take down the vehicle number of that vehicle. Suddenly, the taxi bearing vehicle number SHA7742X came out of the carpark and went straight to get to the other side of the road heading towards Jurong West Central 2. Hence, I was not able to stop in time and thus collided head on to the center of the taxi.

Then, I fell down together with my motorcycle right in the middle of the yellow box. My vehicle was seriously damaged as the handle bar could not be turned and the motorcycle cannot be rode. Additionally, the front wheel was damaged that it had to be dragged off the road. I sustained injuries such as bodily pains on the right side of my body. After which, the taxi stopped on the other side of the road and came to check and assist me to move the vehicle together with some passerby all the way to the nearby carpark so as to not block the road.



**SINGAPORE
POLICE FORCE**



T/20220111/2090

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3 of 4

Report No. T/20220111/2090

CONTINUATION OF REPORT

Subsequently, he offered to pay for my medical bills hence we exchanged particulars after. I proceeded to call my insurance company and my motor shop as this is the first time that this has happened to me and I did not know what to do next. The insurance company advised me to lodge a report and go to the clinic to get myself checked. I went to Raffles Medical clinic and got a 3 days MC for my injuries. I wish to inform that I have no in car camera on my motorcycle.



**SINGAPORE
POLICE FORCE**



T/20220111/2090

4 of 4

Report No. T/20220111/2090

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649482
Tel No: 1800-7929999

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

J /

Sgt 2 ASRUL FADZIL BIN AZMI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/01/2022 18:57

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

Classification Of Case:



**SINGAPORE
POLICE FORCE**
SAFEGUARDING EVERY ONE

Authentication Stamp
NP168

SIGNATURE