

## 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 .....	31/08/2022 10:58 (SGT)
Reported by .....	Both
Date of Accident .....	30/08/2022 06:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	OLD CHOA CHU KANG ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBS6020D
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD HEIKEL BIN AZMI
NRIC No .....	S9302382Z
Email Address .....	HEIKELAZMI93@GMAIL.COM
Mobile Phone No .....	(Phone) +65-81639132
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	T155
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 .....	160

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number .....	5128112439

#### DRIVER

Name of Driver .....	MUHAMMAD HEIKEL BIN AZMI
NRIC No .....	S9302382Z
Date Of Birth .....	25/01/1993
Occupation .....	Indoor

Date Of Driving Pass .....	26/07/2012
Driving experience .....	10 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-81639132
Alt. Phone Number .....	-
Email Address .....	HEIKELAZMI93@GMAIL.COM
Address .....	BLK 628A WOODLANDS RING ROAD #09-278
Address complement .....	-
Postcode .....	731628
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 - Change/cross lane
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) .....	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 .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
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 .....	SHA9575Z
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	Ioniq
Vehicle Variant .....	-
Vehicle Colour .....	Yellow

Vehicle Category .....	Taxi
Name of Driver .....	UNKNOWN
Contact Number .....	-
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 .....	MUHAMMAD HEIKEL BIN AZMI
Gender .....	Male
Phone No .....	(Phone) +65-81639132
Address .....	BLK 628A WOODLANDS RING ROAD #09-278
Address Complement .....	-
Post Code .....	731628
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBS6020D
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## 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 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;

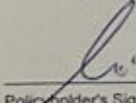
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

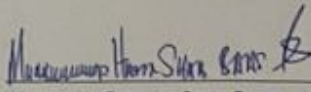
(collectively the "Purposes")

(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

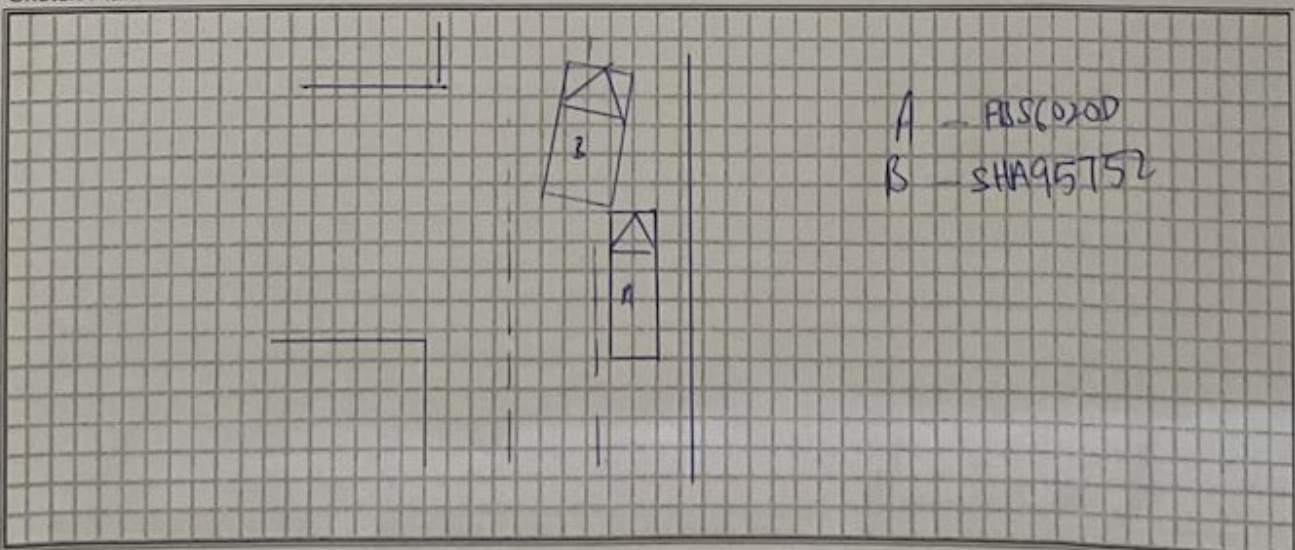
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 31/8/2015  
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

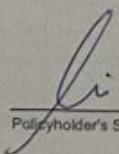


Describe Circumstance of the Accident

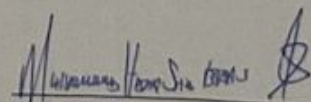
REFER TO REPORT NUM L/20220830/702

Declaration

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

 31/8/22 1245  
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**



L/20220830/7022

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20220830/7022

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 30/08/2022 12:13	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD HEIKEL BIN AZMI	Address 628A WOODLANDS RING ROAD #09-278 SINGAPORE 731628	
ID Type / ID No. NRIC NO / S9302382Z	Contact No. Home/Office:	Mobile: 81639132
Nationality SINGAPORE CITIZEN	Email Address heikelazmi93@gmail.com	
Occupation Airport Emergency Services	Sex Male	Age 29
Institution/School Name	Date of Birth 25/01/1993	Race Malay
Date/Time Of Incident 30/08/2022 06:50 - 30/08/2022 06:55	Location Of Incident 628A WOODLANDS RING ROAD #09-278 SINGAPORE 731628	

**Brief details.**

I, Muhammad Heikel Bin Azmi met with an accident with my motorbike (FBS6020D) along Old Choa Chu Kang Road opposite HTA with another vehicle, Taxi (SHA9575Z) at around 0650hrs LT.

I was moving along Old Choa Chu Kang Road when a taxi came out from HTA carpark and swerve in to my lane. Due to the wet weather, i had no time to react and the taxi hit its rear right bumper to my left side of my bike. I sustain an injuries on my left feet, left hip, left elbow and neck strain on the right side.

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: 30/08/2022 12:13
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



L/20220830/7022

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220830/7022

I went to Raffles Medical and issued 3days ML.

Subjects Involved			
Victim			
Person Name	MUHAMMAD HEIKEL BIN AZMI		
ID Type	NRIC NO	ID No	S9302382Z
Gender	Male	Age	29
Race	Malay	Language	English
Occupation	Airport Emergency Services	Address	628A WOODLANDS RING ROAD #09-278 SINGAPORE 731628
Mobile No	81639132	Is Informant A Victim?	Yes
Person Name	MUHAMMAD HEIKEL BIN AZMI (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:  
30/08/2022 12:13

Classification Of Case: