

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 17:40 (SGT)
Reported by Both
Date of Accident 02/08/2022 23:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information TPE (SLE) BEFORE PUNGGOL ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBF3728J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMED BAZLI BIN MOHAMED IBRAHIM
NRIC No S9333938Z
Email Address BAZLI.IBRAHIM.93@GMAIL.COM
Mobile Phone No (Phone) +65-94249585
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model CBR1000
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 1000

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5126365950

DRIVER

Name of Driver MOHAMED BAZLI BIN MOHAMED IBRAHIM
NRIC No S9333938Z
Date Of Birth 15/09/1993
Occupation Outdoor

Date Of Driving Pass	04/03/2022
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94249585
Alt. Phone Number	-
Email Address	BAZLI.IBRAHIM.93@GMAIL.COM
Address	BLK 155 #03-90
Address complement	YISHUN STREET 11
Postcode	760155
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	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?	Yes
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	SITI NUR THAQIFAH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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	SHB4751J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHIA GEK HUP
NRIC No	S1183964I
Contact Number	-
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	MOHAMED BAZLI BIN MOHAMED IBRAHIM
Gender	Male
Phone No	(Phone) +65-94249585
Address	BLK 155 #03-90
Address Complement	YISHUN STREET 11
Post Code	760155
Approximate Age Years Old	28
Injuries Sustained	10th and 11th Rib Fracture Abrasions left back and left hand
Injured person in which vehicle?	FBF3728J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	SITI NUR THAQIFAH
Gender	Female
Phone No	-
Address	Blk 119C Punggol Field
Address Complement	#14-427
Post Code	823199
Approximate Age Years Old	24
Injuries Sustained	Left ankle fracture, Left wrist fracture, left hand fingers fractures, Fracture on left collar bone Bodily abrasions
Injured person in which vehicle?	FBF3728J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	KOEN
Phone	(Phone) +65-96461017
Email	-

SKETCH PLAN

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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.

Policyholder's Signature / Date & Time

Sketch Plan

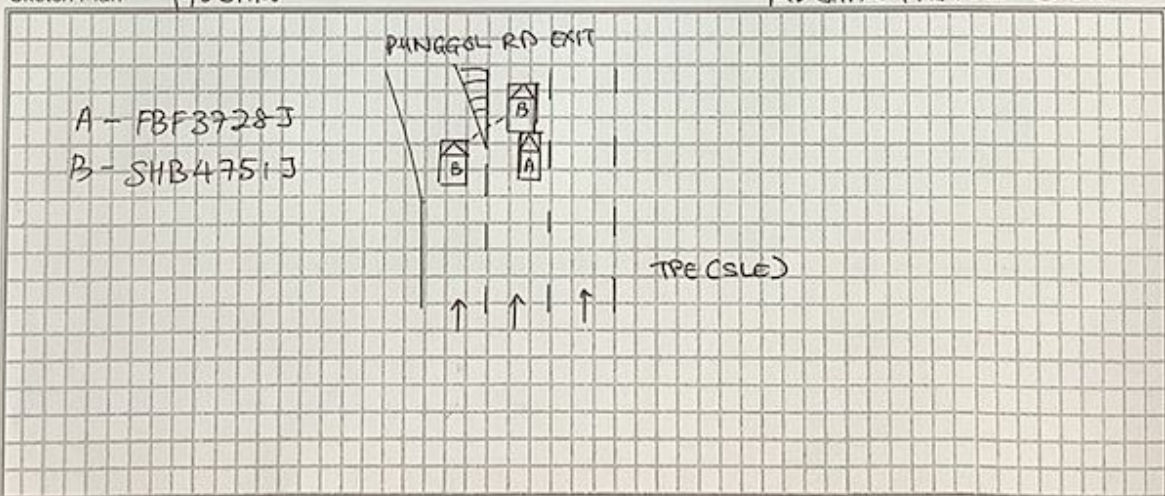
16/8/22

1700HRS

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

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

MD SHAN KAMEEL B W ABDULLAH



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

[Signature]

16/8/22
(700112)

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

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

MD SHAN KASMEIR
BIN HASPIILLAH

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SINGAPORE POLICE FORCE



T/20220808/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220808/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2022 14:51		Vide Report No.: F/20220802/0198		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED BAZLI BIN MOHAMED IBRAHIM			Address: 155 YISHUN STREET 11 #03-90 SINGAPORE 760155		
ID Type / ID No.: NRIC NO / S9333938Z			Contact No.: Home/Office: Mobile: 94249585		
Nationality: SINGAPORE CITIZEN			Email: BAZLI.IBRAHIM.93@GMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 15/09/1993	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Technician			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Fatal Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/08/2022 23:30	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBF3728J	Motorcycle	HONDA	CBR1000RR	Black		0
SHB 4751 J	Car	HYUNDAI		Yellow		2

Details of Vehicle Insurance

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



T/20220808/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220808/7027

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF3728J	NTUC Income Insurance Co-Operative Limited	5126365950	16/03/2022	15/03/2023

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	MOHAMED BAZLI BIN MOHAMED IBRAHIM	ID No.	S9333938Z
Related Vehicle	FBF3728J (Motorcycle)	Contact No.	94249585
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2 Date of Expiry: NIL
Date	03/08/2022	Date	03/08/2022
No. of Days granted Medical Leave	14	Degree of	Serious

Pillion

Name	SITI NUR THAQIFAH	ID No.	S9801525F
Related Vehicle	FBF3728J (Motorcycle)	Contact No.	NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/08/2022	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Fatal

Driver

Name	CHIA GEK HUP	ID No.	S1183964I
Related Vehicle	SHB 4751 J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20220808/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220808/7027

CONTINUATION OF REPORT

Passenger			
Name	KOEN	ID No.	NIL
Related Vehicle	SHB 4751 J (Car)	Contact No.	96461017
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Was riding along TPE towards SLE at 80km/h as i was Exiting to Punggol Road. Right before Bus Stop No. 65191, Taxi (SHB 4751 J) swerved right onto my lane aggressively over chevron markings, I didn't have the distance to brake in time causing me to rear end the said taxi. My Pillion (Thaqifah) and I flew forward and landed on the road.



**SINGAPORE
POLICE FORCE**



T/20220808/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220808/7027

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KAMALIAH BINTE KAMIS
Contact No.: 65476435

NP168

Signature Of Informant:

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

Date/Time:
08/08/2022 14:51

Classification Of Case: