

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 07/09/2022 17:52 (SGT)
Reported by Driver
Date of Accident 31/08/2022 18:30 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information (BEFORE CTE EXIT TOWARDS TUAS)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH1138P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CERTIS CISCO SECURE LOGISTICS PTE. LTD.
Company Reg No XXXXXX933W
Email Address leongsen@singnet.com.sg
Mobile Phone No (Phone) +65-90211905
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model YBR 125
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? Yes
Vehicle Category Motorcycle
Transmission Manual
CC 124

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Policy Number / Cover Note Number D-22099104MFCE/17

DRIVER

Name of Driver MUHAMMAD HAFIZ BIN AU BAKAR
NRIC No SXXXX641E
Date Of Birth 30/10/1995
Occupation Outdoor

| | |
|--|-------------------------------------|
| Date Of Driving Pass | 31/05/2018 |
| Driving experience | 4 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90211905 |
| Alt. Phone Number | - |
| Email Address | leongsen@singnet.com.sg |
| Address | BLK 891A WOODLANDS DRIVE 50 #04-199 |
| Address complement | - |
| Postcode | 730891 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 - Head to Rear |
| 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) | 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 | 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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20220901/7013

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 | SMW2103Z |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Noah |
| Vehicle Variant | - |

| | |
|---|-------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-----------------------------|
| Name of injured person | MUHAMMAD HAFIZ BIN AU BAKAR |
| Gender | Male |
| Phone No | (Phone) +65-90211905 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | FBH1138P |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

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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.



Mr 06/09/2022
16.15hrs

[Signature] 07/09/2022

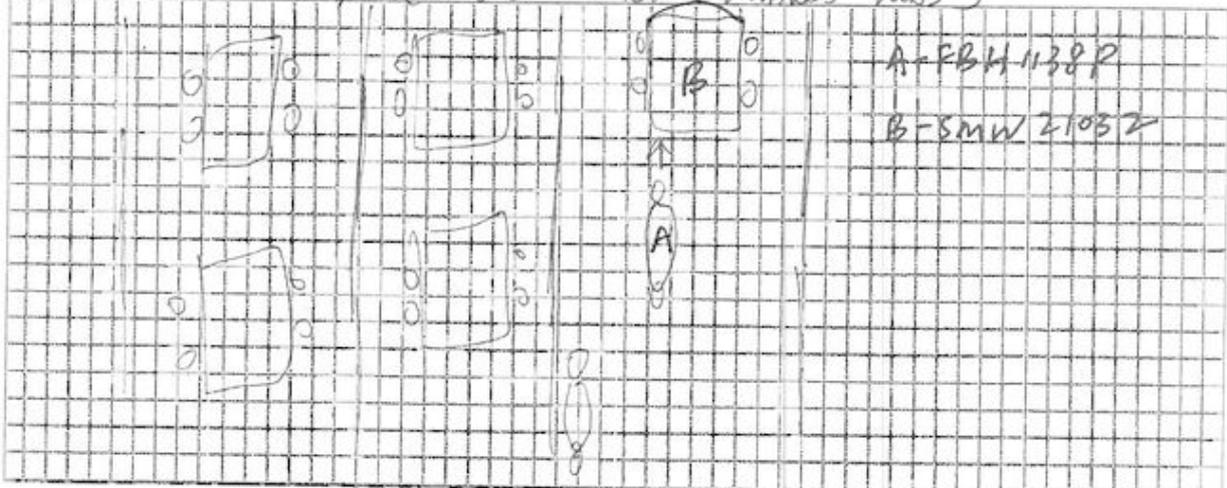
Policyholder's Signature _____ Date _____

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

Witnessed by Reporting Centre Personnel _____

Sketch Plan

PIE (BEFORE CRK EXIT TOWARDS JUALS)



Describe Circumstance of the Accident

I was at lane 2 on Pie (Tuns). A car had just switched lanes from lane 1 to 2 in front of me. So I switched to lane 1. After the lane switch, I saw slow moving vehicles in front of me so I wanted to switch lanes again. I checked to my left to see if there are vehicles and saw another motorcyclist which meant it was not safe to switch lanes. By the time, I turned my head forward, I was just a few metres away from SMW 2103Z. I tried to emergency brake but still rear ended the car. I fell off and was conveyed to the hospital shortly after.

POLICE REPORT T/20220901/7013

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 06/09/2022
16:25

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

[Signature] 07/09/2022

Witnessed by Reporting Centre Personnel












**SINGAPORE
POLICE FORCE**

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



T/20220901/7013

1 of 3

Report No. T/20220901/7013

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 01/09/2022 10:14 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| Informant's Particulars | | | |
|--|------------|--|-----------------------------|
| Name of Informant: MUHAMMAD HAFIZ BIN ABU BAKAR | | Address: 891A WOODLANDS DRIVE 50 #04-199 SINGAPORE 730891 | |
| ID Type / ID No.: NRIC NO / S9538641E | | Contact No.: Home/Office: | Mobile: 90211905 |
| Nationality: SINGAPORE CITIZEN | | Email: muhammadhafiz.ab95@gmail.com | |
| Sex: Male | Age: 26 | Date of Birth: 30/10/1995 | Type of Informant: Rider |
| Race: Malay | | Language: English | Institution / School Name: |
| Occupation: | | Driving Licence Information: Class: 2B,2A | Date of Expiry: |

| General Information of the Accident | | | | |
|--|------------------------------|------------------------------------|--|--|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 31/08/2022 18:30 | Type of Location: On PIE(Tuas) before CTE Exit |
| Location: PAN ISLAND EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 90 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| 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 |
| FBH1138P | Motorcycle | | | | | 0 |
| SMW2103Z | Car | TOYOTA | NOAH HYBRID 7-SEATER 1.8X CVT | Black | | 0 |



**SINGAPORE
POLICE FORCE**



T/20220901/7013

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

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Report No. T/20220901/7013

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------------|-----------------------------------|-------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MUHAMMAD HAFIZ BIN ABU BAKAR | ID No. | S9538641E |
| Related Vehicle | FBH1138P (Motorcycle) | Contact No. | 90211905 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry | Class: 2B,2A Date of Expiry: NIL |
| Date | 31/08/2022 | Date | 31/08/2022 |
| No. of Days granted Medical Leave | 02 | Degree of | Slight |

Brief Details.

I had just entered PIE(Tuas). Traffic was heavy. Before the accident I was in lane 2, a car had just switched lanes from 1 to 2 in front of me so I decided to switch lanes to lane 1. Ahead of me I saw vehicles moving slowly. I decided to lane split to avoid collision but as I turned to check my blindspot, I saw another motorcyclist so I decided to not lane split. As I turned my head forward, I then realized that the car in front of me had come to either a complete stop or moving extremely slow. I tried to apply my brakes but still rear ended the car. I fell off and was conveyed to the hospital after with minor injuries.



**SINGAPORE
POLICE FORCE**

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



T/20220901/7013

3 of 3

Report No. T/20220901/7013

CONTINUATION OF REPORT

Sketch 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 /
ROIZMAN BIN MOHAMED POSARI
Contact No.: 65476131

NP168

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

Date/Time:
01/09/2022 10:14

Classification Of Case: