

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	09/09/2022 17:44 (SGT)
Reported by	Driver
Date of Accident	08/09/2022 19:55 (SGT)
Exact Location of Accident	Punggol E, Singapore
Additional Location Information	PUNGGOL EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT7521M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMAD RIDZAN BIN USOP
NRIC No	SXXXX249J
Email Address	ILHANAZIQ@GMAIL.COM
Mobile Phone No	(Phone) +65-88173660
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5127654358

DRIVER

Name of Driver	MUHAMMAD ILHAN AZIQ BIN SOFFIAN
NRIC No	TXXXX473B
Date Of Birth	10/09/2002
Occupation	Indoor

Date Of Driving Pass	06/05/2022
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88929544
Alt. Phone Number	-
Email Address	ILHANAZIQ@GMAIL.COM
Address	APT BLK 419D NORTHSHORE DRIVE #04-671
Address complement	-
Postcode	824419
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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	Kampong Kembangan Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007489999
Alt. Police Station Phone No	(Fax) +65-67454676
Police Station Address	Blk 112 Lengkong Tiga #01-215 Singapore 410112
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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	SHD8597B
Vehicle Manufacturer	Hyundai
Vehicle Model	-
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 ILHAN AZIQ BIN SOFFIAN
Gender	Male
Phone No	(Phone) +65-88929544
Address	APT BLK 419D NORTHSORE DRIVE #04-671
Address Complement	-
Post Code	824419
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBT7521M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

Peter to Police Report -

Declaration

We declare the foregoing particulars are true in every respect.

Pz

Policyholder's Signature / Date &
Time

hms

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

cd


Witnessed by Reporting Centre
Personnel


SKETCH PLAN

IMPORTANT NOTICE

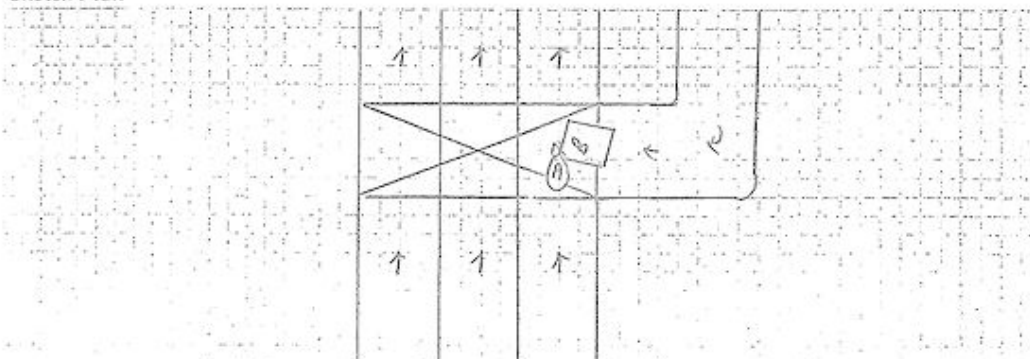
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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


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


Witnessed by Reporting Centre Personnel

Sketch Plan

















**SINGAPORE
POLICE FORCE**



T/20220909/2044

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Report No. T/20220909/2044

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ILHAN AZIQ BIN SOFFIAN	ID No.	T0227473B
Related Vehicle	FBT7521M (Motorcycle)	Contact No.	88929544
Hospital/Clinic	Island Family Clinic (Anchorvale)	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	09/09/2022	Date Discharge	09/09/2022
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	TING SING KHUANG	ID No.	S0172113E
Related Vehicle	SHD8597B (Car)	Contact No.	90012395
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 08/09/2022 at around 7:59pm, I was riding my Black Yamaha Motorcycle (FBT7521M) along the first lane of Punggol East towards Tebing Lane, a Yellow Hyundai ComfortDelGro Taxi (SHD8597B) was at the U-Turn point along Punggol East.

The came to a stop at the stop line of the U-Turn point however as I was riding pass the U-Turn point, The Taxi suddenly droved forward and collided its front left bumper onto the right side of my motorcycle. I fell off my motorcycle due to the collision.

Traffic Police and Ambulance was at scene however I was not conveyed by ambulance.

On 09/09/2022, I felt that both my shoulder, my lower back and my right thigh was aching and decided to make a check at Island Family Clinic (Anchorvale). I was given 4 days MC due to my injuries sustained.

I wish to state that I have taken photographs of the damages to both the Taxi and my motorcycle.
I recall that the Taxi does have in-car camera.



**SINGAPORE
POLICE FORCE**

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Kampong Kembangan NPP
112 Langkong Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999



11212211410112AA

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Report No: T1252211410112AA

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:
G /
SGT 2 CHOW SHI JIE, SAMUEL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI GOH WEI LI
Contact No.: 65476394

Signature Of Informant:

Date/Time:
09/09/2022 15:11

Classification Of Case:

NP168