

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	14/09/2022 17:52 (SGT)
Reported by	Both
Date of Accident	13/09/2022 18:00 (SGT)
Exact Location of Accident	Bedok S Rd, Singapore
Additional Location Information	BEDOK SOUTH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN9168T
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	QUSYAIRI HAZIQ BIN HALIL
NRIC No	S9637564F
Email Address	IRIAYSUQH@GMAIL.COM
Mobile Phone No	(Phone) +65-81210511
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
Variant	AEROX 155A
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	Auto
CC	160

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125177072

DRIVER

Name of Driver	QUSYAIRI HAZIQ BIN HALIL
NRIC No	S9637564F
Date Of Birth	12/10/1996
Occupation	Indoor

Date Of Driving Pass	05/10/2018
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81210511
Alt. Phone Number	-
Email Address	IRIAYSUQH@GMAIL.COM
Address	BLK 489C #05-167
Address complement	TAMPINES STREET 45
Postcode	522489
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	FBM1994H
Insurance Company of Other Vehicle Owned by Driver	Income Insurance Limited

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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
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?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3522A
Vehicle Manufacturer	Hyundai
Vehicle Model	I40

Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	FAM POH CHEONG
NRIC No	S1486155F
Contact Number	(Phone) +65-98008393
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	QUSYAIRI HAZIQ BIN HALIL
Gender	Male
Phone No	(Phone) +65-81210511
Address	BLK 489C #05-167
Address Complement	TAMPINES STREET 45
Post Code	522489
Approximate Age Years Old	25
Injuries Sustained	RIGHT KNEE CAP, RIGHT ARM, LEFT LOWER BACK, LEFT SHOULDER PAIN
Injured person in which vehicle?	FBN9168T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	MR KUMAR
Phone	(Phone) +65-98203578
Email	-

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 14/09/2022 / 17:31

Report No: MT/

D.O.A: 13/09/2022

Time: 18:00 hrs

Vehicle No: FBN9168T

Reporting Type:

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:

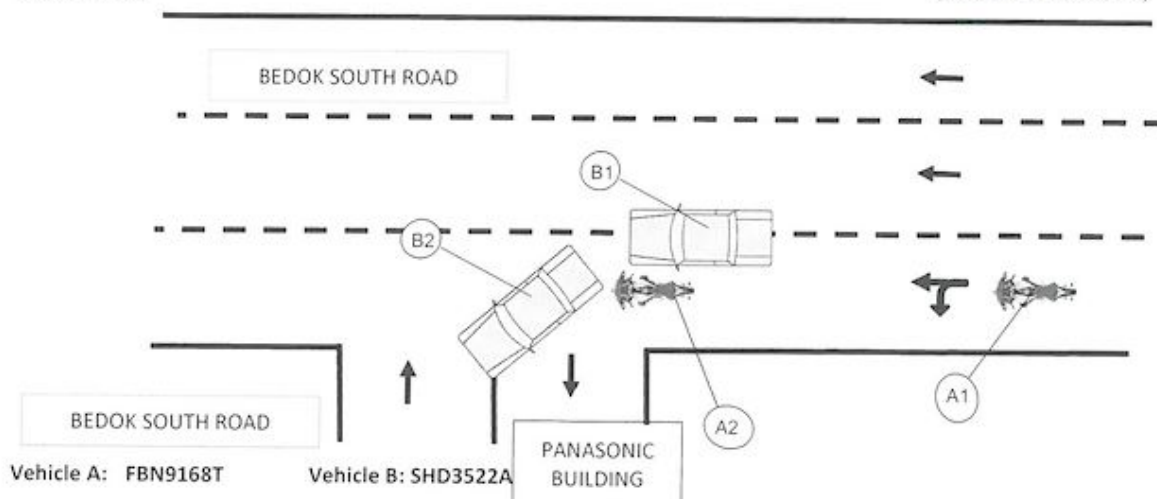
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

14/09/22 / 17:31
 Policyholder's Signature / Date & Time

14/09/22 / 17:31
 Driver's Signature (If driver is not the policyholder) / Date & Time

Thomas Chen (S098890)
 Customer Care Executive
 Motor Service Centre
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

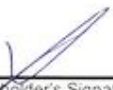
Sketch Plan



Describe Circumstances of the Accident
REFER TO POLICE REPORT.

Declaration

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

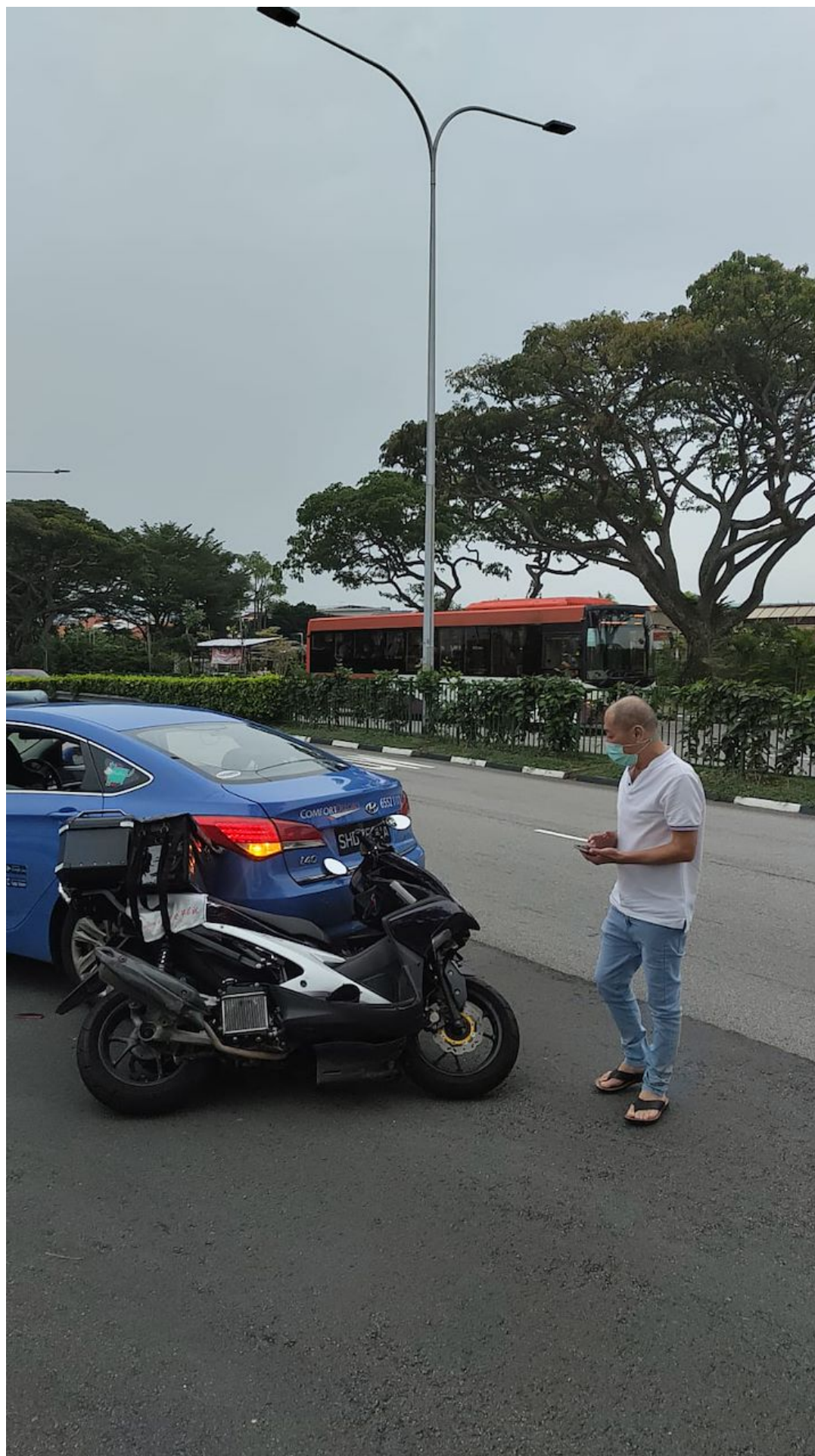

14/09/22 / 17:31
Policyholder's Signature / Date & Time

14/09/22 / 17:31
Driver's Signature (If driver is not the policyholder) / Date & Time


Thomas Chen (S098890)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)





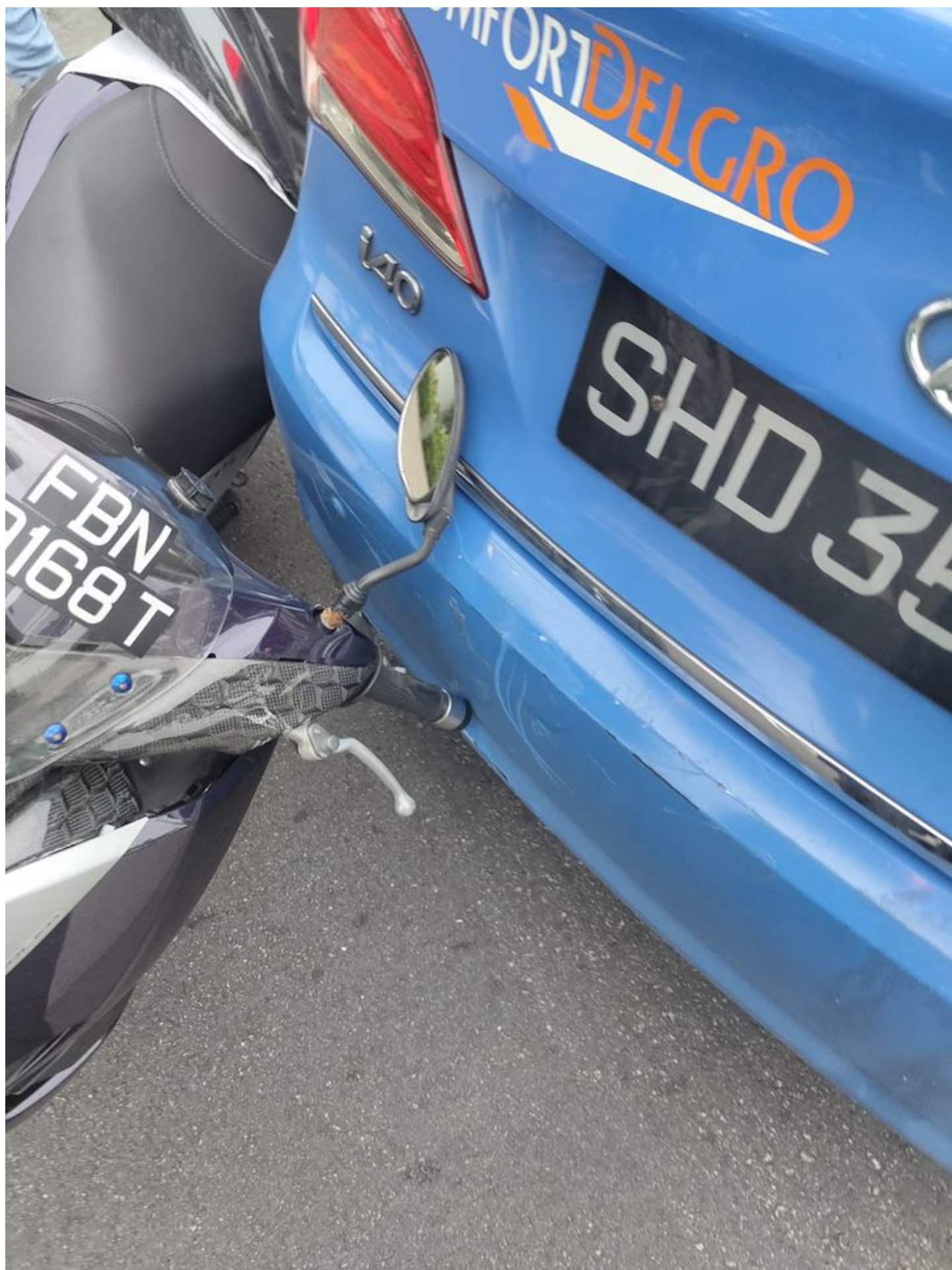


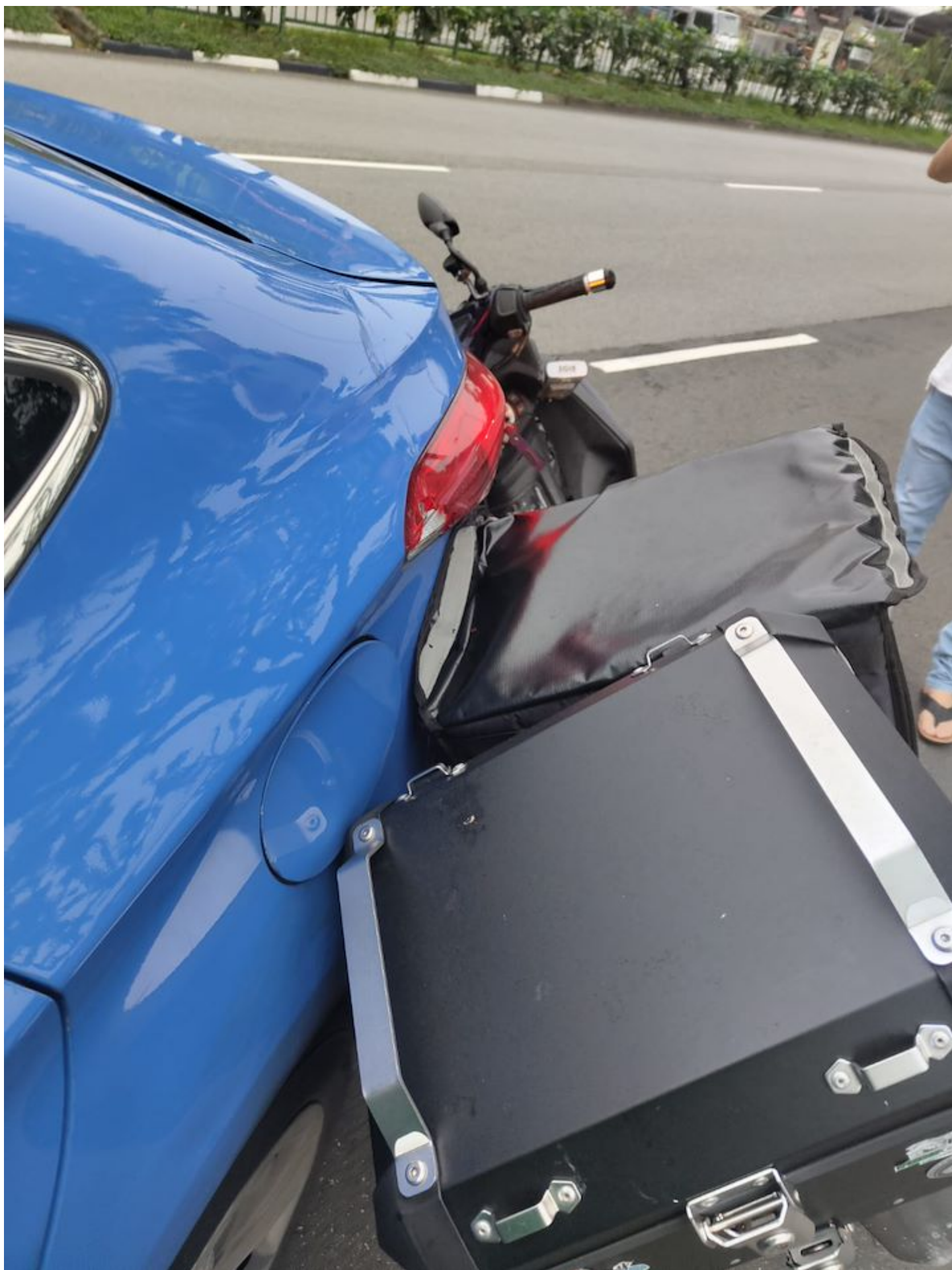


























**SINGAPORE
POLICE FORCE**



T/20220914/2060

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 4

Report No. T/20220914/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2022 16:50	Vide Report No.: G/20220913/0150	Station Diary No.: 82
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: QUSYAIRI HAZIQ BIN HALIL			Address: APT BLK 489C TAMPINES STREET 45 #05-167 SINGAPORE 522489		
ID Type / ID No.: NRIC NO / S9637564F			Contact No.: Home/Office: Mobile: 81210511		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 12/10/1996	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,2A,3		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/09/2022 18:00	Type of Location: Straight Road
Location: BEDOK SOUTH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN9168T	Motorcycle	YAMAHA	AEROX GDR155 CVT	Yellow	Seriously Damaged	0
SHD3522A	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220914/2060

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20220914/2060

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN9168T	NTUC Income Insurance Co-Operative Limited	5125177072	24/12/2021	27/12/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	QUSYAIRI HAZIQ BIN HALIL		ID No.	S9637564F
Related Vehicle	SHD3522A (Car)		Contact No.	81210511
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	13/09/2022		Date Discharge	13/09/2022
No. of Days granted Medical Leave		04	Degree of Injury	Slight
Driver				
Name	FAM POH CHEONG		ID No.	S1486155F
Related Vehicle	SHD3522A (Car)		Contact No.	98008393
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

Brief Details.

On 13/04/2022 at about 6pm, while I was riding on the 3rd lane, along Bedok South Road, I had collided onto the rear of Comfort taxi.

Prior to the incident, the taxi which was observed to be driving between the 2nd and 3rd lane, in front of me, suddenly made a left turn into the Panasonic Building, at the opposite direction. Though I had applied my brakes, I was not able to stop in time and collided onto the rear of the taxi and landed on top of the boot. The collision caused my motorcycle to be towed away.

I wish to state that prior to calling for the Police, the taxi driver refused to exchange particulars with me when I wanted to settle the damages. He claimed that he needed to be at somewhere else first. I had only called for the Police as the driver had continued to refuse and had acted aggressively towards me.

I wish to further state that as I felt bodily pain, I proceeded to seek medical attention at Sengkang General Hospital where I am issued with 4 days MC.



**SINGAPORE
POLICE FORCE**



T/20220914/2060

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 4

Report No. T/20220914/2060

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220914/2060

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 4
Report No. T/20220914/2060

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 /
SI MOHAMED IDIL BIN
MOHAMED ALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/09/2022 16:50

Officer In Charge Of Case:
TP / GIT /
STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Classification Of Case:

NP168