

## 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 .....	12/10/2022 14:52 (SGT)
Reported by .....	Both
Date of Accident .....	09/10/2022 07:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	NEW UPPER CHANGI ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBR594J
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	EDDY IRFAN BIN ZULKIFLI
NRIC No .....	S9719208A
Email Address .....	eddyirfan97@gmail.com
Mobile Phone No .....	(Phone) +65-81462093
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	FZS
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 .....	150

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5120754239-01

#### DRIVER

Name of Driver .....	EDDY IRFAN BIN ZULKIFLI
NRIC No .....	S9719208A
Date Of Birth .....	13/06/1997
Occupation .....	Indoor

Date Of Driving Pass .....	13/02/2020
Driving experience .....	2 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81462093
Alt. Phone Number .....	-
Email Address .....	eddyirfan97@gmail.com
Address .....	BLK 127 PASIR RIS STREET 11 #11-389
Address complement .....	-
Postcode .....	510127
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 - Head to Rear
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? .....	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

#### 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 .....	ADV TO EMAIL TO MOTORVIDEO@INCOME.COM.SG

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC8185L
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	I40

Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Taxi
Name of Driver .....	USOP BIN DOLLAH
NRIC No .....	S2133227E
Contact Number .....	(Phone) +65-96634259
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	-
Gender .....	Female

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	EDDY IRFAN BIN ZULKIFLIR
Gender .....	Male
Phone No .....	(Phone) +65-81462093
Address .....	BLK 127 PASIR RIS STREET 11 #11-389
Address Complement .....	-
Post Code .....	510127
Approximate Age Years Old .....	25
Injuries Sustained .....	ABRASSIONS ON BOTH HAND, RIGHT FEET AND RIGHT ELBOW BRUSIES ON LEFT HAND
Injured person in which vehicle? .....	FBR594J
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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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:

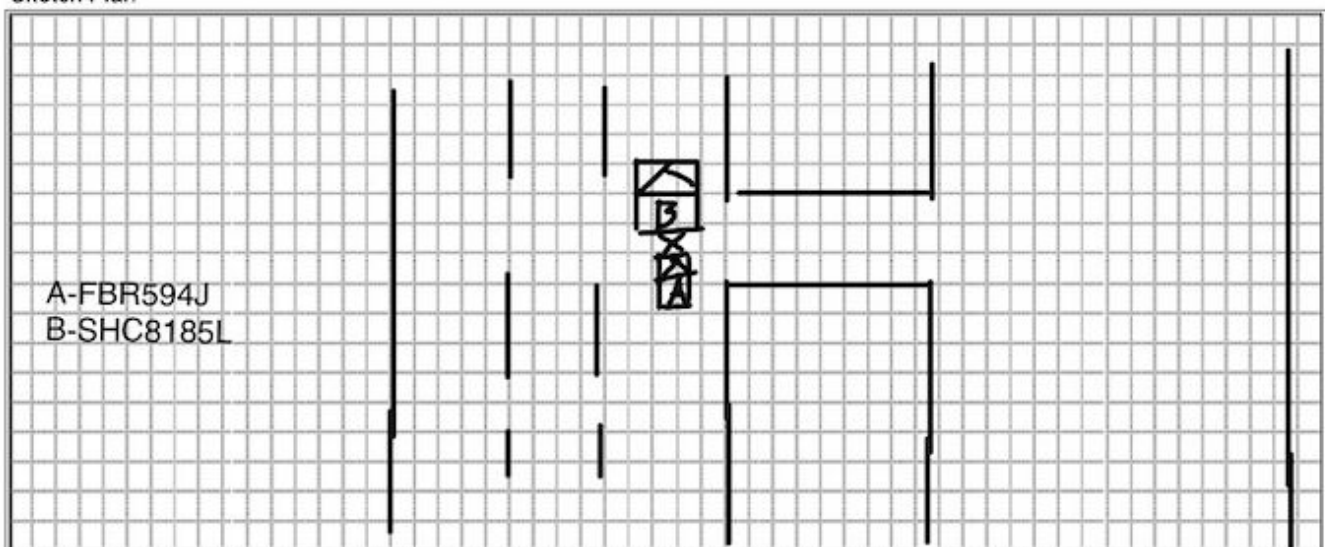
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

12/10/2022 1440HRS

Policyholder's Signature / Date &amp; Time

TEN TOH KIAT HENRY

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

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

2 of 2

Describe Circumstance of the Accident

REFER TO GEARS

## Declaration

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

12/10/2022  
1440HRS.

Policyholder's Signature / Date &amp; Time

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

TIEN TOH KIAT HENRY

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

2

























**SINGAPORE  
POLICE FORCE**

T/20221009/7047

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

3 of 3

Report No. T/20221009/7047

**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 /  
ABDUL RAHIM BIN SALIM  
Contact No.: 65476433

NP168

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

Date/Time:  
09/10/2022 20:09

Classification Of Case:

3





**SINGAPORE  
POLICE FORCE**



T/20221009/7047

1

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

1 of 3

Report No. T/20221009/7047

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/10/2022 20:09	Vide Report No.: G/20221009/0084	Station Diary No.:
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Informant's Particulars			
Name of Informant: EDDY IRFAN BIN ZULKIFLI		Address: 127 PASIR RIS STREET 11 #11-389 SINGAPORE 510127	
ID Type / ID No.: NRIC NO / S9719208A		Contact No.: Home/Office: Mobile: 81462093	
Nationality: SINGAPORE CITIZEN		Email: eddyirfan97@gmail.com	
Sex: Male	Age: 25	Date of Birth: 13/06/1997	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/10/2022 07:45	Type of Location: Straight Road
Location:  NEW UPPER CHANGI ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBR594J	Motorcycle	YAMAHA	FZS ABS MANUAL	Black		0
SHC8185L	Car	HYUNDAI	i40	Blue	No Damage	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20221009/7047

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

2 of 3

Report No. T/20221009/7047

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR594J	NTUC Income Insurance Co-Operative Limited	5120754239-01	17/02/2022	16/02/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	EDDY IRFAN BIN ZULKIFLI	ID No.	S9719208A
Related Vehicle	FBR594J (Motorcycle)	Contact No.	81462093
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	09/10/2022	Date	09/10/2022
No. of Days granted Medical Leave	04	Degree of	Slight
Driver			
Name	USOP BIN DOLLAH	ID No.	S2133227E
Related Vehicle	SHC8185L (Car)	Contact No.	96634259
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

-I have a dashcam video given to me by a nearby driver which exceeds 20mb  
 -I was riding straight along bedok South Ave 1. Just passed bedok cc(if I'm not wrong). I was beside bedok mrt heading towards viva business park(workplace) when it happened. Was on a straight road when a taxi driver just suddenly u turned via the slip road without stopping. Was unable to stop in time as it was raining and the road was wet. Banged into the back of his taxi. He moved his taxi abit further infront before stopping and getting out.

 <b>Changi General Hospital</b> SingHealth		<b>ORIGINAL</b>		<b>MEDICAL CERTIFICATE</b>		<b>EMD2022176955</b>	
<b>Name</b> EDDY IRFAN BIN ZULKIFLI				<b>MRC No.</b> S9719206A			
This is to certify that the above-named is unfit for duty for a period of <u>4</u> days from <u>09-Oct-2022</u> to <u>12-Oct-2022</u> inclusive.							
<b>Type of medical leave granted:</b> <input type="checkbox"/> Hospitalization Leave <input checked="" type="checkbox"/> Outpatient Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Sterilization Leave							
Admitted on: _____ Discharged on: _____				Delivered on: _____ Operated on: _____			
This certificate is not valid for absence from court attendance.							
Fit for light duty from <u>N.A.</u> to <u>N.A.</u> Time On: <u>N.A.</u> Time In: <u>N.A.</u> Time out: <u>N.A.</u>							
<b>Diagnosis</b> _____				<b>Surgical Operation (if applicable)</b> _____			
<b>Comments:</b> _____							
<b>Hospital/Clinic</b> Emergency Medicine Changi General Hospital		<b>Ward No.</b> CGH Accident & Emergency <b>Date</b> 09-Oct-2022		<b>Signature, Name (in BLOCK LETTERS) and Designation/MCR No.</b>  HUSSAIN SYED ZAHIR, 64611C			

2 Simei Street 3 Singapore 529889 | Tel: (65) 6788 8833 | Fax: (65) 6788 0933 | www.cgh.com.sg | Reg No 198904226R