

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 14/10/2022 16:29 (SGT)
Reported by Both
Date of Accident 08/10/2022 19:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information BISHAN PL
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS3495L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ABDUL RAHMAN BIN ABDUL MUTALIB RAO
NRIC No S8533758J
Email Address abdulmutalibrao@yahoo.com
Mobile Phone No (Phone) +65-81004914
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model NMAX 155 ABS CVT
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 Auto
CC 155

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5121575205-01

DRIVER

Name of Driver ABDUL RAHMAN BIN ABDUL MUTALIB RAO
NRIC No S8533758J
Date Of Birth 13/10/1985
Occupation Outdoor

Date Of Driving Pass	16/09/2019
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81004914
Alt. Phone Number	-
Email Address	abdulmutalibrao@yahoo.com
Address	BLK 457 YISHUN ST. 41 #03-79
Address complement	-
Postcode	760457
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 - Cross Junction
Weather Conditions	Cloudy
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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.

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	SHA8628L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ABDUL RAHMAN BIN ABDUL MUTALIB RAO
Gender	Male
Phone No	(Phone) +65-81004914
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER TO MC ATTACHED.
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

VEH NO: FBS3495L
 INSURER: Income
 DATE OF ACC: 08/10/22 @19:30

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

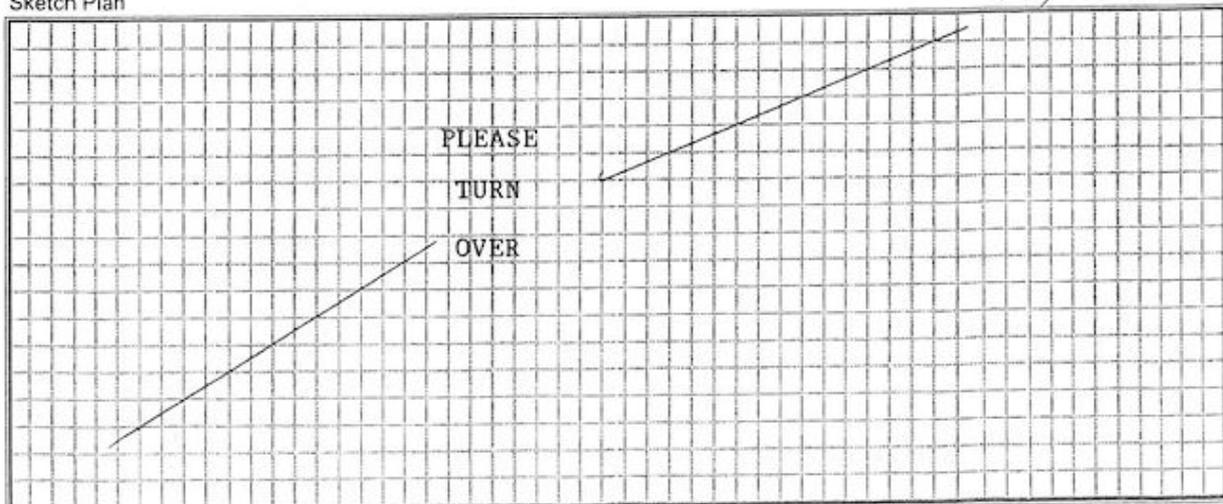
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 14/10/22
 Policyholder's Signature / Date & Time

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

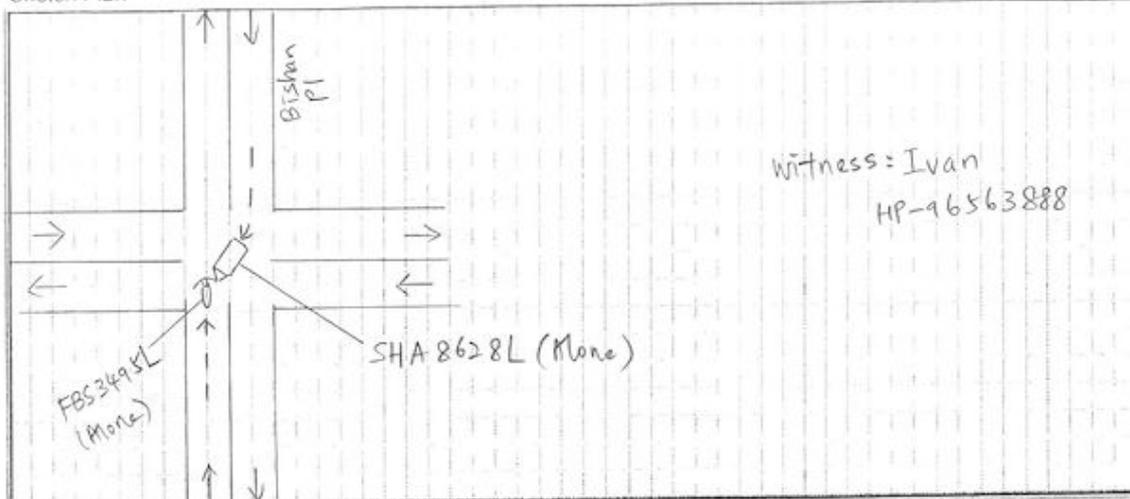
[Signature] 14/10/22
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card) (45)

Sketch Plan



Describe Circumstance of the Accident
 ** NOTE - PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.
 Claim Own Policy Claim Third party Reporting Only
 Claim OD (TP) at other workshop (_____)

Sketch Plan



Refer to Police Report No: T/20221009/2061

Declaration

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

[Signature] 14/10/22
 Policyholder's Signature / Date & Time

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

[Signature] 14/10/22
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)
 (YS)



















**SINGAPORE
POLICE FORCE**



T/20221009/2061

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20221009/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2022 19:11	Vide Report No.:	Station Diary No.: 48
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Informant's Particulars

Name of Informant: ABDUL RAHMAN BIN ABDUL MUTALIB RAO		Address: APT BLK 457 YISHUN STREET 41 #03-79 SINGAPORE 760457	
ID Type / ID No.: NRIC NO / S8533758J		Contact No.:	Mobile: 81004914
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 13/10/1985	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: Building technician		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/10/2022 19:30	Type of Location: Straight Road
Location: BISHAN PLACE				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS3495L	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Black	Seriously Damaged	0
SHA8628L	Taxi				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS3495L	NTUC Income Insurance Co-Operative Limited	5121575205-01	26/03/2022	25/03/2023



**SINGAPORE
POLICE FORCE**



T/20221009/2061

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20221009/2061

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL RAHMAN BIN ABDUL MUTALIB RAO	ID No.	S8533758J
Related Vehicle	FBS3495L (Motorcycle)	Contact No.	82004914
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	08/10/2022	Date Discharge	09/10/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 08/10/2022, at about 1930hrs, I was riding my motorcycle FBS3495L at the Junction along Bishan Place towards Junction 8. There was a Comfort Taxi SHA8628L turning right and hit my motorcycle on the right side. The traffic on my side was green. I fell off the bike. TP was at scene. Ambulance conveyed me to Tan Tock Seng Hospital and I was admitted. I was discharged on 09/10/2022, given 5 days hospitalization leave and 5 days light duty. I suffered abrasions on both my arms and my right knee cap.



**SINGAPORE
POLICE FORCE**



T/20221009/2061

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No; 1800-5549999

3 of 3
Report No. T/20221009/2061

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:

L/
SR STAFF SGT RENUKHA D/O
SELVARAJU

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time;
09/10/2022 19:11

Officer In Charge Of Case:
TP / GIT /
STAFF SGT SYED MUHAMMAD ISA BIN
OMAR ALHABSHEE
Contact No.: 65476187

Classification Of Case:

NP168



MEDICAL CERTIFICATE (Ref:1313513155)

ORIGINAL

NAME: ABDUL RAHMAN BIN ABDUL MUTALIB RAO

NRIC: S8533758J

Type of Medical Leave granted: Hospitalisation Leave

The above-named patient is unfit for duty for 5 day(s) from 08/10/2022 to 12/10/2022 Inclusive.

The certificate is not valid for absence from court attendance.

The above-named patient was in Emergency Department from 08/10/2022 20:41 to 08/10/2022 21:47 .

The above-named patient was admitted from 08/10/2022 21:47 to 09/10/2022 10:52.

09/10/2022
Date

Dr. Yee Sean TENG, MD (67313G)
Issued by


Signature

Location: TTSH Emergency Department



MEDICAL CERTIFICATE (Ref:1313513156)

ORIGINAL

NAME: ABDUL RAHMAN BIN ABDUL MUTALIB RAO

NRIC: S8533758J

Type of Medical Leave granted: Light Duty

He/She is fit for light duty for 5 day(s) from 12/10/2022 to 16/10/2022

The certificate is not valid for absence from court attendance.

The above-named patient was in Emergency Department from 08/10/2022 20:41 to 08/10/2022 21:47 .
The above-named patient was admitted from 08/10/2022 21:47 to 09/10/2022 10:52.

09/10/2022
Date

Dr. Yee Sean TENG, MD (67313G)
Issued by


Signature

Location: TTSH Emergency Department