

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 19/10/2022 14:10 (SGT)
Reported by Both
Date of Accident 17/10/2022 06:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information TAMPINES ST 32
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS986G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SAIFULLAH BIN MATYASIR
NRIC No S7830657B
Email Address LAHDAKZ@GMAIL.COM
Mobile Phone No (Phone) +65-90111025
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model ADV150 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 150

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5120670541-01

DRIVER

Name of Driver SAIFULLAH BIN MATYASIR
NRIC No S7830657B
Date Of Birth 14/10/1978
Occupation Outdoor

Date Of Driving Pass	25/05/2000
Driving experience	22 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90111025
Alt. Phone Number	-
Email Address	LAHDAKZ@GMAIL.COM
Address	316 TAMPINES ST 33 #03-186 S.520316
Address complement	-
Postcode	-
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 - Major/Minor Rd
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?	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	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED POLICE REPORT

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	SNG9215K
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEOH WOIK KIONG
Contact Number	(Phone) +65-98311775
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	SAIFULLAH BIN MATYASIR
Gender	Male
Phone No	(Phone) +65-90111025
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS986G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	SAM
Phone	(Phone) +65-92700705
Email	-

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")

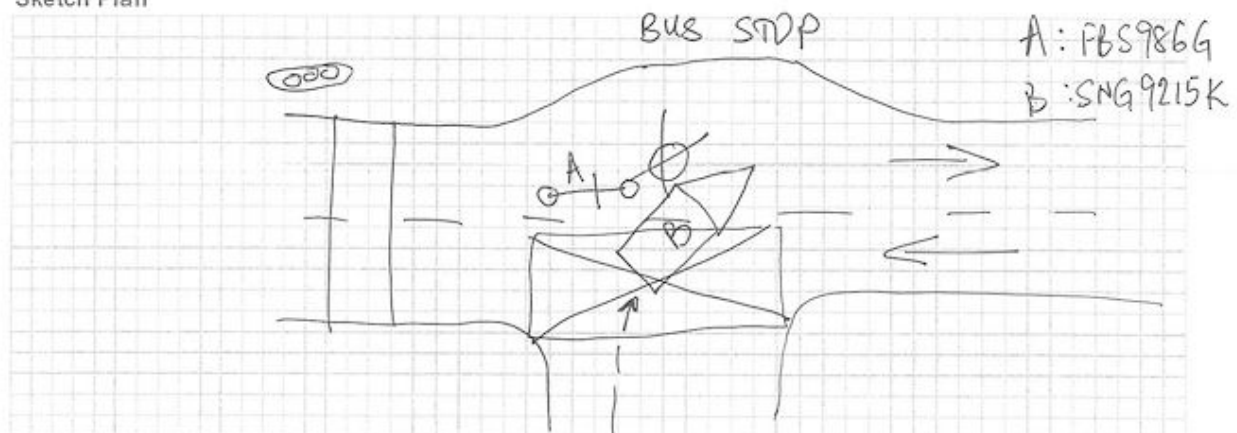
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.


Policyholder's Signature / Date & Time

 19 OCT 2022
Driver's Signature (If driver is not the policyholder) / Date & Time 1.00 pm


Witnessed by Reporting Centre Personnel *hmsc*

Sketch Plan



Describe Circumstances of the Accident

Refer attached Police Report

Declaration

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



Policyholder's Signature / Date & Time



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

19 OCT 2022

1.00pm



Witnessed by Reporting Centre Personnel

lim SC









































**SINGAPORE
POLICE FORCE**



T/20221017/2045

1 of 4

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20221017/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2022 13:44	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: SAIFULLAH BIN MATYASIR			Address: APT BLK 316 TAMPINES STREET 33 #03-186 SINGAPORE 520316		
ID Type / ID No.: NRIC NO / S7830657B			Contact No.: Home/Office: Mobile: 90111025		
Nationality: SINGAPORE CITIZEN			Email: lahdakz@gmail.com		
Sex: Male	Age: 44	Date of Birth: 14/10/1978	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Technician			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/10/2022 06:45	Type of Location: Straight Road
Location: TAMPINES STREET 32				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS986G	Motorcycle	HONDA	ADV150 ABS CVT	Black	Slightly Damaged	0
SNG9215K	Car	MERCEDES BENZ		White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS986G	NTUC Income Insurance Co-Operative Limited	5120670541-01	15/01/2022	14/01/2023



**SINGAPORE
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T/20221017/2045

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Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
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Report No. T/20221017/2045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SAIFULLAH BIN MATYASIR	ID No.	S7830657B
Related Vehicle	FBS986G (Motorcycle)	Contact No.	90111025
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/10/2022	Date Discharge	17/10/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TEOH WOIK KIONG	ID No.	S7372489I
Related Vehicle	SNG9215K (Car)	Contact No.	98311775
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 17/10/2022 at about 6.45am, I was riding my motorcycle registration number FBS986G along Tampines Street 32 from home, heading towards Tampines Avenue 2. It was drizzling and the road was wet.

I had stopped at the traffic light junction of Ngee Ann Secondary School. The moment it turned green, I started to move off. However, at that moment there was a vehicle coming out from Ngee Ann Secondary School and turning right onto Tampines St 32. By then, I was not able to apply my brakes and hit onto the left portion of the said car, registration number SNG9215K. The impact caused me to be thrown off my bike and landed on the side of the road.

A few passerbys and the driver rendered assistance to me. He checked on me and I also declined the offer of calling the ambulance. I suffered abrasion on my right elbow, knee and ankle and bruises on the right hip. The exhaust pipe, both sides of the fairing were damaged and right signal light was broken. There were scratches on the left handlebar end. The other car was dented on the left side of the car. We exchanged particulars and one of the passerbys namely Sam hp: 92700705 informed he can be a witness to the accident.

I then seek medical attention at Raffles Medical T3. X-ray done, there were no fractures. I was given 3 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20221017/2045

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Report No. T/20221017/2045

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
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T/20221017/2045

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Report No. T/20221017/2045

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 MUHAMMAD SUFFIAN BIN ABDUL RAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/10/2022 13:44
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168

RafflesMedical
Your Trusted Partner for Health

MEDICAL CERTIFICATE

ike laurence @ ymail.com
NRIC : S7830657B VISIT DATE : 17 Oct 2022 (08:20)
NAME : SAIFULLAH BIN MATYASIR VISIT NO : G04322036958

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 3 days from 17 Oct 2022 to 19 Oct 2022

DIAGNOSIS: Contusion of lower back and pelvis (S30.0)
Contusion of lower limb, level unspecified (T13.05)

DOCTOR : Foo Hui Jun (M62044J)

CLINIC : Airport Passenger Terminal 3 @ B2

ADDRESS : 65 AIRPORT BOULEVARD, S'PORE CHANGI LEVEL -B2-01 AIRPORT PASSENGER TE

I have received medical attention from RMG and authorize RMG to release the medical diagnosis of my visit on this Medical Certificate.

Signature: 

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.
*This certificate is electronically generated. No signature is required.

Printed: 17 Oct 2022, 09:23AM



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RafflesMedical
65 Airport Boulevard
#B2-01 Singapore 819663
Tel: (65) 6241 8818. Fax: (65) 6241 3488

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