SN0722AE0009 / Income Insurance Limited ENTRY DATE & TIME: 14/10/2022 12:57 (SGT) SUBMITTED BY: Loo Han Ho Steve VERSION: 1 (14/10/2022 12:57 (SGT))

# **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 witholding 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.

- 4. The issue and acceptance 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 12:57 (SGT) Reported by Date of Accident 25/09/2022 19:10 (SGT) Exact Location of Accident Singapore Additional Location Information YISHUN AVE 2 Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Yamaha

Vehicle Registration Number FBQ1462E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MOHAMAD FAIZAL BIN MOHAMED ABEDIN NRIC No S7240671J Email Address MRRIEJURS3@OUTLOOK.COM Mobile Phone No (Phone) +65-92252542 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Mtn155 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

No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Manual CC 160

**INSURANCE COMPANY** 

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5111634680-03

DRIVER

Name of Driver MOHAMAD FAIZAL BIN MOHAMED ABEDIN NRIC No S7240671J Date Of Birth 01/11/1972 Occupation Indoor

Date Of Driving Pass 06/02/1995 Driving experience 27 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-92252542 Alt. Phone Number Email Address MRRIEJURS3@OUTLOOK.COM Address BLK 749 #11-136 YISHUN STREET 72 Address complement NEE SOON CENTRAL GREEN Postcode 760749 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? 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? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SH8318P

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)	-

# INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	MOHAMAD FAIZAL BIN MOHAMED ABEDIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	50
Injuries Sustained	INJURY TO LEFT WRIST, FRACTAL LEFT ARM. GIVEN MC FROM 28 SEP - 20 OCT 2022
Injured person in which vehicle?	FBQ1462E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

#### 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.

- 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:

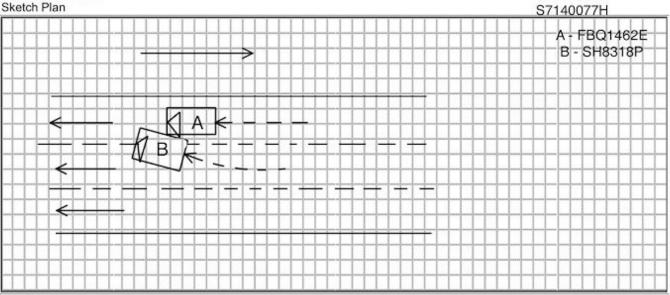
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

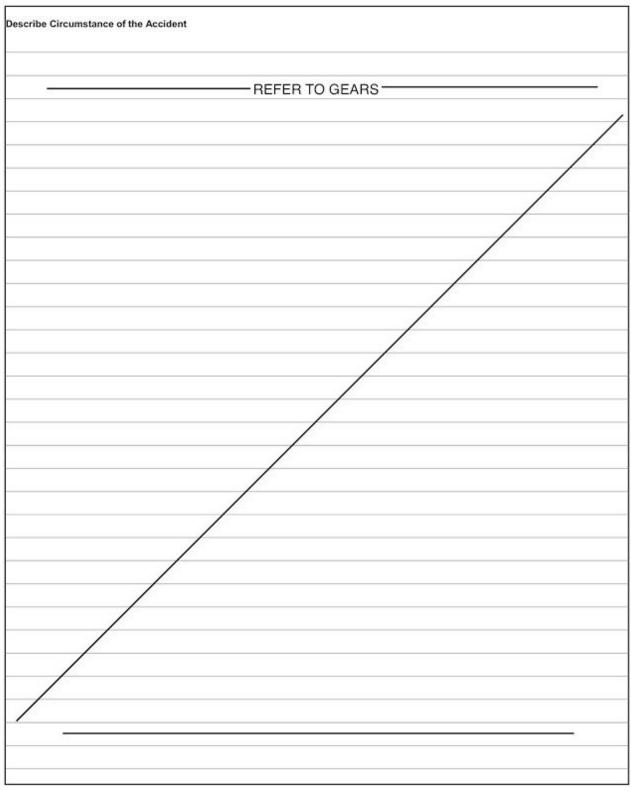
Policyholder's Signature / Date & Time 14/10/2022

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

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

S7140077H





# 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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) LOO Han Ho S7140077H 2

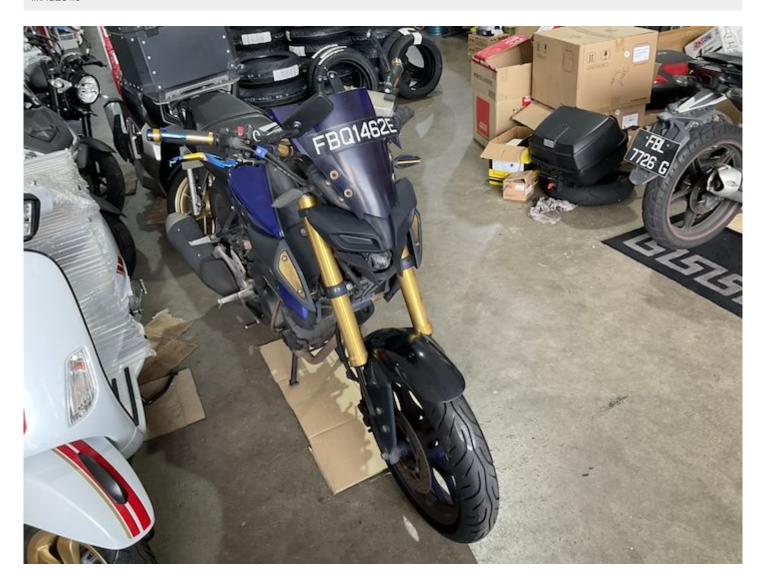
14/10/2022









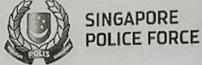






1 of 3

Report No. T/20221005/7073



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

REPORT (	OF A	TRAFFIC	ACCIDENT
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Date/Tim 05/10/20:	e Report M 22 22:23	ade:	Vide Report No.: L/20220925/0156	Station Diary No.:
Informar	ıt's Particu	ilars		<b>电压 电影电压 电影的 医</b> 影响 1000000000000000000000000000000000000
	Informant: AD FAIZAL	BIN MOHAMED	Address: 749 YISHUN STREET 72 #	#11-136 SINGAPORE 760749
ID Type / NRIC NO	ID No.: 0 / S724067	71J	Contact No.: Home/Office:	Mobile: 92252542
Nationali SINGAP	ty: ORE CITIZ	EN	Email: MRRIEJURS3@OUTLOOK	C.COM
Sex: Male	Age: 49	Date of Birth: 01/11/1972	Type of Informant: Rider	
Race: Malay			Language: Institution / School Nam English	
Occupat Despato			Driving Licence Information Class:	n: Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/09/2022 19:10	Type of Location Straight Road
Location: YISHUN AVE	NUE 2			
Weather:		Road Surface: Dry		Road Speed Limit:
Clear				ou Km/n
Clear Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo		60 Km/h Traffic Volume: Light

Details of Vo	ehicle Involve	d		THE PASSES	St. Diller and St.	MINISTER PROPERTY.
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBQ1462E	Motorcycle	YAMAHA	MTN155	Blue	Conditio	0
SH8318P	Taxi	TOYOTA		Blue		1

Details of V	ehicle Insurance		The second second	
	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221005/7073

#### CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
The second second second second second	NTUC Income Insurance Co-Operative Limited	5111634680-03	03/08/2022	02/08/2023

Details of Perso	n Involved	STEATE OF THE PERSON	O GREEK	REMAN	NICON D	TO THE REAL PROPERTY.
Any Pedestrian Ir	volved: No					
No. of Pedestrian			Use of Pe	edestrian	Cross	sing: NA
Rider		100 mm		1000000		
Name	MOHAMAD FAIZAL BIN MOHAMED ABEDIN			ID No.		S7240671J
Related Vehicle	FBQ1462E (Motorcycle)			Conta	ct No.	92252542
Hospital/Clinic	KHOO TECK PUAT	HOSPITA	NL	Class Driving Licence Expiry	g e &	Class: NIL Date of Expiry: NIL
Date	25/09/2022	7	Date		-	/2022
No. of Days gran	ted Medical Leave	14	Degree o	f	Serio	

#### Brief Details.

I was travelling along yishun avenue 2 from lentor avenue towards yishun mrt station. I was travelling on the right lane at about 55-60km/h. Upon reaching the overhead bridge, outside khatib mrt. I started to pick up and speed as there were no vehicles ahead of me but suddenly a blue taxi from the left lane came out abruptly from his lane to my lane. It was so sudden that i could not react in time. Due to that, he collided to me and together with my bike we flung to the right turning lane before the traffic light. My left wrist was in pain and i broke my left wrist. I was subsequently conveyed to khoo teck phut hospital. I did not manage to get the particulars of the taxi driver. There was a passenger in the taxi.



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



3 of 3 Report No. T/20221005/7073

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 / THABAGESH JEYATHESH Contact No.: 65476178

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is

Date/Time: 05/10/2022 22:23

Classification Of Case: