

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 12:57 (SGT)
Reported by	Both
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

Vehicle Registration Number	FBQ1462E
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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	Yamaha
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 your vehicle?	No - Claiming third party
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	Male
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	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?	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**

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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

14/10/2022

Sketch Plan

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

A - FBQ1462E
B - SH8318P

Describe Circumstance of the Accident

_____ REFER TO GEARS _____

Declaration

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

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
S7140077H2















**SINGAPORE
POLICE FORCE**



T/20221005/7073

1 of 3

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

Report No. T/20221005/7073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/10/2022 22:23		Vide Report No.: L/20220925/0156		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMAD FAIZAL BIN MOHAMED ABEDIN			Address: 749 YISHUN STREET 72 #11-136 SINGAPORE 760749		
ID Type / ID No.: NRIC NO / S7240671J			Contact No.: Home/Office: Mobile: 92252542		
Nationality: SINGAPORE CITIZEN			Email: MRRIEJURS3@OUTLOOK.COM		
Sex: Male	Age: 49	Date of Birth: 01/11/1972	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Despatch			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

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 AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ1462E	Motorcycle	YAMAHA	MTN155	Blue		0
SH8318P	Taxi	TOYOTA		Blue		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20221005/7073

2 of 3

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

Report No. T/20221005/7073

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ1462E	NTUC Income Insurance Co-Operative Limited	5111634680-03	03/08/2022	02/08/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMAD FAIZAL BIN MOHAMED ABEDIN		ID No. S7240671J
Related Vehicle	FBQ1462E (Motorcycle)		Contact No. 92252542
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	25/09/2022		Date 28/09/2022
No. of Days granted Medical Leave	14	Degree of	Serious

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.



**SINGAPORE
POLICE FORCE**



T/20221005/7073

3 of 3

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

Report No. T/20221005/7073

CONTINUATION OF REPORTSketch 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 / TPB /
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
required.

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

Classification Of Case: