



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	16/08/2022 16:30 (SGT)
Reported by	Both
Date of Accident	03/06/2022 15:50 (SGT)
Exact Location of Accident	Bukit Batok East Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS3363J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KAMIL BIN KARIM
NRIC No	S6804511H
Email Address	KAMILKARIM68@GMAIL.COM
Mobile Phone No	(Phone) +65-88917735
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	XMAX 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	250

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5121513554-01

DRIVER

Name of Driver	KAMIL BIN KARIM
NRIC No	S6804511H
Date Of Birth	06/02/1968
Occupation	Outdoor



Date Of Driving Pass	05/05/1992
Driving experience	30 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88917735
Alt. Phone Number	-
Email Address	KAMILKARIM68@GMAIL.COM
Address	APT BLK 116 JALAN BUKIT MERAH
Address complement	#03-1655
Postcode	160116
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	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	Tiong Bahru Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007759999
Alt. Police Station Phone No	(Fax) +65-67764246
Police Station Address	Blk 128 Kim Tian Road #01-123/ 125 Singapore 160128
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN

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	QX315P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Government
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)	-

SKETCH PLAN

IMPORTANT NOTICE

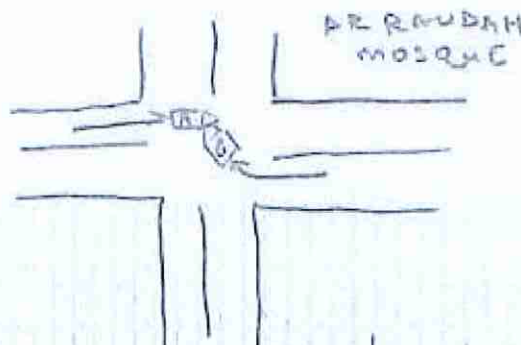
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - FBS 3363 J
B - QX 315 P

Describe Circumstances of the Accident

[illegible]

Declaration

We declare the foregoing particulars are true in every respect.

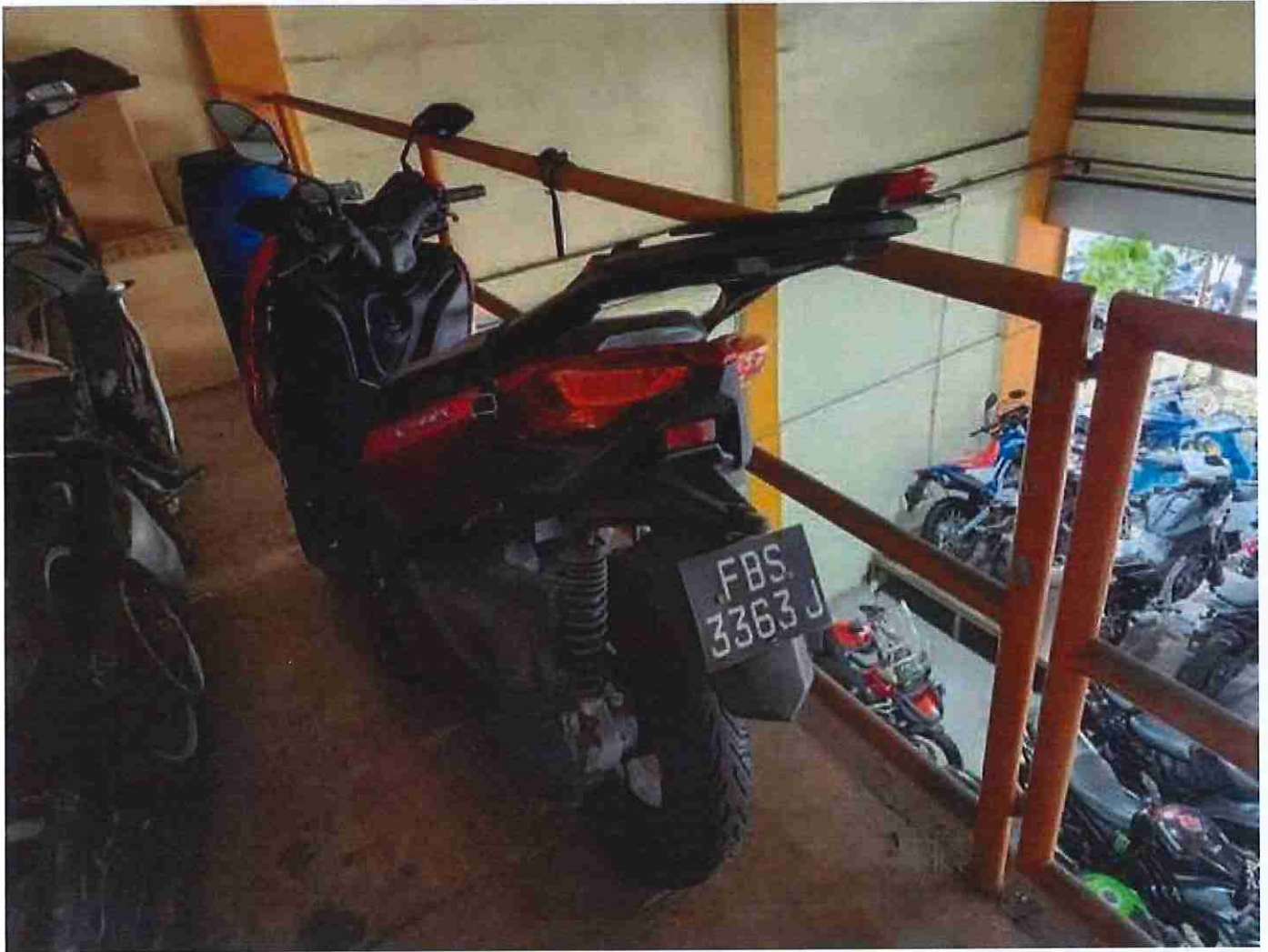
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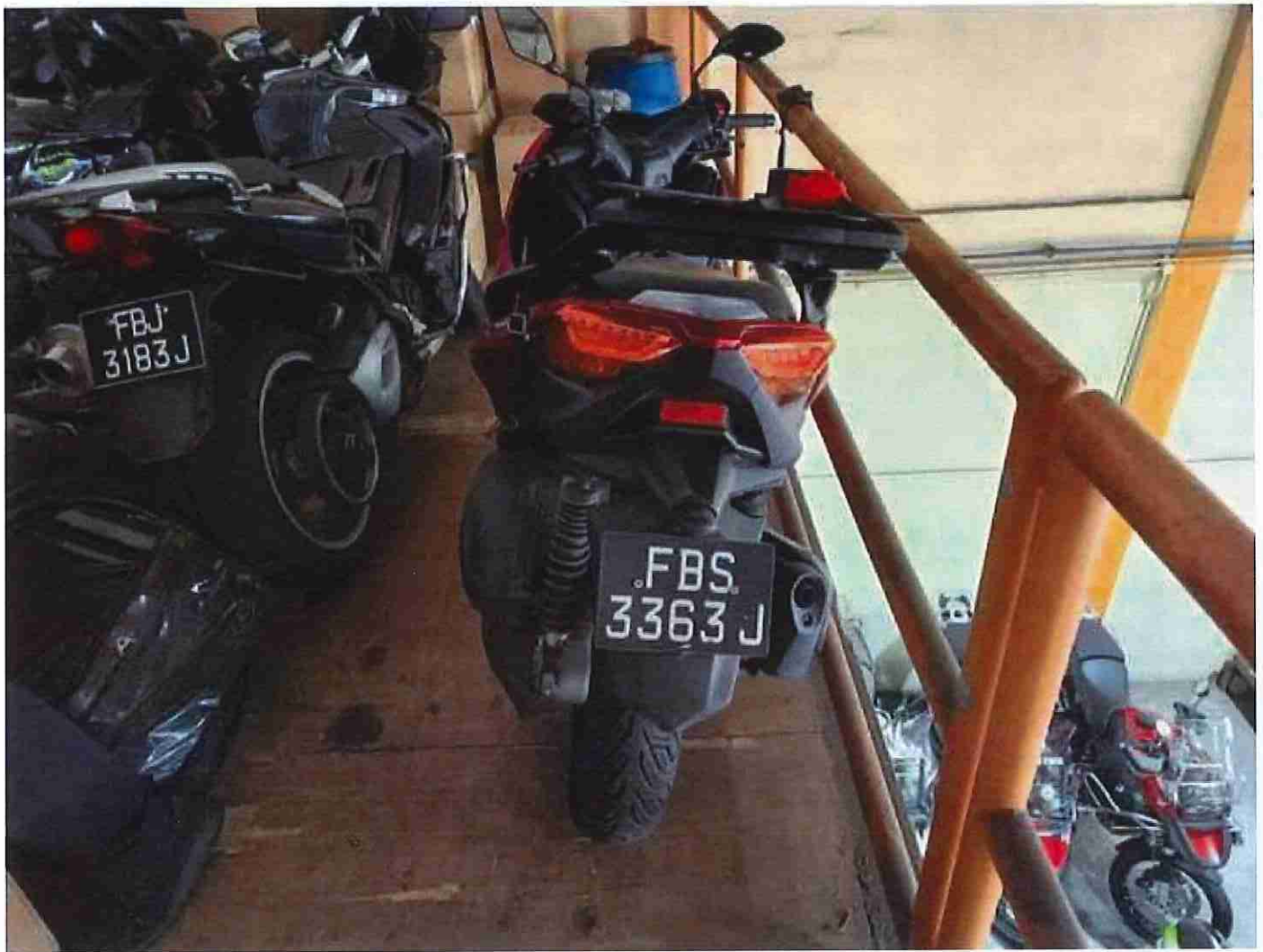
Policyholder's Signature / Date & Time Driver's Sign & Time

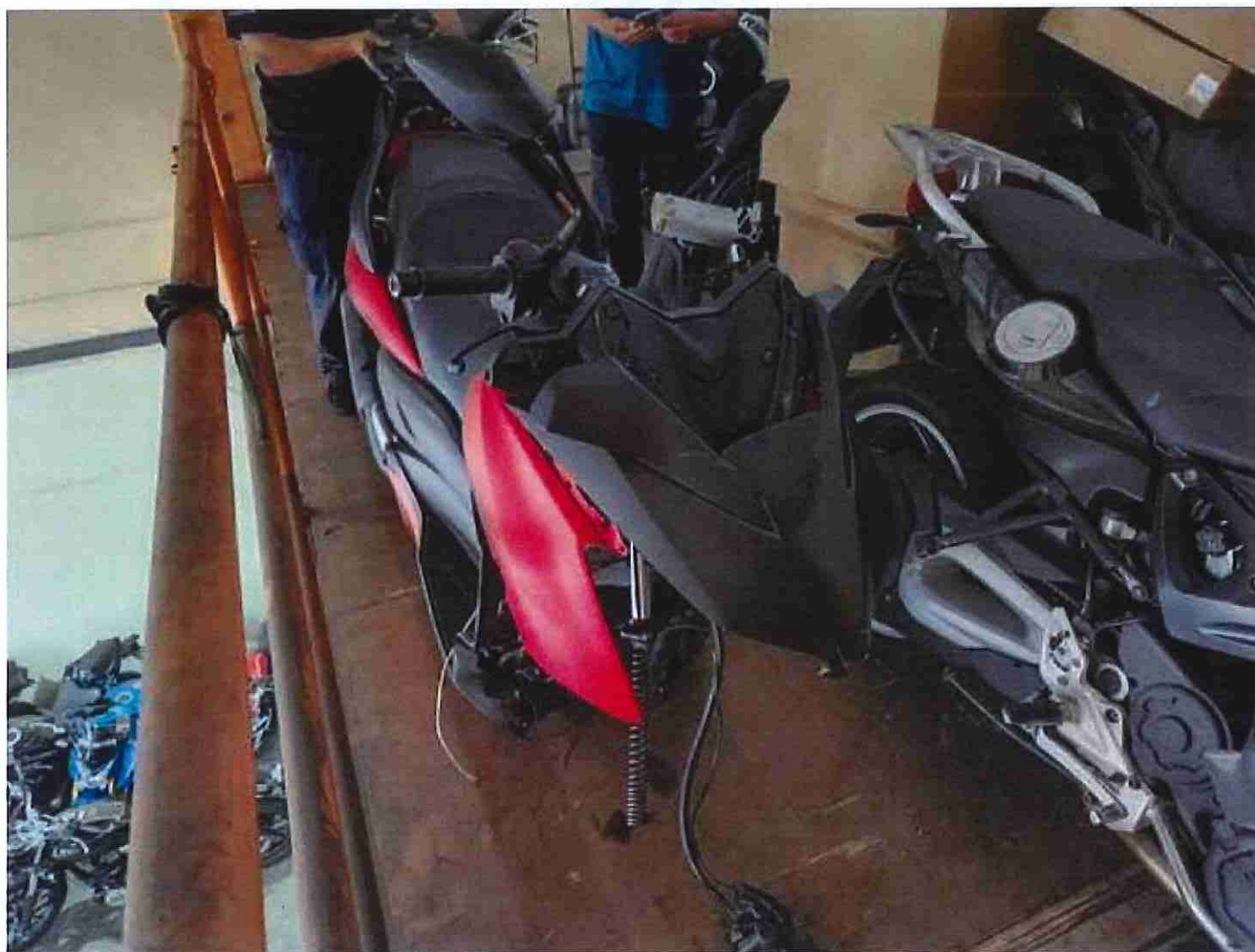
Driver's Signature (If driver is not the policyholder) / Date
 & Time

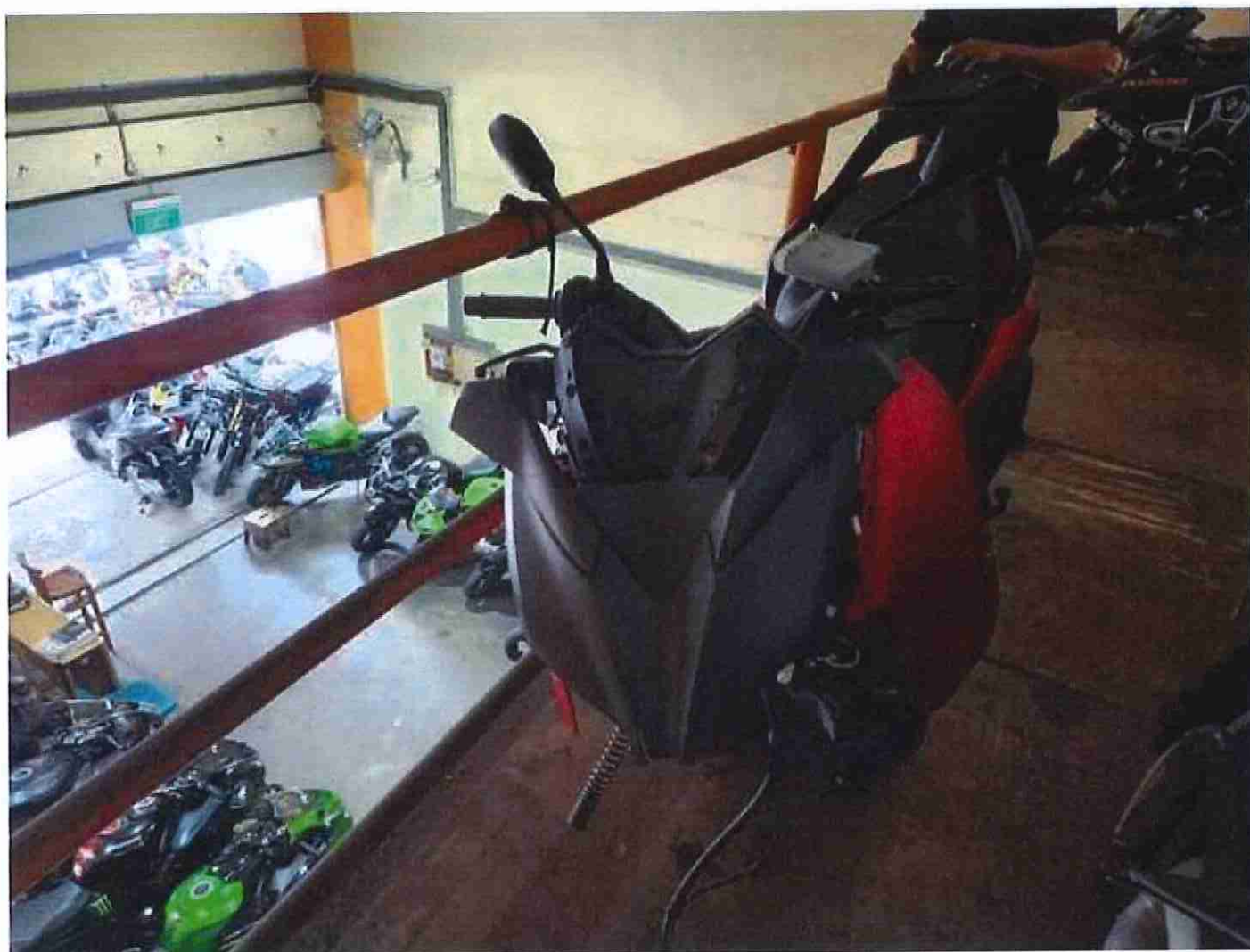
Witnessed by Reporting Centre
Personnel

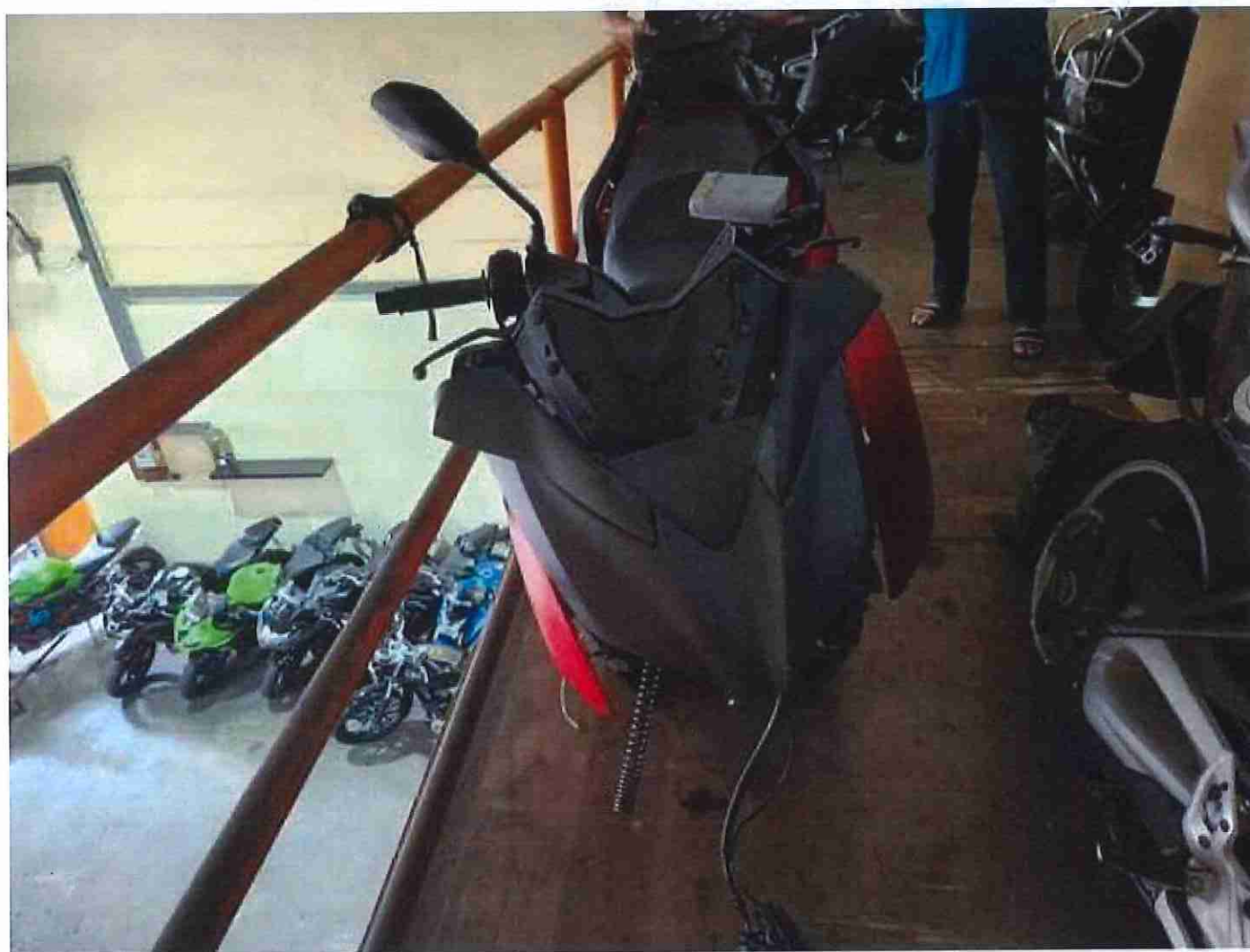


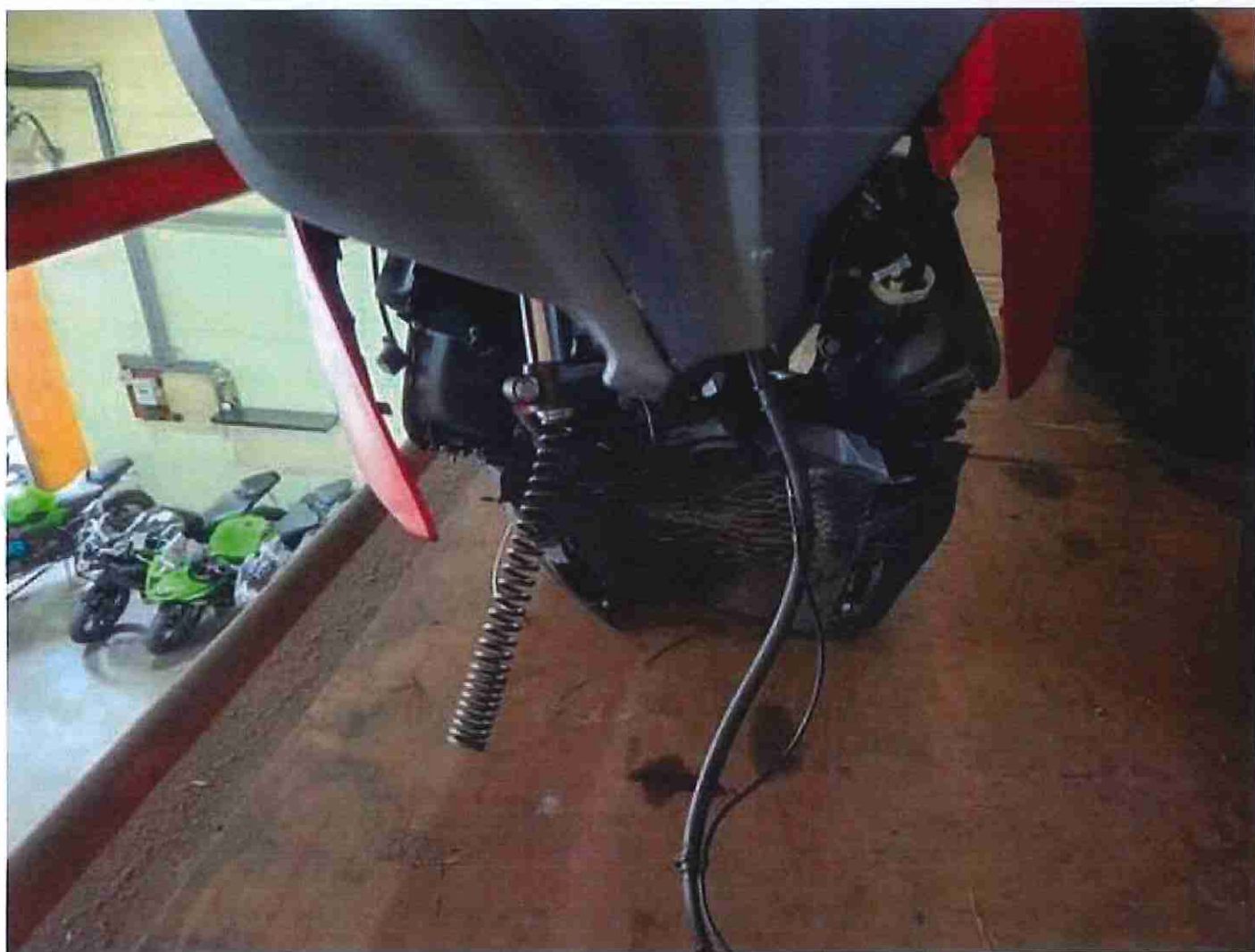


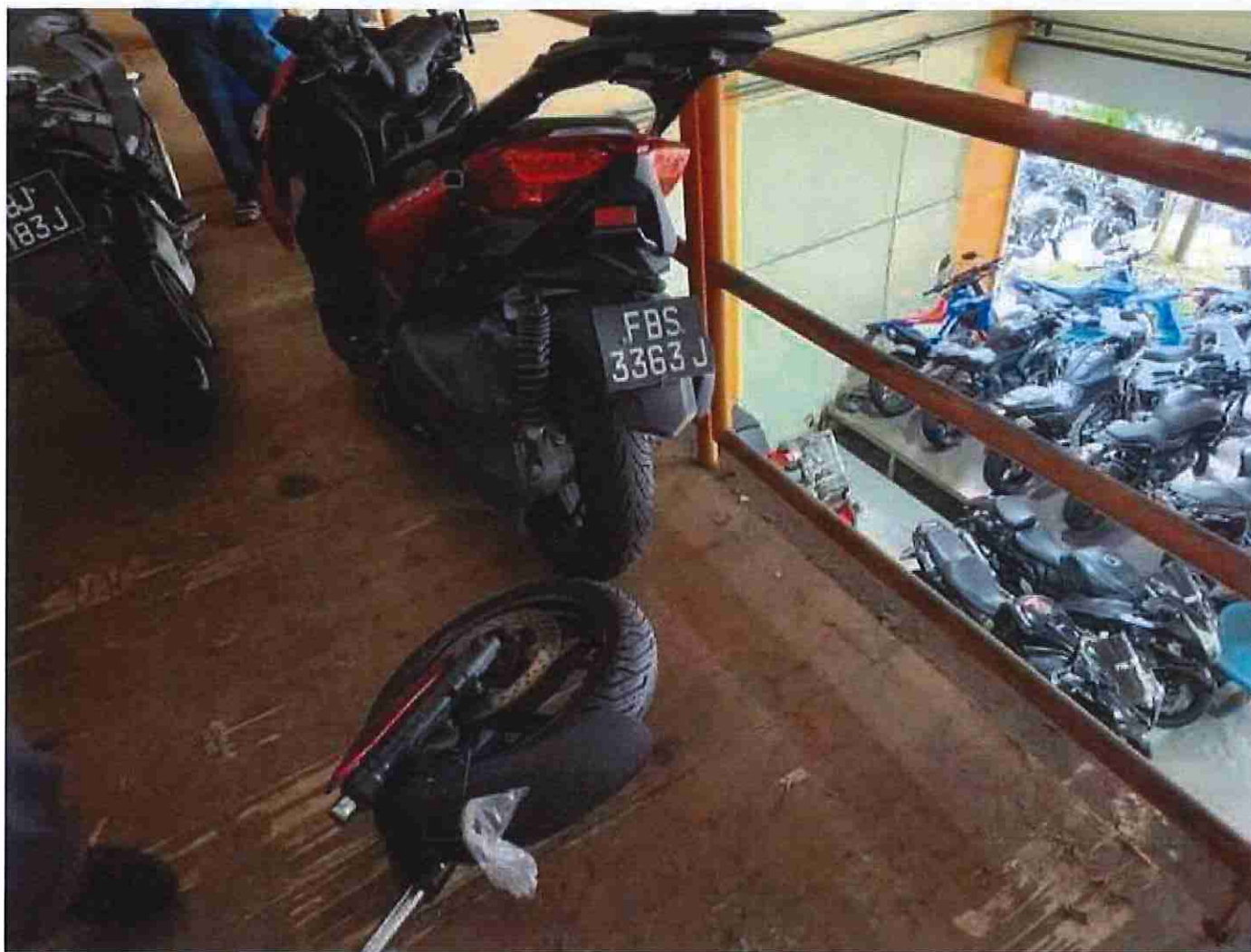


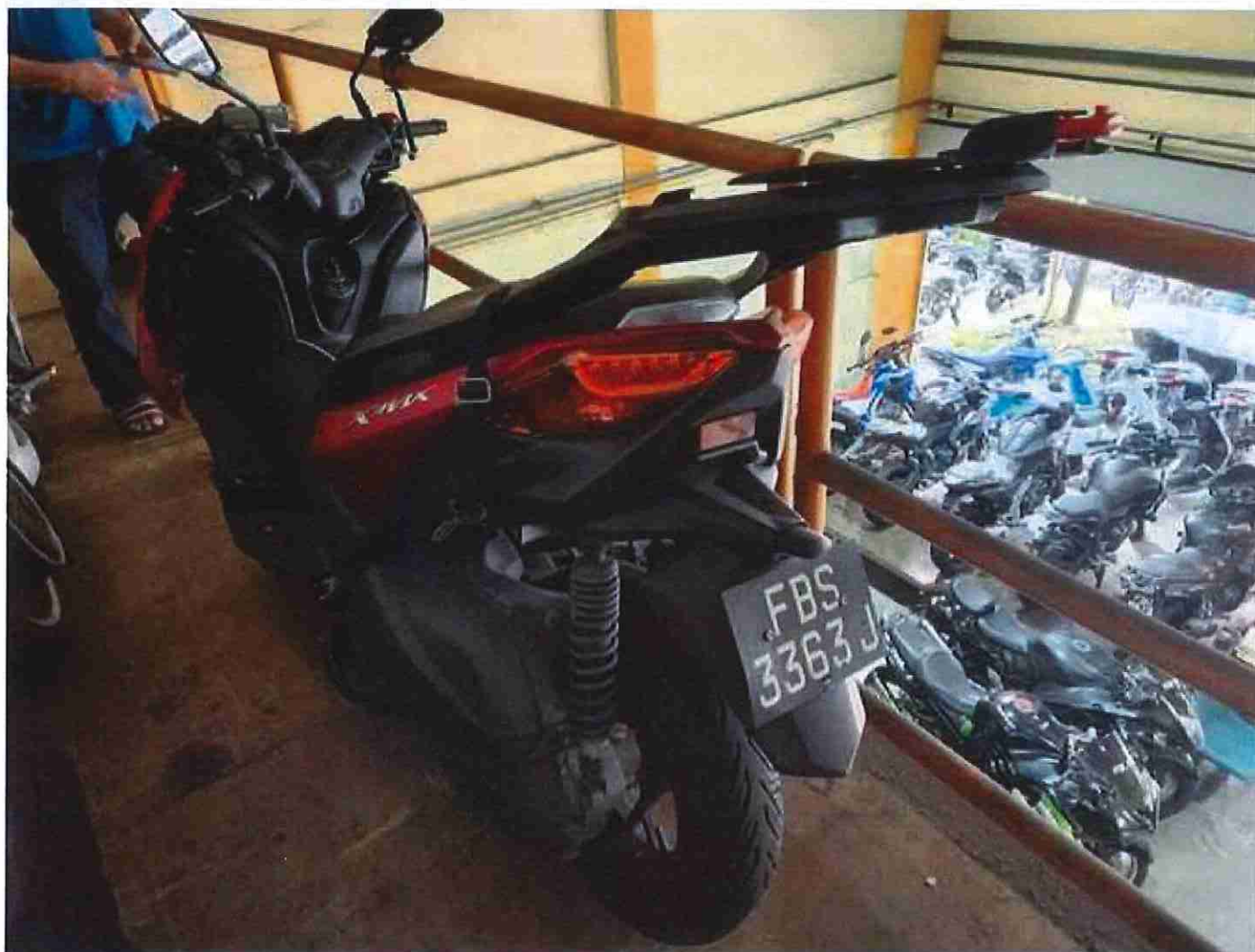













**SINGAPORE
POLICE FORCE**


T/20220612/2022

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Report No. T/20220612/2022

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2022 14:36	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: KAMIL BIN KARIM			Address: APT BLK 116 JALAN BUKIT MERAH #03-1655 SINGAPORE 160116	
ID Type / ID No.: NRIC NO / S6804511H			Contact No.:	Mobile: 88917735
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 54	Date of Birth: 06/02/1968	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: GRAB FOOD DRIVER			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: 03/06/2022 15:50	Type of Location: T-Junction
Location: BUKIT BATOK EAST AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS3363J	Motorcycle	YAMAHA	XMAX ABS CVT	Red	Seriously Damaged	1
OX315P	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS3363J	NTUC Income Insurance Co-Operative Limited	5121513554-01	29/03/2022	28/03/2023


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999



Report No. T/20220612/2022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KAMIL BIN KARIM	ID No.	S6804511H
Related Vehicle	FBS3363J (Motorcycle)	Contact No.	88917735
Hospital/Clinic	NUHEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	03/06/2022	Date Discharge	06/06/2022
No. of Days granted Medical Leave	42	Degree of Injury	Serious

Brief Details.

On the above mentioned date, time and location. I was working as an grab food driver and was doing an deliver order, I was going straight along Bukit Batok Avenue East 4 towards Hill View near the mosque, at the junction I saw that it was green light so I rode straight, that was when I saw an vehicle turning right and coming fast and did not stop, next thing I knew it I woke up in an ambulance.
My family members then receive an photo involving a police vehicle accident and a bike that is resembles my bike hence concluded I had an accident with a police vehicle. I am lodging this report for insurance purposes and financial aid from SSO.

The injuries I suffered are:

- 1) Broken wrist and finger
- 2) Broken Shoulder Blade
- 3) Broken Rib Cage
- 4) Left Leg Ligament Tear
- 5) Swollen Eyes & Red Eyes
- 6) Broken Tooth

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999



T/20220612/2022

3 of 3

Report No. T/20220612/2022

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:

A /

SGT 2 RYAN YEOH KAI EN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/06/2022 14:36

Officer in Charge Of Case:

TP / GIT /

SGT 3 MUHAMMAD SYAKIR BIN ADANAN

Contact No.: 65476236

Classification Of Case:

NP168