

## 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	01/11/2022 10:51 (SGT)
Reported by	Both
Date of Accident	29/10/2022 21:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HUME AVENUE OUTSIDE SUMMER HILL CONDOMINIUM
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT3185B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD BIN RAHMAT
NRIC No	S9616468H
Email Address	MUHAMMADGRAB303@GMAIL.COM
Mobile Phone No	(Phone) +65-93913019
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	160

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125504819

### DRIVER

Name of Driver	MUHAMMAD BIN RAHMAT
NRIC No	S9616468H
Date Of Birth	13/05/1996
Occupation	Outdoor



Date Of Driving Pass	26/02/2015
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93913019
Alt. Phone Number	-
Email Address	MUHAMMADGRAB303@GMAIL.COM
Address	BLK 154 JALAN TECK WHYE
Address complement	-
Postcode	680154
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?	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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
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?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH DRIVER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5820L
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	26
Injuries Sustained	ABRASION TO LEFT HAND AND LEG RIGHT HAND ABRASION FBT3185B
Injured person in which vehicle?	FBT3185B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No




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

1/11/2022

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

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

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN 2



## SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. 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 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.

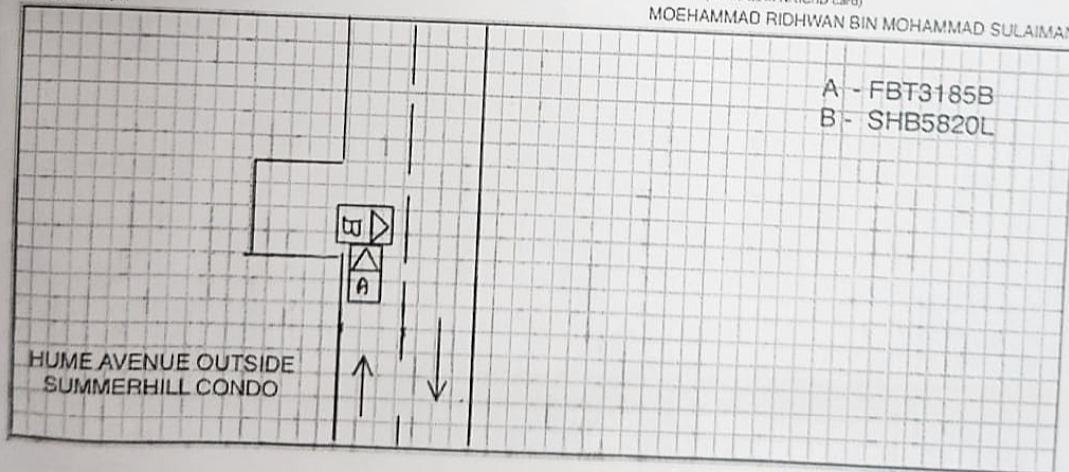
Policyholder's Signature / Date & Time

Sketch Plan 1/11/2022

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

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

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN






**SINGAPORE  
POLICE FORCE**


T/20221030/2001

1 of 3

Report No. T/20221030/2001

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/10/2022 00:50	Vide Report No.:	Station Diary No.: 7
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**Informant's Particulars**

Name of Informant: MUHAMMAD BIN RAHMAT			Address: APT BLK 154 JALAN TECK WHYE #09-87 SINGAPORE 680154	
ID Type / ID No.: NRIC NO / S9616468H			Contact No.:	Mobile: 93913019
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 26	Date of Birth: 13/05/1996	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: Grab Food Rider			Driving Licence Information: Class: 2B	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/10/2022 21:00	Type of Location: Straight Road
Location:  HUME AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBT3185B	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Black	Seriously Damaged	0
SHB5820L	Taxi					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT3185B	NTUC Income Insurance Co-Operative Limited	5125504819	19/01/2022	18/01/2023





**SINGAPORE  
POLICE FORCE**



T/20221030/2001

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1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20221030/2001

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Rider</b>		<b>ID No.</b>	S9616468H
Name	MUHAMMAD BIN RAHMAT	Contact No.	93913019
Related Vehicle	FBT3185B (Motorcycle)	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC	Date Treatment	29/10/2022
		Date Discharge	29/10/2022
		No. of Days granted Medical Leave	05
		Degree of Injury	Slight
<b>Driver</b>		<b>ID No.</b>	S0132974Z
Name	SITO MENG	Contact No.	81292260
Related Vehicle	SHB5820L (Taxi)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
		Date Discharge	NIL
		No. of Days granted Medical Leave	NIL
		Degree of Injury	NIL

**Brief Details.**

On 29/10/2022, at about 2100hrs, on my way to deliver food to 9 hume ave toward upp bt timah road. While riding near summer hill condominium, a taxi came out from the summer hill exit. There was a little time reaction, as a result my front portion of the motorcycle hit the right front of the taxi, and I fell down on the road surface.

The security guard from summer hill condominium, came to assist me and I asked the security guard whether his guard post CCTV have captured the footage of the incident, and he informed yes. Security guard called the ambulance for me, and Traffic Police came down to the scene, and informed it was a minor incident. Paramedic had made a check on my chest and heartbeat and informed me that everything was normal and gave me a choice whether want to convey to hospital, I decided not to.

Thereafter I exchange particulars with the taxi drivers, and told the traffic police we will settle it privately, and afterwards I went to prohealth medical clinic for treatment and the doctor gave me 5 days MC.



**SINGAPORE  
POLICE FORCE**

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1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



T/20221030/2001

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Report No. T/20221030/2001

**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:

J /

SGT 2 Teo Jie Hul

Signature Of Informant:

Bj

Signature Of Interpreter:

Not applicable

Date/Time:

30/10/2022 00:50

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

Classification Of Case:

NP168