

# 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 ..... 22/10/2022 20:34 (SGT)  
Reported by ..... Both  
Date of Accident ..... 22/10/2022 12:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... MULTI STOREY CARPARK OF BLK 507 TAMPINES CENTRAL 1 DECK 2A.  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBS592J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ABDUL MUTALIB KHAN BIN ABDUL KARIM KHAN  
NRIC No ..... S8322113E  
Email Address ..... ABDUL.MUTALIB.KHAN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-92378142  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... MTN890  
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 ..... 890

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5128807479

### DRIVER

Name of Driver ..... ABDUL MUTALIB KHAN BIN ABDUL KARIM KHAN  
NRIC No ..... S8322113E  
Date Of Birth ..... 21/07/1983

Occupation .....	Indoor
Date Of Driving Pass .....	01/07/2022
Driving experience .....	3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92378142
Alt. Phone Number .....	-
Email Address .....	ABDUL.MUTALIB.KHAN@GMAIL.COM
Address .....	BLK 501 #03-259 TAMPINES CENTRAL 1
Address complement .....	-
Postcode .....	520501
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 .....	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 SKETCH PLAN AND 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 .....	WILL PROVIDE THE VIDEO TO INSURANCE WHEN REQUIRED. VIDEO FILE SIZE IS BIG.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJY7343P
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	UNKNOWN
Contact Number .....	(Phone) +65-91064424
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	4

PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

PASSENGER 3

Name .....	UNKNOWN
Gender .....	-

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	ABDUL MUTALIB KHAN BIN ABDUL KARIM KHAN
Gender .....	Male
Phone No .....	(Phone) +65-92378142
Address .....	BLK 501 #03-259 TAMPINES CENTRAL 1
Address Complement .....	-
Post Code .....	520501
Approximate Age Years Old .....	39
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBS592J
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

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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.

*[Signature]*  
Policyholder's Signature / Date & Time

22/10/2022  
2:00pm

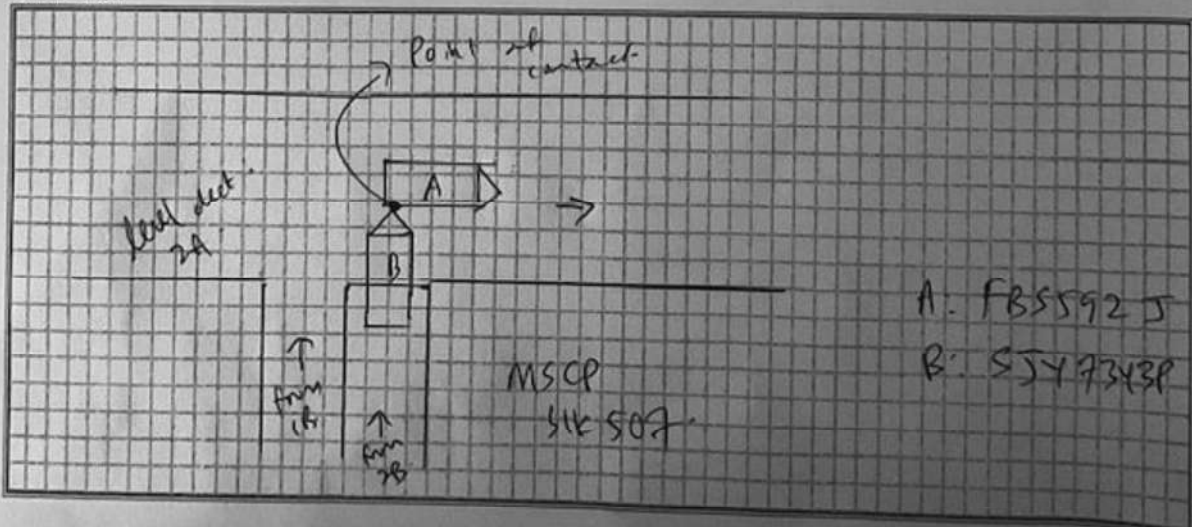
*[Signature]*  
Driver's Signature (if driver is not the policyholder) / Date & Time

22/10/2022  
2:00pm

*[Signature]* Muhammad R. Bin B. Ali  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

593385

## Sketch Plan



Describe Circumstance of the Accident

Refer to police report.

Declaration

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

*[Signature]*

22/10/2022  
@ 20:00h.

Policyholder's Signature / Date & Time

*[Signature]*

22/10/2022  
@ 20:00h.

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

*[Signature]*

M. Muhammad Rizwan  
BM FIAA

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

5943581



# SINGAPORE POLICE FORCE



T/20221022/7052

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

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Report No. T/20221022/7052

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2022 19:06		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ABDUL MUTALIB KHAN BIN ABDUL KARIM KHAN			Address: 501 TAMPINES CENTRAL 1 #03-259 SINGAPORE 520501		
ID Type / ID No.: NRIC NO / S8322113E			Contact No.: Home/Office: Mobile: 92378142		
Nationality: SINGAPORE CITIZEN			Email: ABDUL.MUTALIB.KHAN@GMAIL.COM		
Sex: Male	Age: 39	Date of Birth: 21/07/1983	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2022 12:15	Type of Location: Car Park
Location:  TAMPINES CENTRAL 1				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit: 15 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBS592J	Motorcycle	YAMAHA	MTM890 (XSR900)	Black		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS592J	NTUC Income Insurance Co-Operative Limited	5128807479	07/07/2022	06/07/2023



# SINGAPORE POLICE FORCE



T/20221022/7052

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

2 of 3

Report No. T/20221022/7052



## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ABDUL MUTALIB KHAN BIN ABDUL KARIM KHAN	ID No.	S8322113E
Related Vehicle	FBS592J (Motorcycle)	Contact No.	92378142
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

On 22/10/2022 at around 1215pm, I was riding my motorcycle bearing vehicle registration number FBS592J up the multi story carpark (Blk 507 Tampines S520507). When I arrived to Deck 2A, I noticed a car coming down from the level above. After I have passed the car, I suddenly felt a large impact from the back of my motorcycle which threw me of my motorcycle onto the ground. At that moment, i felt a sharp pain in my upper and right side of my back. I then realized that I was hit by a car bearing vehicle registration number SJY7343P and the car did not stop at the stop line. He exited the vehicle, instead of attending to my condition, he became aggressive and threaten to hit me. There after, he left without calling for an ambulance. I made my way to Changi General Hospital and was given 3 days medical leave for my injuries. I have a video footage of the incident and I'm making this report to file for third party claim.



<b>IMPORT</b> 1. P/W 2. 1 3. Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000	 <b>SINGAPORE POLICE FORCE</b>	 T/20221022/7052  3 of 3 Report No. T/20221022/7052
<b>CONTINUATION OF REPORT</b>		
 <u>Sketch Plan</u> Informant is not able to provide sketch		
<hr/> <b>Signature Of Officer Recording The Report:</b> Not applicable		<hr/> <b>Signature Of Informant:</b> The identity of the person making this report has been authenticated by Singpass. No signature is required.
<hr/> <b>Signature Of Interpreter:</b> Not applicable		<hr/> <b>Date/Time:</b> 22/10/2022 19:06
<hr/> <b>Officer In Charge Of Case:</b> TP / TPIB / TAY CHUN KEEN Contact No.: 65476436		<hr/> <b>Classification Of Case:</b>
<small>NP165</small>		