

# 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 ..... 07/12/2022 19:17 (SGT)  
Reported by ..... Both  
Date of Accident ..... 03/11/2022 08:45 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBD840Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD RAIHAN BIN MANSOR  
NRIC No ..... S9142920I  
Email Address ..... FULLSTOP423@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-92473837  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... WR250X  
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 ..... Etiqa Insurance Pte Ltd  
Policy Number / Cover Note Number ..... MX102178

### DRIVER

Name of Driver ..... MUHAMMAD RAIHAN BIN MANSOR  
NRIC No ..... S9142920I  
Date Of Birth ..... 22/11/1991  
Occupation ..... Indoor

Date Of Driving Pass .....	25/07/2019
Driving experience .....	3 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92473837
Alt. Phone Number .....	-
Email Address .....	FULLSTOP423@GMAIL.COM
Address .....	BLK 273D JURONG WEST AVENUE 3
Address complement .....	07-49
Postcode .....	644273
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 .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

-

#### 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 .....	SMA8752B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-



Vehicle Colour .....	-
Vehicle Category .....	Private car
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

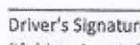
### INJURED 1

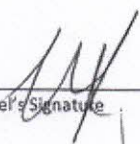
Name of injured person .....	MUHAMMAD RAIHAN BIN MANSOR
Gender .....	Male
Phone No .....	(Phone) +65-92473837
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBD840Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
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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.

x   
Policyholder's Signature Date  
& Time:

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**SKETCH PLAN**




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police Report No 7/2022/107/2023

## DECLARATION

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

x 

Policyholder's Signature Date  
& Time:

GIARMC SketchPlanForm V3

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

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# SINGAPORE POLICE FORCE



T/20221107/2023

1 of 3

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20221107/2023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/11/2022 11:04	Vide Report No.:	Station Diary No.: 30
<b>Informant's Particulars</b>		
Name of Informant: MUHAMMAD RAIHAN BIN MANSOR	Address: APT BLK 273D JURONG WEST AVENUE 3 #07-49 SINGAPORE 644273	
ID Type / ID No.: NRIC NO / S91429201	Contact No.: Home/Office:	Mobile: 92473837
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 30	Date of Birth: 22/11/1991
Type of Informant: Rider		
Race: Malay	Language:	Institution / School Name:
Occupation: VIDEO ENGINEER	Driving Licence Information: Class: 2B,2A,3	
Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/11/2022 08:45	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
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	Condition	No of Passenger
FBD840Y	Motorcycle	YAMAHA	WR250X	Blue	Seriously Damaged	0
SMA8752B	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD840Y	ETIQA INSURANCE BERHAD	AN3204684	13/09/2022	12/09/2023





**SINGAPORE  
POLICE FORCE**



T/20221107/2023

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Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20221107/2023

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD RAIHAN BIN MANSOR	ID No.	S91429201
Related Vehicle	FBD840Y (Motorcycle)	Contact No.	92473837
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	03/11/2022	Date Discharge	04/11/2022
No. of Days granted Medical Leave	21	Degree of Injury	Serious
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SMA8752B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 03/11/2022, at about 0845hrs, I was travelling on my motorcycle, FBD840Y, along AYE towards MCE, after Alexandra Rd exit and before Lower Delta Rd exit, on the 2nd lane when a vehicle SMA8752B, on the 3rd lane collided onto the side of my vehicle while performing a lane change from the 3rd lane to the 2nd lane. After the collision I remained conscious and sat up while waiting for the ambulance, where shortly after, the ambulance arrived and I was conveyed to Singapore General Hospital via ambulance and I was told that traffic police attended after I was conveyed. I did not exchange particulars with the other party. I do not remember the damages to my motorcycle. The other party whom collided into me stopped and also assisted me.

The injuries I suffered are as listed:

Abrasions to my both hands, left and right arm, left shoulder, left and right knee, calf, and ankles.  
Left thumb fracture.

I have been given 21 days of MC.





**SINGAPORE  
POLICE FORCE**



T/20221107/2023

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Tel No: 1800-8999999

Report No. T/20221107/2023

**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:  
D /  
SGT 2 GOH YUAN ZE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT YAN MINGSHENG DANIEL  
Contact No.: 65476252

Signature Of Informant:

Date/Time:  
07/11/2022 11:04

Classification Of Case:

NP168