

# 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 .....	14/11/2022 17:38 (SGT)
Reported by .....	Driver
Date of Accident .....	05/08/2022 13:15 (SGT)
Exact Location of Accident .....	Tiong Bahru Rd, Singapore
Additional Location Information .....	NEAR SHELL STATION
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBR7898L
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ZULFIQAR BIN ZAINAL
NRIC No .....	TXXXX108D
Email Address .....	aqiltyler71@gmail.com
Mobile Phone No .....	(Phone) +65-89223687
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	Mx king t150
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 - Reporting only
Vehicle Category .....	Motorcycle
Transmission .....	Manual
CC .....	155

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D21MTMC01006364

### DRIVER

Name of Driver .....	MUHAMMAD NUH HAQIL BIN ABDUL RAHIM
NRIC No .....	TXXXX147Z
Date Of Birth .....	14/12/2000
Occupation .....	Outdoor

Date Of Driving Pass .....	17/06/2019
Driving experience .....	3 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-89223687
Alt. Phone Number .....	-
Email Address .....	aqiltyler71@gmail.com
Address .....	BLK 55 LENGKOK BAHRU #04-409
Address complement .....	-
Postcode .....	151055
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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 - Head to Rear
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 .....	Queenstown Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004719999
Alt. Police Station Phone No .....	(Fax) +65-64715299
Police Station Address .....	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220905/2190

#### 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 .....	SLB5285J
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 NUH HAQIL BIN ABDUL RAHIM
Gender .....	Male
Phone No .....	(Phone) +65-89223687
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY
Injured person in which vehicle? .....	FBR7898L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****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 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:

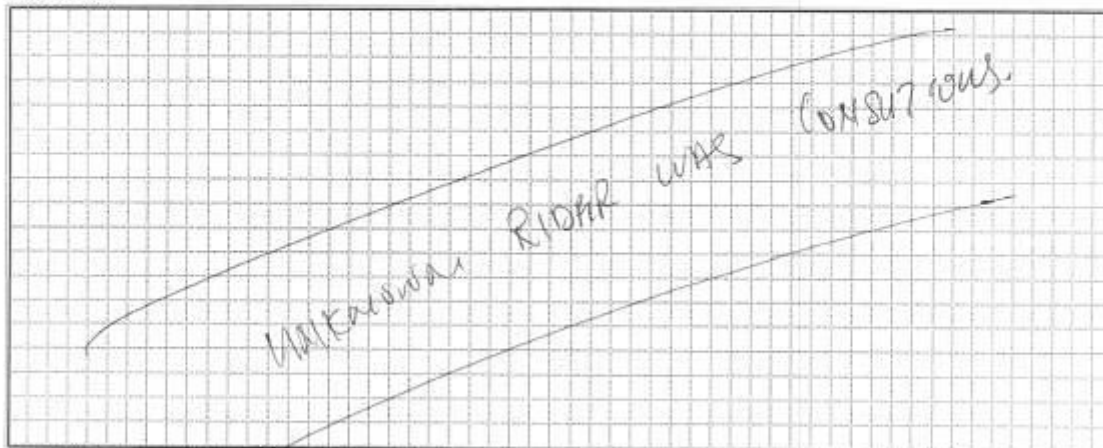
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan



vJun2022




1

Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20220905/2190

Declaration

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

 Policyholder's Signature / Date & Time	 14/11/2022 3:52 Actual Driver's Signature (if driver is not the policyholder) / Date & Time	 14/11/2022 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
---	--	---















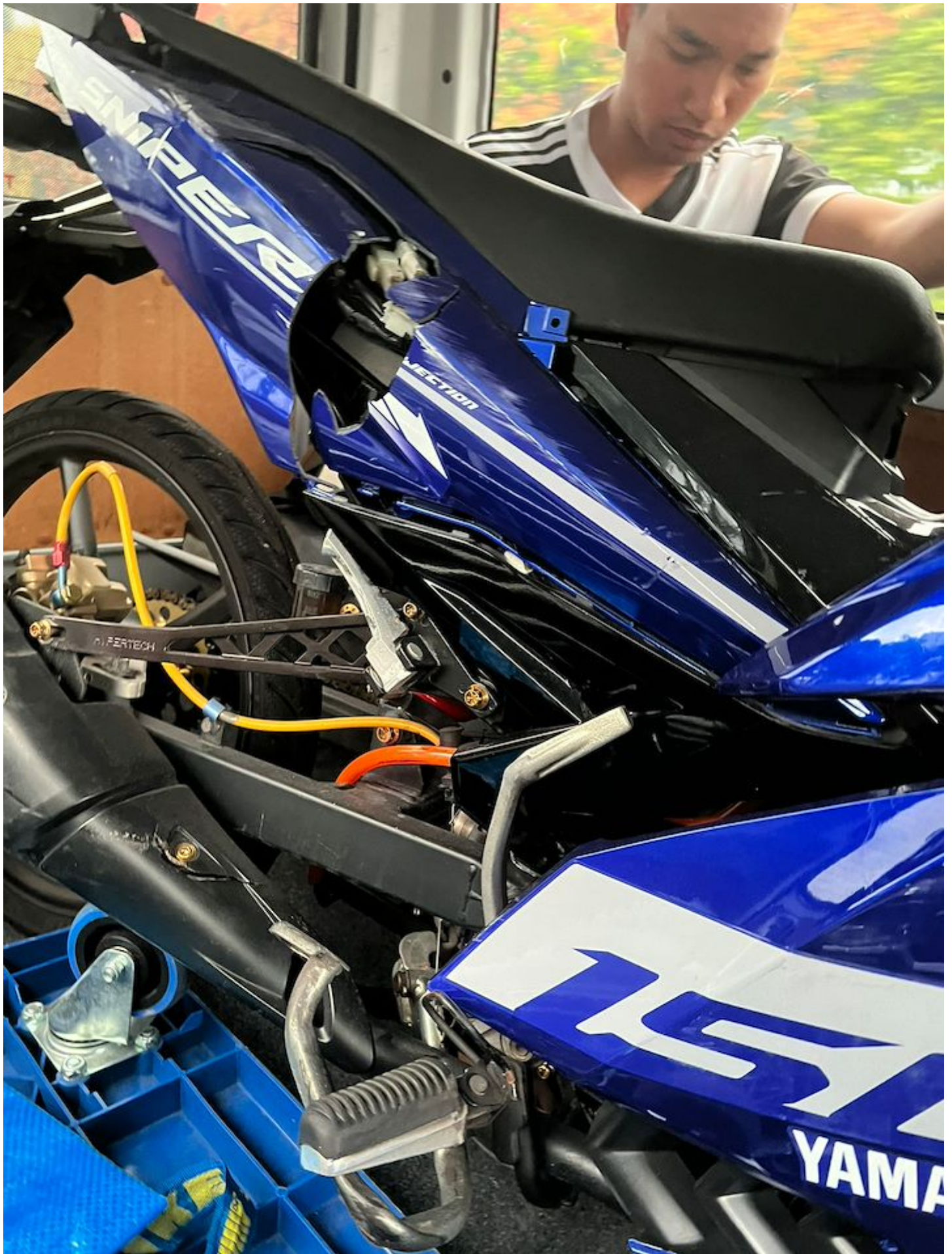



















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999



T/20220905/2190

1 of 4

Report No. T/20220905/2190

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/09/2022 18:45		Vide Report No.: T/20220904/2044		Station Diary No.: 52
<b>Informant's Particulars</b>				
Name of Informant: MUHAMMAD NUH AQIL BIN ABDUL RAHIM		Address: APT BLK 55 LENGKOK BAHRU #04-409 SINGAPORE 151055		
ID Type / ID No.: NRIC NO / T0044147Z		Contact No.: Home/Office: Mobile: 89223687		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 21	Date of Birth: 14/12/2000	Type of Informant: Rider	
Race: Javanese		Language:		Institution / School Name:
Occupation: Lift technician		Driving Licence Information: Class: 2B Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/08/2022 13:15	Type of Location: Straight Road
Location: TIONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR7898L	Motorcycle	YAMAHA	MX KING T150 MANUAL	Blue	Slightly Damaged	0
SLB5285J	Car	TOYOTA	WISH 1.8 CVT	Black	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999



T/20220905/2190

2 of 4

Report No. T/20220905/2190

**CONTINUATION OF REPORT**

Rider			
Name	MUHAMMAD NUH AQIL BIN ABDUL RAHIM	ID No.	T0044147Z
Related Vehicle	FBR7898L (Motorcycle)	Contact No.	89223687
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	05/08/2022	Date Discharge	27/08/2022
No. of Days granted Medical Leave	84	Degree of Injury	Serious
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLB5285J (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 05/08/2022 at about 1315hrs, I was riding my motorcycle (bearing registration number FBR7898L) along Tiong Bahru Road towards Henderson Road. There was no vehicle in front of me when I was riding along Tiong Bahru Road. Subsequently, when I was nearing Tiong Bahru Shell Petrol Kiosk, I suddenly saw and realized that there was a car (bearing registration number SLB5285J) that stopped in the right lane of the two lane road just in front of Shell Tiong Bahru Petrol station. The car did not put on his indicators lights (to indicate that he was turning into Shell Petrol Station) nor did he switch on his hazard lights. I tried to swerve out of the way to avoid the car. However, I could not do so in time and subsequently rear-ended the said vehicle.

After I had collided with the said vehicle, I was thrown off my motorcycle and landed on the road. I attempted to stand up, however, I saw that my right leg was fractured and thus unable to stand up. Some passerby at the nearby Mosque came over to assist me and also to control traffic. The driver that I collided with did not alight from her vehicle and proceeded to drive into the Shell Petrol Station as there was a police car there. She went to speak to the police officers and paramedics came and conveyed me to SGH where I was warded for 3 weeks and had to go through 3 surgeries for my right leg.

I sustained the following injuries on 05/08/2022:

- Open Fracture of Femur
- Abrasion, Right Forearm, Wrist and Fingers

I was warded in SGH from 05/08/2022 to 27/08/2022 and was given 84 days Hospitalization leave (MC) from 05/08/2022 to 27/10/2022. I also wished to state that I do not know if there is any CCTV around the vicinity of the Shell Petrol Station.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073.  
Tel No: 1800-4719999



T/20220905/2190

3 of 4

Report No. T/20220905/2190

CONTINUATION OF REPORT


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999



T/20220905/2190

4 of 4

Report No. T/20220905/2190

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 3 LIU FENGZHAN, GERRY

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/09/2022 18:45

Officer in Charge Of Case:  
TP / GIT /  
SI KOH WEI JIE  
Contact No.: 97303412

Classification Of Case:

NP168