

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 17:26 (SGT)
Reported by	Both
Date of Accident	11/11/2022 15:18 (SGT)
Actual Location of Accident	Pasir Ris Drive 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ9508E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD IMRAN BIN RAMLAN
NRIC No	S9433503E
Email Address	MUHAMMADIMRANBR@GMAIL.COM
Mobile Phone No	(Phone) +65-91990979
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Xmax
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	292

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124252950-01

DRIVER

Name of Driver	MUHAMMAD IMRAN BIN RAMLAN
NRIC No	S9433503E
Date Of Birth	16/09/1994
Occupation	Outdoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

05/11/2021
1 YEAR
Male
(Phone) +65-91990979
-
MUHAMMADIMRANBR@GMAIL.COM
BLK 427 PASIR RIS DRIVE 6 #07-45
-
510427
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head on collision
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
2
Yes
Yes
Yes
1
No
-
-
-
-
-

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Bedok Division Headquarters
(Phone) +65-18002440000
(Fax) +65-64443009
30 Bedok North Road Singapore 469676
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: G/20221114/7030.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant

SHB1665U
-
-
-

Accident report SS2X22BE000M

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	JIMMY TOH KHENG POH
Contact Number	(Phone) +65-91267306
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD IMRAN BIN RAMLAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ9508E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	WINCENT PENG
Phone	(Phone) +65-88154438
Email	-

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

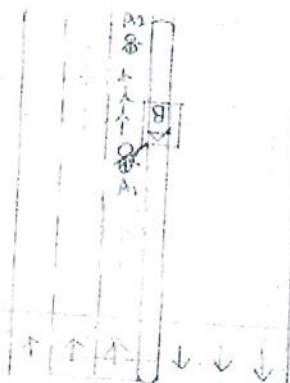
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



(A) FBQ 9508E

(B) SHB 71665 U

Along Pasir Ris

Drive 3

Describe Circumstances of the Accident



Please refer to police report no:


G / 20221114 / 7030

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 
Policyholder's Signature / Date & Time


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

4/11/22 @ 16:35hrs

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



G/20221114/7030

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No. 1800-2440000

Report No. G/20221114/7030

Date/Time Report Made 14/11/2022 11:42		Vide Report No.		Station Diary No.	
Name Of Informant MUHAMMAD IMRAN BIN RAMLAN		Address 427 PASIR RIS DRIVE 6 #07-45 SINGAPORE 510427			
ID Type / ID No. NRIC NO / S9433503E		Contact No. Home/Office: Mobile: 91990979			
Nationality SINGAPORE CITIZEN		Email Address MUHAMMADIMRANBR@GMAIL.COM			
Occupation Delivery man using motorised personal mobility aids/devices		Sex Male	Age 28	Date of Birth 16/09/1994	Race Malay
Institution/School Name		Language English			
Date/Time Of Incident 11/11/2022 15:15 - 11/11/2022 15:30		Location Of Incident 475 PASIR RIS DRIVE 6 #--- SINGAPORE 510475			
Brief details.					

I was riding my motorcycle to do delivery work for Grabfood along Pasir Ris Drive 3 at the speed of 50km/h at about 1518-1530hrs when suddenly I saw a taxi (SHB1665U) from the opposite direction mounted the kerb and hit the green railing divider. At the same time the divider dislodged and flew towards my bike at a high speed which hit my front part of bike (XMAX300) Z Panel. I did not manage to avoid it as it happened in a split second hence my bike was unbalanced. I skidded together with my bike and suffered multiple abrasion. Skin abrasion over left elbow, upper arm, left hand, last finger and skin tear near the palms of right hand. There's also skin abrasion at the left leg thigh, knee, side calf and deep

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2022 11:42
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20221114/7030

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221114/7030

cut near the heels area. My bike(FBQ9508E) was damaged badly after the incident. Refer to G/20221111/0145

Subjects Involved			
Suspect			
Person Name	TOH KHENG POH, JIMMY		
ID Type	NRIC NO	ID No	S1683207C
Gender	Male	Age	57-57
Race	Chinese	Language	English
Occupation	Taxi driver	Address	684D Woodlands Drive 73 #13-177 SINGAPORE 734684
Mobile No	91267306		
Victim			
Person Name	MUHAMMAD IMRAN BIN RAMLAN		
ID Type	NRIC NO	ID No	S9433503E
Gender	Male	Age	28
Race	Malay	Language	English
Occupation	Delivery man using motorised personal mobility aids/devices	Address	427 PASIR RIS DRIVE 6 #07-45 SINGAPORE 510427
Mobile No	91990979	Is Informant A Victim?	Yes
Person Name	MUHAMMAD IMRAN BIN RAMLAN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2022 11:42
Officer In-Charge Of Case:	Classification Of Case: