

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	07/11/2022 16:19 (SGT)
Reported by	Driver
Date of Accident	06/11/2022 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLOCK 645 ANG MO KIO AVE 4 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR8386R
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD AFIQ BIN SALAM
NRIC No	S9917635J
Email Address	AFIQSALAM70@GMAIL.COM
Mobile Phone No	(Phone) +65-98331287
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
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	155

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124066758

DRIVER

Name of Driver	MUSYAHADAH BINTE MUSA
NRIC No	S9926679A
Date Of Birth	10/08/1999
Occupation	Outdoor

Date Of Driving Pass	14/11/2019
Driving experience	3 YEARS
Gender	Female
Mobile Number	(Phone) +65-90531403
Alt. Phone Number	-
Email Address	MUSYAHADAH.MUS@GMAIL.COM
Address	BLOCK 879B #07-51TAMPINES AVE 8
Address complement	-
Postcode	522879
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 - 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)	2
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	-

PASSENGER 1

Name	ROZAINI
Gender	Male

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 POLICE REPORT

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	SHD4541M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LEONG THIN YAU
NRIC No	S0136568A
Contact Number	(Phone) +65-96618221
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUSYAHADAH BINTE MUSA
Gender	Female
Phone No	(Phone) +65-90531403
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	23
Injuries Sustained	BOTH OF KNEES BRUISE AND ABRASION.SEVERE PAIN ON ABDOMEN. LEFT HAND AND ANKLE BRUISE AND ABRASION. CHEST PAIN AND CONCUSSION.
Injured person in which vehicle?	FBR8386R
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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

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

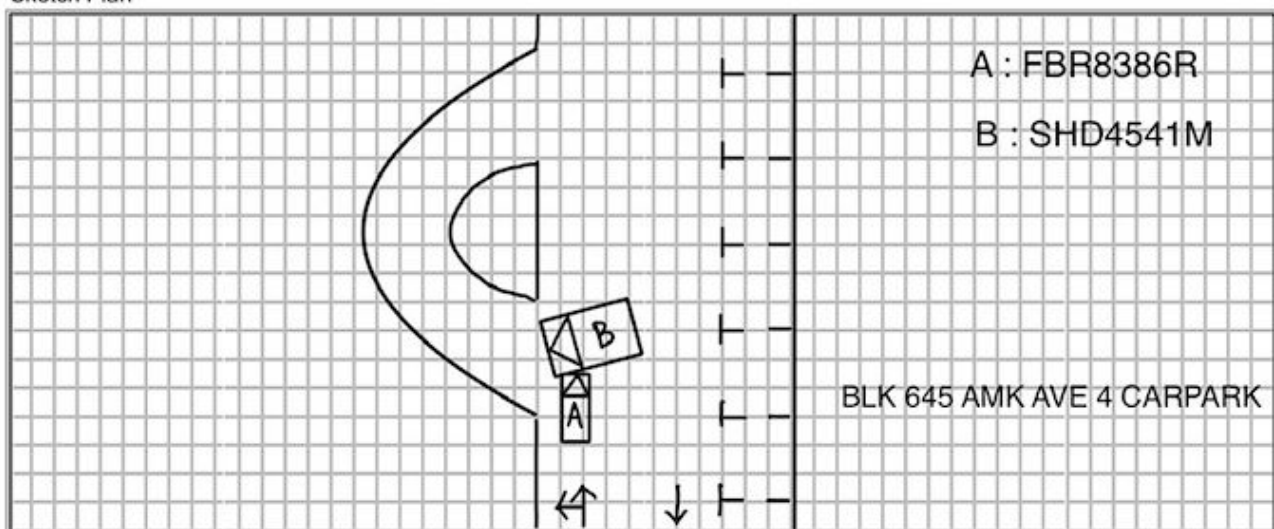
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



07/11/2022
16:30



Lim Kai Chuan

Sketch Plan

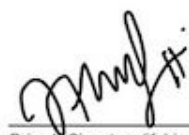
Describe Circumstance of the Accident

Refer to police report

Declaration

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

Policyholder's Signature / Date & Time



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

07/11/2022
16/:30



LIM KAI CHUAN

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














**SINGAPORE
POLICE FORCE**


T/20221106/7018

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

1 of 3

Report No. T/20221106/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
06/11/2022 15:55

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant: MUSYAHADAH BINTE MUSA			Address: 274 YISHUN STREET 22 #03-142 SINGAPORE 760274		
ID Type / ID No.: NRIC NO / S9926679A			Contact No.: Home/Office: Mobile: 90531403		
Nationality: SINGAPORE CITIZEN			Email: MUSYAHADAH.MUS@GMAIL.COM		
Sex: Female	Age: 23	Date of Birth: 10/08/1999	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/11/2022 09:30	Type of Location: Car Park
Location: ANG MO KIO AVENUE 6				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR8386R	MOTORBIKE	YAMAHA	AEROX	Blue	Seriously Damaged	1
SHD4541M	Car	HYUNDAI	ioniq	Blue	No Damage	0



**SINGAPORE
POLICE FORCE**



T/20221106/7018

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

2 of 3
Report No. T/20221106/7018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	ROZAINI	ID No.	S9725286F
Related Vehicle	FBR8386R (MOTORBIKE)	Contact No.	89223057
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	MUSYAHADAH BINTE MUSA	ID No.	S9926679A
Related Vehicle	FBR8386R (MOTORBIKE)	Contact No.	90531403
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 2A Date of Expiry: NIL
Date	06/11/2022	Date	06/11/2022
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details

I Was on my bike with my fiance(pillion passenger) at blk 645 Ang Mo Kio Carpark and I was going straight when a taxi that was initially stationary suddenly made a sudden right turn and only signaled after he started to make the turn. I hit his taxi and we both fell off the bike. Afterwards, we exchanged particulars and there was no police or ambulance. I suffered injuries all over my body and went to Khoo Teck Puat hospital and was given a 4 days MC from 6/11/22 to 9/11/22. I am lodging this report for insurance claim purposes.

The driver's particulars:

S0136568A

Name: Leong Thin Yau

Vehicle: SHD4541M (BLUE COMFORT DELGRO TAXI)

**SINGAPORE
POLICE FORCE**

T/20221106/7018

3 of 3

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

Report No. T/20221106/7018

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAN JEOK LENG
Contact No.: 65476151

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
06/11/2022 15:55

Classification Of Case:

This report is lodged at Ang Mo Kio North NPC Kiosk 1
NP168