

# 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 ..... 23/11/2022 17:38 (SGT)  
Reported by ..... Both  
Date of Accident ..... 22/11/2022 14:50 (SGT)  
Exact Location of Accident ..... Yishun Ave 5, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBQ5591P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMAD SANI BIN AHMAD  
NRIC No ..... SXXXX890F  
Email Address ..... fullstop423@gmail.com  
Mobile Phone No ..... (Phone) +65-88453552  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Mx king t150  
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 ..... 150

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D22MTMC01005628

### DRIVER

Name of Driver ..... MOHAMAD SANI BIN AHMAD  
NRIC No ..... SXXXX890F  
Date Of Birth ..... 03/06/1962  
Occupation ..... Indoor

Date Of Driving Pass .....	29/03/1985
Driving experience .....	37 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88453552
Alt. Phone Number .....	-
Email Address .....	fullstop423@gmail.com
Address .....	BLK 703 YISHUN AVENUE 5 #03-278
Address complement .....	-
Postcode .....	760703
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 - U-Turn
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 .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221123/2034

#### 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 .....	SMZ3972J
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 .....	MOHAMAD SANI BIN AHMAD
Gender .....	Male
Phone No .....	(Phone) +65-88453552
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBQ5591P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

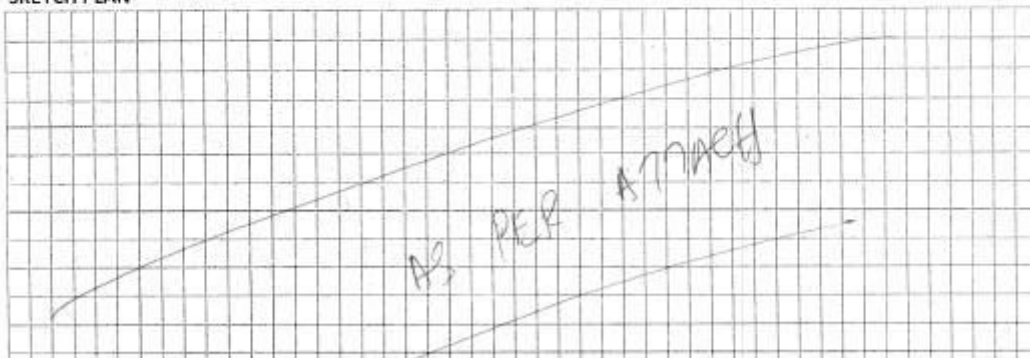
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

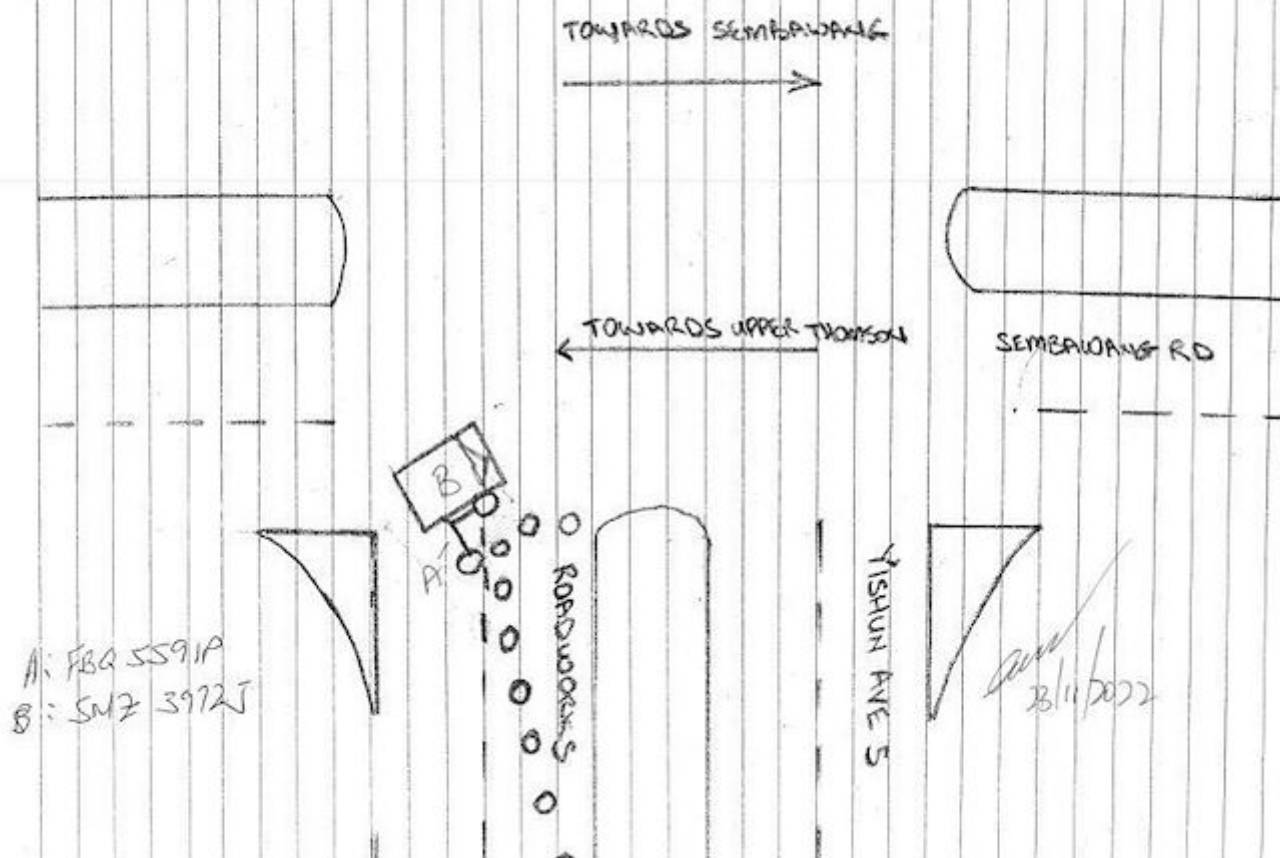
Driver's Signature  
(If driver is not the policyholder) Date  
& Time:

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

**SKETCH PLAN**



CAR NO SIGNAL  
CAR MAKING U-TURN WITHOUT CHECKING  
CAR NOT ADMITTING




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


As a police Report T/2022/1123/2034

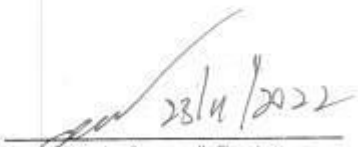
DECLARATION

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

  
Policyholder's Signature Date  
& Time:

GIARWC SketchPlanForm\_V3

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

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




























**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999



T/20221123/2034

1 of 4

Report No. T/20221123/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/11/2022 11:58	Video Report No.:	Station Diary No.: 39
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**Informant's Particulars**

Name of Informant: MOHAMAD SANI BIN AHMAD		Address: APT BLK 703 YISHUN AVENUE 5 #03-278 SINGAPORE 760703	
ID Type / ID No.: NRIC NO / S1528890F		Contact No.: Home/Office: Mobile: 88453552	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 03/06/1962	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/11/2022 14:50	Type of Location: Straight Road
Location:  YISHUN AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

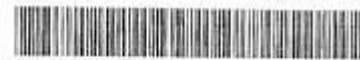
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ5591P	Motorcycle	YAMAHA	MX KING T150 MANUAL	Black	Slightly Damaged	0
SMZ3972J	Car				No Damage	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20221123/2034

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

2 of 4

Report No. T/20221123/2034

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBQ5591P	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC01005628	25/10/2022	24/10/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MOHAMAD SANI BIN AHMAD		ID No.	S1528890F
Related Vehicle	FBQ5591P (Motorcycle)		Contact No.	88453552
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/11/2022		Date Discharge	22/11/2022
No. of Days granted Medical Leave	04	Degree of Injury	Slight	
Driver				
Name	Syed Ashri Bin Moosar		ID No.	S9236142Z
Related Vehicle	SMZ3972J (Car)		Contact No.	93434534
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 22/11/2022 at around 1450hrs, I (FBQ5591P) was riding along Yishun Ave 5 behind a car (SMZ3972J) on a two-lane road intending to turn right into Sembawang Road. There were construction works on the right lane hence there was only one lane for vehicles to make a u-turn or a right turn.

When the light turned green, I moved forward to the right side of the car and was proceeding to turn right. However, the car was intending to make a u-turn which caused the car to hit me on my front. I suffered pain to my left ribs, back and neck. I would like to state that the car did not signal right.

My motorcycle sustained damages to the handle, brake lever and box while the car sustained no damages. There was no Traffic Police or Ambulance who attended to the incident.

On 22/11/2022 at around 1800hrs, I realized that the pain on my left ribs was not subsiding hence I decided to go to Khoo Teck Puat Hospital A&E to get myself checked. I was issued 4-days MC and prescribed painkillers for the pain. The doctor informed me that I had bruising at my ribs.



**SINGAPORE  
POLICE FORCE**



T/20221123/2034

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3 of 4

Report No. T/20221123/2034

**CONTINUATION OF REPORT**

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
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Tel No: 1800-8529999



T/20221123/2034

4 of 4

Report No. T/20221123/2034

**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:

L /  
SGT 2 NUR LIYANA BINTE  
MOHAMMED RAIMI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

Signature Of Informant:

Date/Time:  
23/11/2022 11:58

Classification Of Case:

NP168