

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 | 15/11/2022 17:31 (SGT) |
| Reported by | Both |
| Date of Accident | 07/11/2022 20:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | TPE (SLE) TAMPINES LINK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | FBK9955D |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------------|
| Is company? | No |
| Name Of Registered Owner | SHEIKH ABDUL QADIR BIN SHAHOL HAMEED |
| NRIC No | S9803570B |
| Email Address | SHEIKHABDULQADIR98@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96563948 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Ktm |
| Model | Rc 200 |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | - |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Motorcycle |
| Transmission | Manual |
| CC | 0 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5127663526 |

DRIVER

| | |
|----------------|--------------------------------------|
| Name of Driver | SHEIKH ABDUL QADIR BIN SHAHOL HAMEED |
| NRIC No | S9803570B |
| Date Of Birth | 06/02/1998 |
| Occupation | Indoor |

| | |
|--|-------------------------------|
| Date Of Driving Pass | 19/05/2022 |
| Driving experience | 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96563948 |
| Alt. Phone Number | - |
| Email Address | SHEIKHABDULQADIR98@GMAIL.COM |
| Address | 224D COMPASSVALE WALK #14-605 |
| Address complement | - |
| Postcode | 544224 |
| 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 - Head to Rear |
| Weather Conditions | Raining |
| Road Surface | Wet |

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 | 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 ATTACHED

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 | SMY6498Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

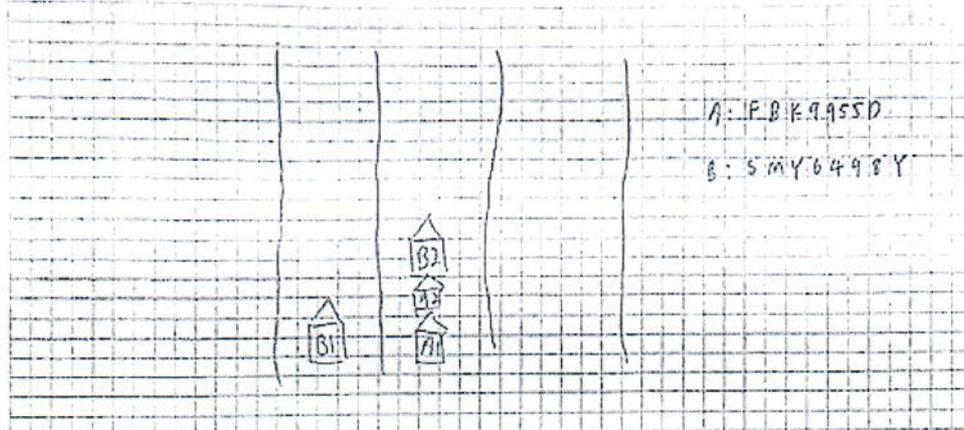
| | |
|---|-------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|--------------------------------------|
| Name of injured person | SHEIKH ABDUL QADIR BIN SHAHOL HAMEED |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | FBK9955D |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached 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:

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

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SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



 Policyholder's Signature
 Date & Time:



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

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



**SINGAPORE
POLICE FORCE**



T/20221110/7068

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

1 of 3

Report No. T/20221110/7068

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 10/11/2022 20:57 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | |
|---|------------|--|-----------------------------|
| Name of Informant: SHEIKH ABDUL QADIR BIN SHAHOL HAMEED | | Address: 224D COMPASSVALE WALK #14-605 SINGAPORE 544224 | |
| ID Type / ID No.: NRIC NO / S9803570B | | Contact No.: Home/Office: Mobile: 96563948 | |
| Nationality: SINGAPORE CITIZEN | | Email: SHEIKHABDULQADIR98@GMAIL.COM | |
| Sex: Male | Age: 24 | Date of Birth: 06/02/1998 | Type of Informant: Rider |
| Race: Indian | | Language: English | Institution / School Name: |
| Occupation: Cargo Handler | | Driving Licence Information: Class: | Date of Expiry: |

General Information of the Accident

| | | | |
|---|--------------------------------------|--|------------------------------------|
| Type of Accident: Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 07/11/2022 20:30 | Type of Location: Straight Road |
| Location: ELIAS GREEN | | | |
| Weather: Drizzling | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: One Way | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Chain | Anyone conveyed by ambulance: Yes | | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of |
|-------------|------------|----------------|-------|-------|------------------|-------|
| FBK9955D | Motorcycle | KTM | RC200 | Black | Slightly Damaged | 0 |
| SMY6488Y | Car | VOLKSWAGO N | Jetta | Grey | Slightly Damaged | 0 |

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**SINGAPORE
POLICE FORCE**



T/20221110/7068

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

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Report No. T/20221110/7068

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No. | Effective | Expiry Date |
| FBK9955D | NTUC Income Insurance Co-Operative Limited | 5127663526 | 21/05/2022 | 20/05/2023 |

| Details of Person Involved | | | |
|-----------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | SHEIKH ABDUL QADIR BIN SHAHOL HAMEED | ID No. | S9803570B |
| Related Vehicle | FBK9955D (Motorcycle) | Contact No. | 96563948 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 07/11/2022 | Date | 09/11/2022 |
| No. of Days granted Medical Leave | 32 | Degree of | Slight |

Brief Details.

I was travelling lane 2 of the 3 lane road along TPE SLE Tampines Link when there was an accident on lane 3. I proceeded cautiously in my own lane when a taxi and a car emerged from the slip road to join TPE SLE. Both the taxi and the car was travelling on lane 3. Upon seeing the accident vehicles, both the taxi and car suddenly swerved right into my lane and I tried to apply my emergency brakes and I managed to avoid the taxi but failed to do so and hit the car SMY6498Y. I was conveyed to Sengkang Hospital and was given 32 days of medical leave. I was advised to lodge an accident report on this said matter.

Signed with _____



**SINGAPORE
POLICE FORCE**



T/20221110/7068

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

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Report No. T/20221110/7068

CONTINUATION OF REPORT

Sketch 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 / TP1B / CHONG GUAN FATT Contact No.: 65472077 |

NP168

| |
|--|
| Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Date/Time: 10/11/2022 20:57 |
| Classification Of Case: |

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