

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	05/12/2022 19:44 (SGT)
Reported by	Both
Date of Accident	02/12/2022 13:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEDOK SOUTH AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ5000D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH SANDY ANNE (SU SANDY ANNE)
NRIC No	S8132280E
Email Address	anne_3545@hotmail.com
Mobile Phone No	(Phone) +65-91804947
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX
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	5113889414-03

DRIVER

Name of Driver	SOH SANDY ANNE (SU SANDY ANNE)
NRIC No	S8132280E
Date Of Birth	02/10/1981
Occupation	Indoor

Date Of Driving Pass	27/08/2007
Driving experience	15 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91804947
Alt. Phone Number	-
Email Address	anne_3545@hotmail.com
Address	BLK 494D TAMPINES STREET 43 #07-504
Address complement	-
Postcode	524494
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 - Change/cross lane
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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
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?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8044D
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	41
Injuries Sustained	RIGHT SHOULDER FRACTURE ABRASIONS ON BOTH LEGS PAIN ON NECK AND HEAD AREA FBQ5000D
Injured person in which vehicle?	FBQ5000D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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 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

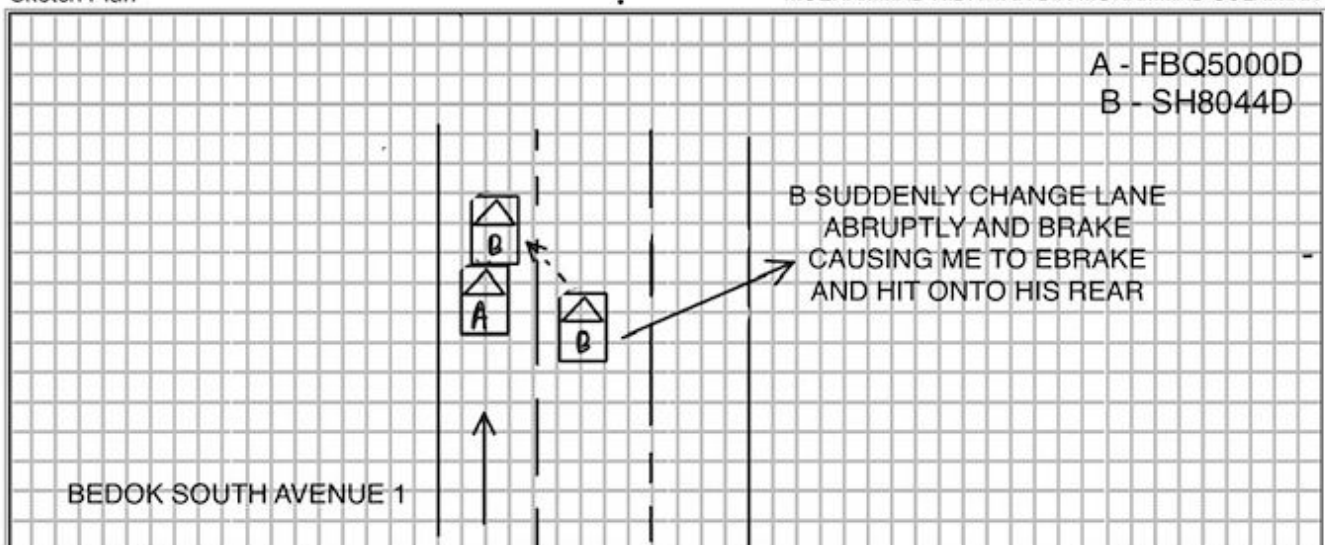
5/12/2022

Sketch Plan

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

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

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN



Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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

Policyholder's Signature / Date & Time

5/12/2022

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

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

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN 2












**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C.
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20221202/2084

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Report No. T/20221202/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
02/12/2022 18:18

Vide Report No.:

Station Diary No.:
26

Informant's Particulars

Name of Informant: SOH SANDY ANNE		Address: APT BLK 494D TAMPINES STREET 43 #07-504 SINGAPORE 524494	
ID Type / ID No.: NRIC NO / S8132280E		Contact No.: Home/Office: Mobile: 91804947	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 41	Date of Birth: 02/10/1981	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: MEDIA SCHEDULER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident


Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/12/2022 13:40	Type of Location: Straight Road
Location: BEDOK SOUTH AVENUE 1				
Lamp Post Number: 25				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One 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

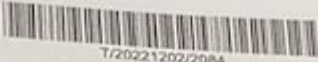
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ5000D	Motorcycle	YAMAHA	NMAX155 ABS	Grey	Slightly Damaged	0
SH8044D	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Report No. T/20221202/2084

CONTINUATION OF REPORT



**SINGAPORE
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T/20221202/2084

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Report No: T/20221202/2084

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ5000D	NTUC Income Insurance Co-Operative Limited	5113889414-03	13/11/2022	12/11/2023

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	SOH SANDY ANNE	ID No.	S8132280E
Related Vehicle	FBQ5000D (Motorcycle)	Contact No.	91804947
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL

Date Treatment 02/12/2022

Date Discharge 02/12/2022

No. of Days granted Medical Leave 14

Degree of Injury Serious

Driver

Name	FOO MENG TENG	ID No.	S1638838F
Related Vehicle	SH8044D (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 02/12/2022 at about 1340hrs, I was riding my motorcycle bearing plate number, FBQ5000D, at the most left lane of Bedok South Ave 1 when a blue taxi bearing plate number, SH8044D, suddenly cut into my lane abruptly and slowed down, which caused me to e-brake and hit the rear of the blue taxi and subsequently fell down to the ground. I experienced a black-out upon the hit and was conveyed to CGH conscious. I managed to exchange particulars with the taxi driver before being conveyed. Both TP and the ambulance was at scene. I have the footage of the incident happened and I have handed over my SD card to the TP officer at scene.

I wish to state that the taxi driver was trying to manipulate the story of the incident to the TP and ambulance. I also wish to state that I am very sure that the taxi driver cut into my lane abruptly and had caused me to fracture my right shoulder, abrasions on both my legs and pain on my neck and head area. I was also given 14 days MC (EMD2022210315) by CGH and have a follow-up on my injuries.

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T/20221202/2084

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Report No. T/20221202/2084

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:

G /
SGT 2 SITI RAHAYU BINTE
MOHAMED ISMAIL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/12/2022 18:18

Officer In Charge Of Case:
TP / GIT /
STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Classification Of Case:

NP168


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T/20221202/2088

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Report No. T/20221202/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
02/12/2022 18:54

Vide Report No.:
T/20221202/2084

Station Diary No.:
38

Informant's Particulars

Name of Informant: SOH SANDY ANNE		Address: APT BLK 494D TAMPINES STREET 43 #07-504 SINGAPORE 524494	
ID Type / ID No.: NRIC NO / S8132280E		Contact No.: Home/Office: Mobile: 91804947	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 41	Date of Birth: 02/10/1981	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: MEDIA SCHEDULER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/12/2022 13:40	Type of Location: Straight Road
Location: BEDOK SOUTH AVENUE 1				
Lamp Post Number: 25				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One 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
FBQ5000D	Motorcycle	YAMAHA	NMAX155 ABS	Grey	Slightly Damaged	0
SH8044D	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Report No. T/20221202/2088

CONTINUATION OF REPORT

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**SINGAPORE
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T/20221202/2088

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Report No. T/20221202/2088

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ5000D	NTUC Income Insurance Co-Operative Limited	5113889414-03	13/11/2022	12/11/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SOH SANDY ANNE	ID No.	S8132280E
Related Vehicle	FBQ5000D (Motorcycle)	Contact No.	91804947
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	02/12/2022	Date Discharge	02/12/2022
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Driver			
Name	FOO MENG TENG	ID No.	S1638838F
Related Vehicle	NIL	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.

Complainant wish to add facts and would like to have a black and white copy of the report, as follow:

Complainant wish to add that she has a video footage (in Chinese language) of the taxi driver admitting his mistake, for cutting into her lane abruptly, before the arrival of the ambulance.
She would like the TP IO in-charge to be aware about this.

Complainant: "Uncle why you suddenly swerve into my lane? Is it you want to pick up a passenger?"

Taxi Driver: "Sorry, I never noticed you."

Complainant questioned him further, but the taxi driver ignored and continued taking picture of their NRICs, as they were in the midst of exchanging particulars.

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T/20221202/2088

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Report No. T/20221202/2088

CONTINUATION OF REPORT**Sketch Plan**

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G/
SGT 2 SITI RAHAYU BINTE
MOHAMED ISMAIL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/12/2022 18:54

Officer In Charge Of Case:
TP / GIT /
STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Classification Of Case:

NP168

1.0 # 9144 2554
RAHIM