

# 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 .....	01/12/2022 16:29 (SGT)
Reported by .....	Both
Date of Accident .....	28/11/2022 22:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	OPHIR ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBN8439T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SAYUTHI BIN JASMIN
NRIC No .....	S7900667Z
Email Address .....	sayuthi07@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-98466322
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	CZD300A/XMAX300
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 .....	300

### INSURANCE COMPANY

Name of Insurance Company .....	AXA Insurance Pte Ltd
Policy Number / Cover Note Number .....	AN3197960

### DRIVER

Name of Driver .....	SAYUTHI BIN JASMIN
NRIC No .....	S7900667Z
Date Of Birth .....	07/01/1979

Date Of Driving Pass .....	06/11/1996
Driving experience .....	26 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-98466322
Alt. Phone Number .....	-
Email Address .....	sayuthi07@yahoo.com.sg
Address .....	APT BLK 187A BEDOK NORTH STREET 4 #02-36
Address complement .....	-
Postcode .....	S461187
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 .....	Side Swipe
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 .....	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

PLEASE REFER TO POLICE REPORT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNC512H
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 .....	SAYUTHI BIN JASMIN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBN8439T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

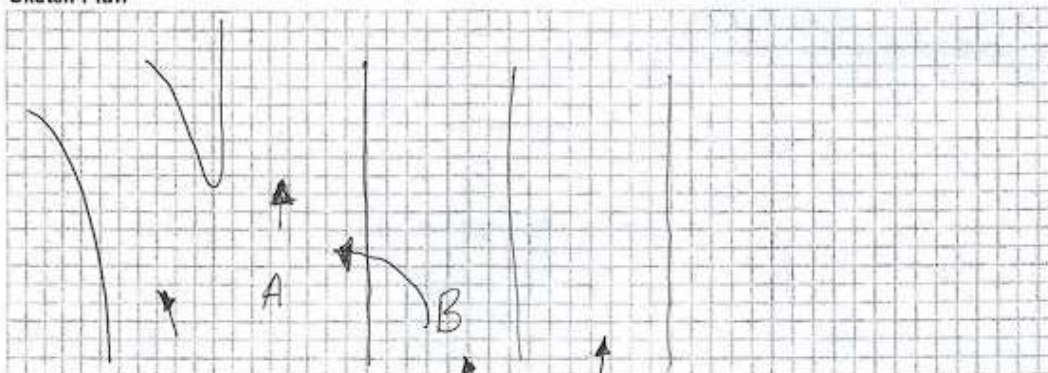
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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' 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  
 01 DEC 2022

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A - FBN 8439T

B - SNC 512H







**SINGAPORE  
POLICE FORCE**



T/20221129/7038

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

1 of 3

Report No. T/20221129/7038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/11/2022 15:35		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SAYUTHI BIN JASMIN			Address: 187A BEDOK NORTH STREET 4 #02-36 SINGAPORE 461187		
ID Type / ID No.: NRIC NO / S7900667Z			Contact No.: Home/Office: Mobile: 98466322		
Nationality: SINGAPORE CITIZEN			Email: sayuthi07@yahoo.com.sg		
Sex: Male	Age: 43	Date of Birth: 07/01/1979	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/11/2022 22:00	Type of Location: Straight Road
Location:  NICOLL HIGHWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 65 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN8439T	Motorcycle	YAMAHA	CZD300A / XMAX300	Silver		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN8439T	AXA INSURANCE SINGAPORE PTE LTD	AN3197960	21/12/2021	20/12/2022



**SINGAPORE  
POLICE FORCE**



T/20221129/7038

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

2 of 3  
Report No. T/20221129/7038

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SAYUTHI BIN JASMIN	ID No.	S7900667Z
Related Vehicle	FBN8439T (Motorcycle)	Contact No.	98466322
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	28/11/2022	Date	29/11/2022
No. of Days granted Medical Leave	07	Degree of	Slight

**Brief Details.**

I was riding on my motorcycle on the left lane along Ophir Road toward ECP(Changi Airport) when suddenly a car from the center lane change lane abruptly. The car hit me on the side and I lost controlled of my bike and fell to the ground . The Grabdriver/Gojek came out from his vehicle and assist me. He called the ambulance and police to the location. During the incident , there were also passengers inside the car. One of the passenger indeed help me to find my handphone. After few minutes later a SCDF ambulance arrive to attend on my injuries and the police came down too. I was despatched to SGH A&E for further treatment.



**SINGAPORE  
POLICE FORCE**



T/20221129/7038

3 of 3

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

Report No. T/20221129/7038

**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 / TPIB /  
LEE GUANG HUI  
Contact No.: 65476423

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

Date/Time:  
29/11/2022 15:35

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



T/20221208/7053

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

1 of 3  
Report No. T/20221208/7053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/12/2022 17:41		Vide Report No.: T/20221129/7038		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SAYUTHI BIN JASMIN			Address: 187A BEDOK NORTH STREET 4 #02-36 SINGAPORE 461187		
ID Type / ID No.: NRIC NO / S7900667Z			Contact No.: Home/Office: Mobile: 98466322		
Nationality: SINGAPORE CITIZEN			Email: sayuthi07@yahoo.com.sg		
Sex: Male	Age: 43	Date of Birth: 07/01/1979	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/11/2022 22:00	Type of Location: Straight Road
Location:  OPHIR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 65 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN8439T	Motorcycle	YAMAHA	CZD300A / XMAX300	Silver		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN8439T	AXA INSURANCE SINGAPORE PTE LTD	AN3197960	21/12/2021	20/12/2022



**SINGAPORE  
POLICE FORCE**



T/20221208/7053

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

2 of 3

Report No. T/20221208/7053

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SAYUTHI BIN JASMIN	ID No.	S7900667Z
Related Vehicle	FBN8439T (Motorcycle)	Contact No.	98466322
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	28/11/2022	Date	29/11/2022
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

I was riding on my motorcycle on the left lane along Ophir Road toward ECP (Changi Airport) when suddenly a car from the center lane change lane abruptly. The car hit me on the side and I lost controlled of my bike and fell to the ground. The Grabdriver/Gojek came out from his vehicle and assist me. He called the ambulance and the police to the location. During the incident, there were also passengers inside the car. One of the passenger indeed help me to find my handphone. After few minutes later a SCDF ambulance arrived to attend on my injuries and the police came down too. I was despatched to SGH A&E for further treatment.



**SINGAPORE  
POLICE FORCE**



T/20221208/7053

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

3 of 3

Report No. T/20221208/7053

**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 / TPIB /  
LEE GUANG HUI  
Contact No.: 65476423

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

Date/Time:  
08/12/2022 17:41

Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SS2G22C10001 Vehicle Registration No: FBN8439T  
 Name (as shown in NRIC): SAYUTHI BIN JASMIN NRIC/FIN/Passport No: S7900667Z  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: APT BLK 187A BEDOK NORTH STREET 4 #02-36 Singapore (461187)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9846 6322  
 Email Address: sayuthi07@yahoo.com.sg  
 Date of Accident: 28/11/2022 Time of Accident: 2200HRS  
 Place of Accident: OPHIR ROAD  
 Insurance Company: AXA


### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMENDED PLACE OF ACCIDENT

ATTACHED AMENDED POLICE REPORT.

  
 Policyholder / Driver's Signature  
 Date: 2022.12.09

  
 Reporting Centre Personnel's Signature  
 Name: SANFU MOTOR PTE LTD  
 NRIC/FIN No.:  
 Date: 2022.12.09













