

## 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 ..... 13/12/2022 16:54 (SGT)  
Reported by ..... Both  
Date of Accident ..... 03/12/2022 00:05 (SGT)  
Exact Location of Accident ..... TPE, Singapore  
Additional Location Information ..... TPE NEAR TO EXIT 6  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBR7125J

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD FARHAN BIN SUDIRMAN  
NRIC No ..... S9522764C  
Email Address ..... FRHN2795@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98579125  
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 ..... Manual  
CC ..... 155

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5119131640-02

#### DRIVER

Name of Driver ..... MUHAMMAD FARHAN BIN SUDIRMAN  
NRIC No ..... S9522764C  
Date Of Birth ..... 27/06/1995  
Occupation ..... Indoor

Date Of Driving Pass .....	04/07/2019
Driving experience .....	3 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98579125
Alt. Phone Number .....	-
Email Address .....	FRHN2795@GMAIL.COM
Address .....	BLK 178B RIVERVALE CRESCENT
Address complement .....	#12-441
Postcode .....	542178
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 .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT 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 .....	SHD9474R
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 .....	MUHAMMAD FARHAN BIN SUDIRMAN
Gender .....	Male
Phone No .....	(Phone) +65-98579125
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	4 DAYS MC
Injured person in which vehicle? .....	FBR7125J
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

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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.

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)



### Sketch Plan

Vehicle A: FBR 7125J  
Vehicle B: SHD 9474R

Describe Circumstance of the Accident

REFER TO POLICE REPORT  
T/20221203/2042

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

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






























**SINGAPORE  
POLICE FORCE**


T/20221203/2042

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3  
Report No. T/20221203/2042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/12/2022 14:59	Vide Report No.: G/20221203/0003	Station Diary No.: 94
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**Informant's Particulars**

Name of Informant: MUHAMMAD FARHAN BIN SUDIRMAN		Address: APT BLK 178B RIVERVALE CRESCENT #12-441 SINGAPORE 542178	
ID Type / ID No.: NRIC NO / S9522764C		Contact No.: Home/Office: Mobile: 98579125	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 27/06/1995	Type of Informant: Rider
Race: Javanese		Language:	Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class: 2B,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2022 00:05	Type of Location: Straight Road
Location:  TAMPINES EXPRESSWAY				
Lamp Post Number: 326				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
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: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR7125J	Motorcycle	YAMAHA	AEROX GDR155 CVT	Red	Seriously Damaged	0
SHD9474R	Car				Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999



T/20221203/2042

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Report No. T/20221203/2042

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBR7125J	NTUC Income Insurance Co-Operative Limited	5119131640-02	19/09/2022	18/09/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FARHAN BIN SUDIRMAN	ID No.	S9522764C
Related Vehicle	FBR7125J (Motorcycle)	Contact No.	98579125
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/12/2022	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Serious

**Brief Details.**

On 3/12/2022 at about 0000hrs, I was travelling along TPE(SLE) on my motorcycle FBR7125J in lane one the outer-most right lane behind the taxi SHD9474R. I lane-changed to the left to be in the middle lane. While travelling along the middle lane, the taxi had also lane-changed into my lane and I am not sure whether he had signalled. The next thing I knew, a collision happened. The side of the taxi had collided into my motorcycle as I was travelling in the middle lane. I then skidded along with my motorcycle on the road where I eventually ended up on lane 3, while my bike ended up on the road shoulder. I then stood up to avoid getting hit from on-going cars. The taxi driver then went to the road shoulder with his vehicle and stopped. We then exchanged phone numbers to which the taxi driver's number is +65 92372003. However, I do not have any other details of him.

Later, ambulance arrived at scene followed by TP officers. The ambulance then conveyed me to Sengkang General Hospital while my bike would be towed back to TP.






Due to the accident, there has been damages done to my motorcycle. The left and right side body panel of my motorcycle had been filled with scratches together with the engine exhaust cover being scratched as well.

The damages done to the taxi is the vehicle's left front mirror cover had been removed from the assembly and there are some scratches along the left body panel of the vehicle.

After being conveyed to the hospital, I was then given a 4 days Medical Certificate as I would be unfit for duty from 03/12/2022 to 06/12/2022.

I do not have any camera recording system installed to my bike at time of accident.



 2 of 3 21203/2042	 <b>SINGAPORE POLICE FORCE</b>	 T/20221203/2042
Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999		3 of 3 Report No. T/20221203/2042
CONTINUATION OF REPORT		
<b>Sketch Plan</b> Informant is not able to provide sketch plan		
<p>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 <u>report number</u> as reference.</p>		
Signature of Officer Recording The Report: F / SGT 2 Mohammad Azizi Bin Sani 		Signature Of Informant: 
Signature Of Interpreter: Not applicable		Date/Time: 03/12/2022 14:59
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171		Classification Of Case:
NP168		



### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5119131640-02

**Cover** : Third Party, Fire & Theft

- |   |                                |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle    | : FBR7125J                     |
| Chassis Number                                      | : MH3SG4610LJ334804            |
| 2. Name of Policyholder                             | : MUHAMMAD FARHAN BIN SUDIRMAN |
| 3. Effective Date of Insurance                      | : 19 Sep 2022                  |
| 4. Expiry Date of Insurance                         | : 18 Sep 2023                  |
| 5. Persons or Classes of Persons entitled to drive# |                                |

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.  
 (b) Use for food/parcel/other delivery services.

This Policy does not cover

- (a) Use for hire or reward.  
 (b) Use for racing, pace-making, reliability trial or speed-testing.  
 (c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
 (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MUHAMMAD FARHAN BIN SUDIRMAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : AXIS LINK PTE. LTD. (00000614797)

Date of Issue : 09 Sep 2022 00:24 hrs

For INCOME INSURANCE LIMITED

Chief Executive