

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 27/12/2022 17:42 (SGT)
Reported by Both
Date of Accident 22/12/2022 16:30 (SGT)
Exact Location of Accident 205 Toa Payoh N, Singapore 310205
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR2009U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD ARFIZAN BIN ARMAN
NRIC No S9732615J
Email Address FIZAN97@HOTMAIL.COM
Mobile Phone No (Phone) +65-93226469
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model ADV150
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 150

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5124338062

DRIVER

Name of Driver MUHAMMAD ARFIZAN BIN ARMAN
NRIC No S9732615J
Date Of Birth 16/09/1997
Occupation Indoor

Date Of Driving Pass	26/02/2016
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93226469
Alt. Phone Number	-
Email Address	FIZAN97@HOTMAIL.COM
Address	BLK 103 LORONG 1 TOA PAYOH #03-325
Address complement	-
Postcode	10103
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 on collision
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	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 POLICE REPORT: T/20221223/7006.

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	SNB2336S
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	VEHICLE B
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD ARFIZAN BIN ARMAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR2009U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

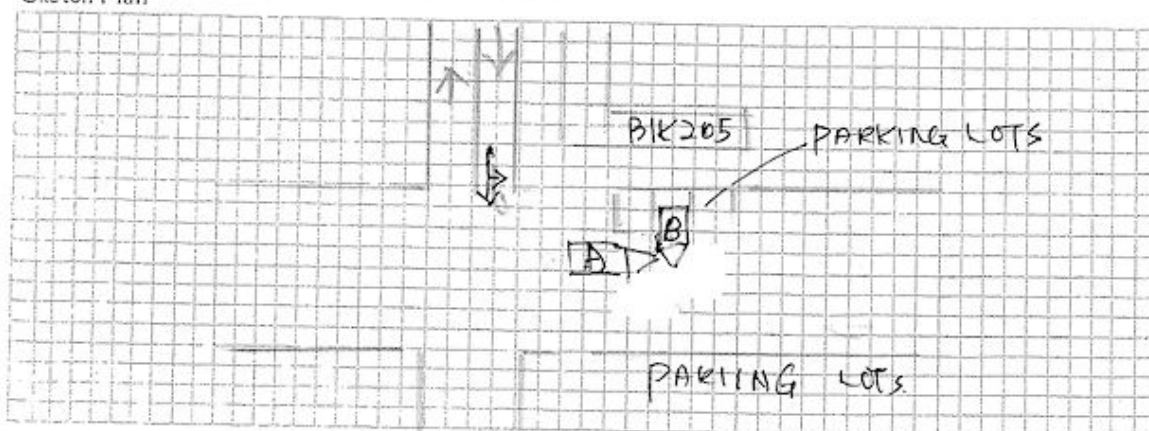
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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 23/12/2022
Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date
& Time 23/12/2022

27/12/22
Witnessed by Reporting Centre
Personnel



Describe Circumstances of the Accident

Brief Details.

Before making a left turn from Toa Payoh North to towards toa payoh north block 205, opposite SPH building. I check both intersection before continuing my journey. After turning left and straightening my positioning of the bike. As I was picking up my speed after the left turn, the other party (SNB2336S) which was parked beside a van is out of sight moved the vehicle forward in my path, upon noticing it as the very last minute, I jammed both my brakes but did not manage to stop in time therefore I collided on the driver side of the vehicle. The impact did not cause me to flung because I jammed my brakes and I was not speeding but still did some damage. Still in pain and shocked, I put my bike on side stand and sit on a kerb, the driver moved the car forward to exit the vehicle because my front tyre was in the way of his door.

Declaration

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

Chien

Policyholder's Signature / Date &

Time 23/12/2022

Chien

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

& Time 23/12/2022

Witnessed by Reporting Casualty
Personnel



SINGAPORE POLICE FORCE



T/20221223/7006

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

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Report No. T/20221223/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2022 02:50		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD ARFIZAN BIN ARMAN			Address: 103 LORONG 1 TOA PAYOH #03-325 SINGAPORE 310103		
ID Type / ID No.: NRIC NO / S9732615J			Contact No.: Home/Office: Mobile: 93226469		
Nationality: SINGAPORE CITIZEN			Email: FIZAN97@HOTMAIL.COM		
Sex: Male	Age: 25	Date of Birth: 16/09/1997	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/12/2022 16:25	Type of Location: Car Park
Location: TOA PAYOH NORTH				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit: 30 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR2009U	Motorcycle	HONDA	ADV 150 ABS CVT	Red		0
SNB2336S	Car	HONDA		Blue	Slightly Damaged	0

Details of Vehicle Insurance

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



T/20221223/7006

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

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Report No. T/20221223/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR2009U	NTUC Income Insurance Co-Operative Limited	5124338062	27/10/2021	09/03/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD ARFIZAN BIN ARMAN		ID No.	S9732615J
Related Vehicle	FBR2009U (Motorcycle)		Contact No.	93226469
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry	Class: 2,3 Date of Expiry: NIL
Date	22/12/2022		Date	23/12/2022
No. of Days granted Medical Leave		03	Degree of	Serious
Driver				
Name	MUHAMMAD ZAHIR BIN MAZLAN		ID No.	S94332121H
Related Vehicle	SNB2336S (Car)		Contact No.	80220558
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

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SINGAPORE
POLICE FORCE



T/20221223/7006

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

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Report No. T/20221223/7006

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20221223/7006

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

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Report No. T/20221223/7006

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 / TPB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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

Date/Time:
23/12/2022 02:50

Classification Of Case:

NP168