

# 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 .....	11/01/2023 08:37 (SGT)
Reported by .....	Driver
Date of Accident .....	17/11/2022 09:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	UPPER THOMSON FLYOVER
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBT4177T
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TRIBECAR PTE. LTD
Company Reg No .....	2XXXXX563H
Email Address .....	khierthii@rosetlimo.com
Mobile Phone No .....	(Phone) +65-93847764
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	Aerox
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Motorcycle
Transmission .....	Auto
CC .....	155

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMMFHQ22-000008

### DRIVER

Name of Driver .....	ABDUL MUHAIMIN BIN ABDUL AZIZ
NRIC No .....	SXXXX808A
Date Of Birth .....	21/09/1993
Occupation .....	Outdoor

Date Of Driving Pass .....	08/03/2012
Driving experience .....	10 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93847764
Alt. Phone Number .....	-
Email Address .....	khierthii@rosetlimo.com
Address .....	APT BLK 864 WOODLANDS STREET 83
Address complement .....	# 03-202
Postcode .....	730864
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	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 .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- L/20221117/7034

#### 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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
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 .....	ABDUL MUHAIMIN BIN ABDUL AZIZ
Gender .....	Male
Phone No .....	(Phone) +65-93847764
Address .....	APT BLK 864 WOODLANDS STREET 83
Address Complement .....	# 03-202
Post Code .....	730864
Approximate Age Years Old .....	-
Injuries Sustained .....	ABRASION ON LEGS AND HANDS, SWELLING ON RIGHT SIDE UPPER BODY.
Injured person in which vehicle? .....	FBT4177T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

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

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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 provider or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

TRIBECAR PTE. LTD.

Co. Reg. No: 201605563H

51 Ubi Ave 1 #03-30  
Paya Ubi Industrial Park  
Singapore 408933

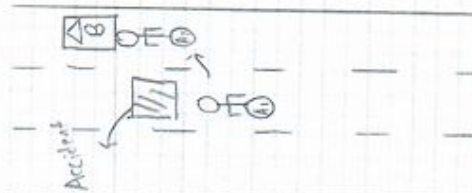
Policyholder's Signature / Date &amp; Time

Driver's Signature (# driver is not the policyholder) / Date &amp; Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

upper Thomson Flyover

A- FB54177T  
B- Unknown

**Describe Circumstances of the Accident**

refer to police report  
- L/2022/1117/7034

**Declaration**

We declare the foregoing particulars are true in every respect.

TRIBECAR PTE. LTD.  
Co. Reg. No: 201605563H  
51 Ubi Ave 1 #03-30  
Paya Ubi Industrial Park  
Singapore 408933

Policyholder's Signature / Date & Time

Ans.

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

gned 11/1/23

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



L/20221117/7034

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20221117/7034

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 17/11/2022 15:22	Vide Report No.	Station Diary No.
Name Of Informant ABDUL MUHAJMIN BIN ABDUL AZIZ	Address 864 WOODLANDS STREET 83 #03-202 SINGAPORE 730864	
ID Type / ID No. NRIC NO / S9333808A	Contact No. Home/Office:	Mobile: 93847764
Nationality SINGAPORE CITIZEN	Email Address MIMIN210993@GMAIL.COM	
Occupation Motorcycle delivery man	Sex Male	Age 29
Institution/School Name	Date of Birth 21/09/1993	Race Boyanese
Date/Time Of Incident 17/11/2022 09:10	Location Of Incident 864 WOODLANDS STREET 83 #03-202 SINGAPORE 730864	

**Brief details.**

I was riding on 2nd lane along CTE/SLE around 9.10am today dated 17th November 2022. There was also an accident on the 2nd lane, the lane that I'm at. I managed to change into the 1st lane and overtake passed the accident scene. When I wanted to go back to the 2nd lane, while checking my blindspot, the white van in front of me hit the brakes (jam braked) there was no other vehicle in front of the van. The moment I turned to look back in front, I hit the van. What happened afterwards, I was in state of shock and not really conscious and can only respond to a few questions that the paramedics questioned me. I was

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/11/2022 15:22
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20221117/7034

brought to Khoo Teck Puat Hospital. I was not having any serious injuries, had abrasions on my legs and hands, I could not move much as there's swelling on my right side of my upper body. After getting X-rayed, CT scan and my wounds attended to, I managed to get discharged home. I was given 3 medications and a total of 4 days MC reoccurring from 17th November to 20th November 2022.

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Unknown		
Victim			
Person Name	ABDUL MUHAIMIN BIN ABDUL AZIZ		
ID Type	NRIC NO	ID No	S9333808A
Gender	Male	Age	29
Race	Boyanese	Language	English
Occupation	Motorcycle delivery man	Address	864 WOODLANDS STREET 83 #03-202 SINGAPORE 730864
Mobile No	93847764	Is Informant A Victim?	Yes
Person Name			
ABDUL MUHAIMIN BIN ABDUL AZIZ (Informant)			

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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Date/Time:  
17/11/2022 15:22

Classification Of Case:





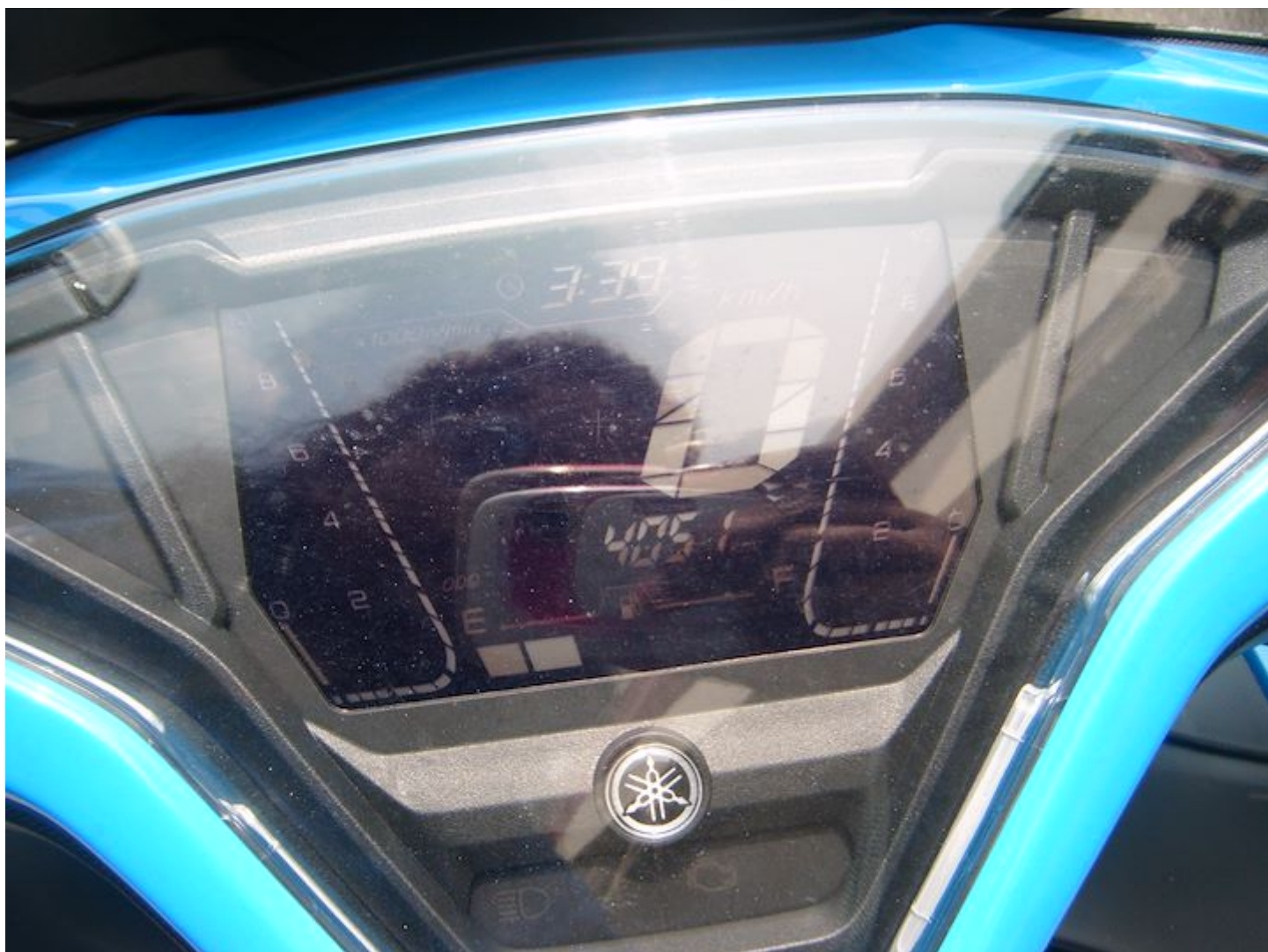




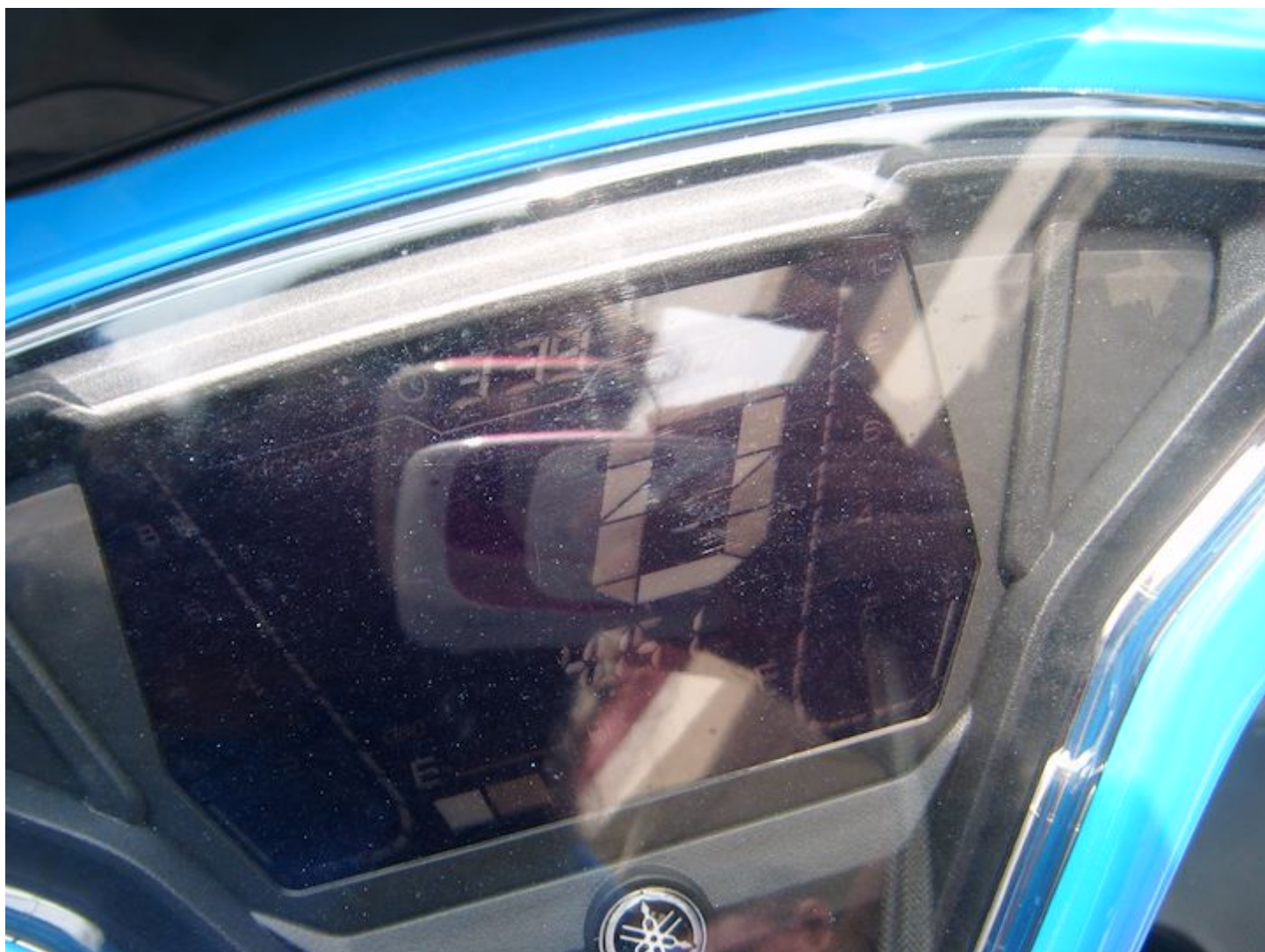














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POLICE FORCE**



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