

## 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 ..... 03/01/2023 18:04 (SGT)  
Reported by ..... Both  
Date of Accident ..... 29/12/2022 21:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TAMPINES AVENUE 9  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBF1268H

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MIRZA AKIM BIN RIDWAN  
NRIC No ..... S9834961H  
Email Address ..... MIRZAAKIM198@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-83333647  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Fz16  
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 ..... 0

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5121783387-01

#### DRIVER

Name of Driver ..... MIRZA AKIM BIN RIDWAN  
NRIC No ..... S9834961H  
Date Of Birth ..... 25/10/1998  
Occupation ..... Indoor

Date Of Driving Pass .....	02/03/2021
Driving experience .....	1 YEAR AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83333647
Alt. Phone Number .....	-
Email Address .....	MIRZAAKIM198@GMAIL.COM
Address .....	430 TAMPINES STREET 41 #02-515
Address complement .....	-
Postcode .....	520430
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? .....	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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO 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 .....	SMU2299C
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 .....	MIRZA AKIM BIN RIDWAN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

IMPORTANT NOTICE

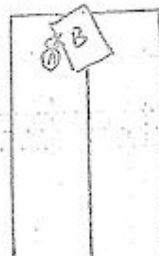
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' law firms/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 firms/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 firms/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

Sketch Plan



A = FBF1268H

B = SMU 2299C

Describe Circumstances of the Accident

*Refer to Police Report.*

Declaration

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



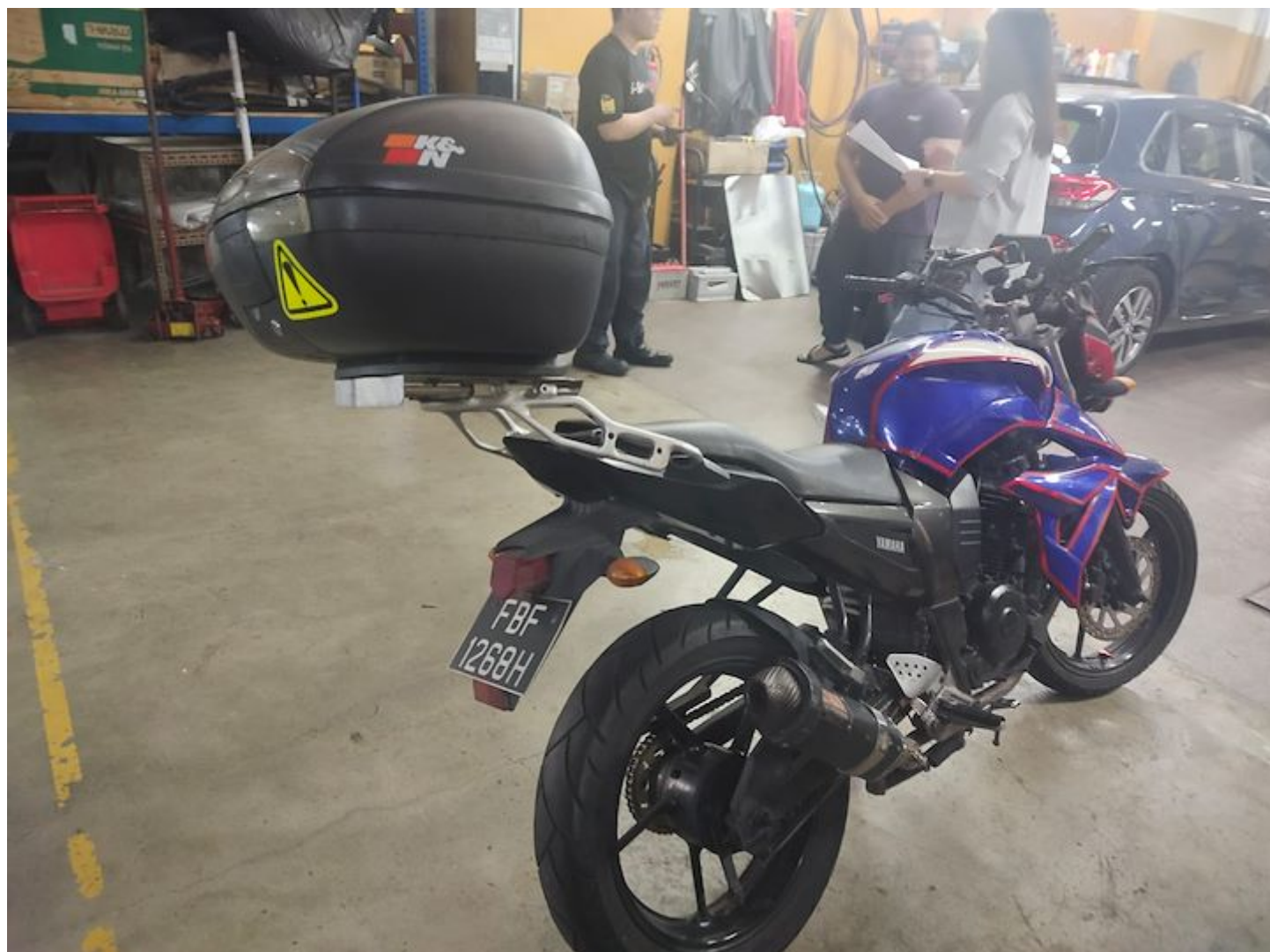
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





















**SINGAPORE  
POLICE FORCE**



G/20221229/7104

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20221229/7104

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 29/12/2022 22:31	Vide Report No.	Station Diary No.
Name Of Informant MIRZA AKIM BIN RIDWAN	Address 430 TAMPINES STREET 41 #02-515 SINGAPORE 520430	
ID Type / ID No. NRIC NO / S9834961H	Contact No. Home/Office:	Mobile: 83333647
Nationality SINGAPORE CITIZEN	Email Address MIRZAAKIM198@GMAIL.COM	
Occupation Automotive engineer	Sex Male	Age 24
Institution/School Name	Date of Birth 25/10/1998	Race Boyanese
Date/Time Of Incident 29/12/2022 21:50 - 29/12/2022 22:00	Language English	
	Location Of Incident 430 TAMPINES STREET 41 #02-515 SINGAPORE 520430	

**Brief details.**

Was involved in an accident between my bike (FBF1268H) and a car (didn't get a clear picture of the plate number). Was riding my bike at tampines street 41. Was at the cross junction at tampines ave 9 and tampines street 43. Was at the left lane going straight when the vehicle on the right lane suddenly turned left. Was unable to stop in time and struck the vehicle.

**Subjects Involved**

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: 29/12/2022 22:31
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



G/20221229/7104

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20221229/7104

<b>Suspect</b>			
Person Name	Li Zhizhou		
ID Type	NRIC NO	ID No	S2629796F
Gender	Male	Race	Chinese
Language	Chinese		
<b>Victim</b>			
Person Name	MIRZA AKIM BIN RIDWAN		
ID Type	NRIC NO	ID No	S9834961H
Gender	Male	Age	24
Race	Boyanese	Language	English
Occupation	Automotive engineer	Address	430 TAMPINES STREET 41 #02-515 SINGAPORE 520430
Mobile No	83333647	Is Informant A Victim?	Yes
Person Name	MIRZA AKIM BIN RIDWAN (Informant)		

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: 29/12/2022 22:31
Officer In-Charge Of Case:	Classification Of Case: