



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 15:29 (SGT) |
| Reported by | Both |
| Date of Accident | 10/01/2023 15:00 (SGT) |
| Exact Location of Accident | Grange Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------------|
| Vehicle Registration Number | FY5077T |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | MOHAMMAD FAIZAN KHAN BIN FEROZ KHAN |
| NRIC No | S8319187B |
| Email Address | FYZENKHAN@GMAIL.COM |
| Mobile Phone No | (Phone) +65-98209462 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Cb400 |
| 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 | 400 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5119134972-02 |

DRIVER

| | |
|----------------|-------------------------------------|
| Name of Driver | MOHAMMAD FAIZAN KHAN BIN FEROZ KHAN |
| NRIC No | S8319187B |
| Date Of Birth | 22/06/1983 |
| Occupation | Indoor |



| | |
|--|-----------------------|
| Date Of Driving Pass | 31/08/2010 |
| Driving experience | 12 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98209462 |
| Alt. Phone Number | - |
| Email Address | FYZENKHAN@GMAIL.COM |
| Address | BLK 944 #09-493 |
| Address complement | JURONG WEST STREET 91 |
| Postcode | 640944 |
| 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 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? | 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 | Jurong Division Headquarters |
| Police Station Phone No | (Phone) +65-18007910000 |
| Alt. Police Station Phone No | (Fax) +65-68965647 |
| Police Station Address | No. 2 Jurong West Avenue 5 Singapore 649482 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: J/20230110/7091

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 | GBE6874E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | KUMAR JEYAPAL |
| Passport No/FIN | G2614956N |
| Contact Number | (Phone) +65-86963257 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-------------------------------------|
| Name of injured person | MOHAMMAD FAIZAN KHAN BIN FEROZ KHAN |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | FY5077T |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

SKETCH PLAN

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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 lodging of the 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 envelope/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.

11/01/2023 & 1600 HRS
Policyholder's Signature / Date & Time

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

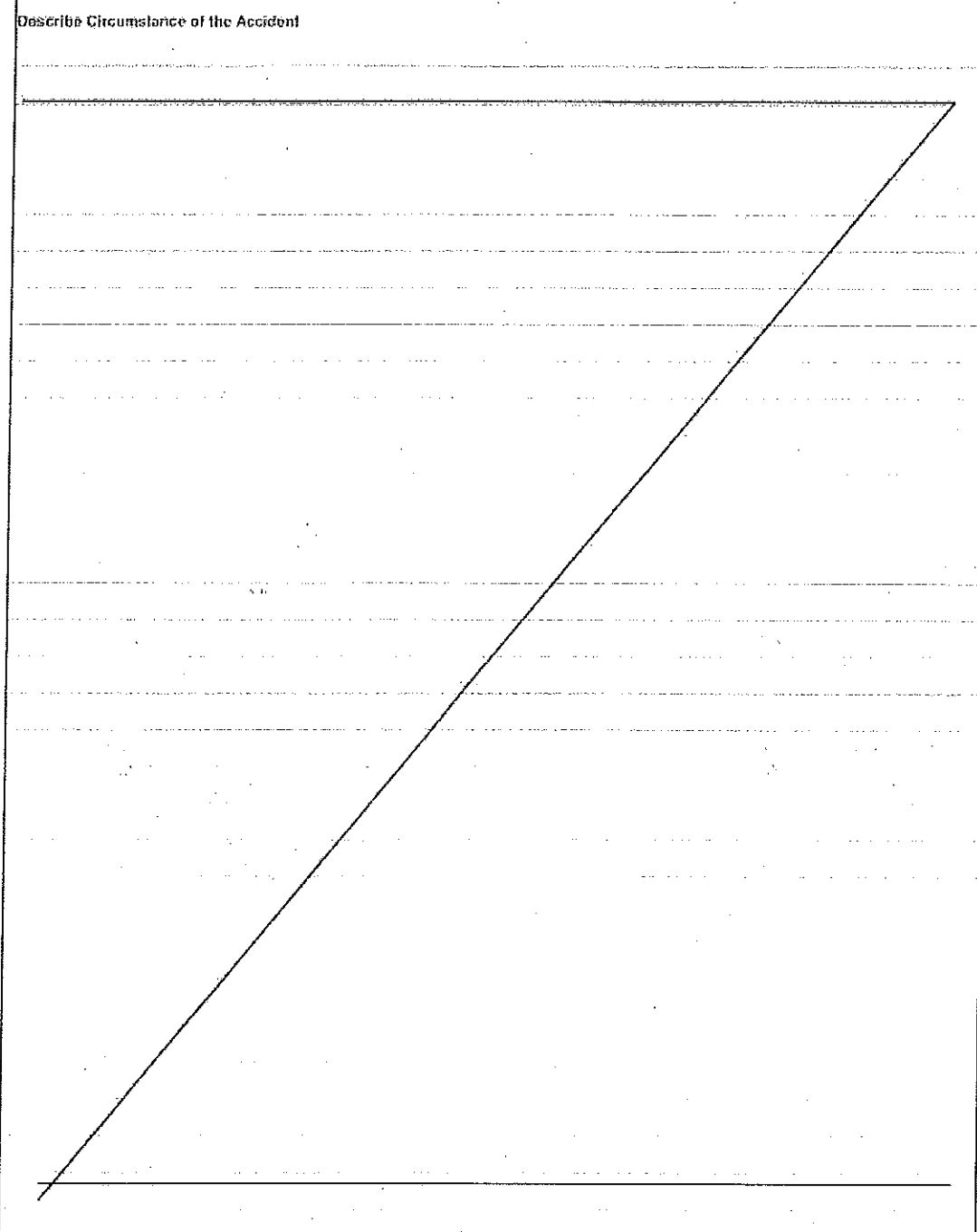
Mohammad Ikhsan Bin Abdul Aziz
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

A - FY5077T
B - GBE6874E

SKETCH PLAN #2

Describe Circumstance of the Accident



Declaration

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



11/01/2023 & 1603HRS
Policyholder's Signature / Date & Time

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



Mohammad Khasan Bin Abdul Aziz
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20230111/2081

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3
Report No. T/20230111/2081

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 11/01/2023 17:46 | Vide Report No.: J/20230110/7091 | Station Diary No.: 95 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|----------------------------|--|
| Name of Informant: MOHAMMAD FAIZAN KHAN BIN FEROZ KHAN | | | Address: APT BLK 944 JURONG WEST STREET 91 #09-493 SINGAPORE 640944 | | |
| ID Type / ID No.: NRIC NO / S8319187B | | | Contact No.: Home/Office: Mobile: 98209462 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 39 | Date of Birth: 22/06/1983 | Type of Informant: Driver | | |
| Race: Indian | | | Language: | Institution / School Name: | |
| Occupation: PROPERTY EXECUTIVE | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 10/01/2023 15:00 | Type of Location: Straight Road |
| Location: GRANGE ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|-------|----------------|-------|---------------------|-----------------|
| FY5077T | Motorcycle | HONDA | CB400SF4J M | Blue | Slightly Damaged | 0 |
| GBE6874E | Van | | | | No Damage | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|---------------|------------|-------------|
| FY5077T | NTUC Income Insurance Co-Operative Limited | 5119134972-02 | 07/10/2022 | 06/10/2023 |



**SINGAPORE
POLICE FORCE**



T/20230111/2081

2 of 3

Report No. T/20230111/2081

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT

Brief Details.

V1: FY5077T

V2: GBE6874E

Driver: Kumar Jeypal

I already lodged a report as vided above. However, the incident location was wrongly inputted thus I have to amend the incident location for insurance claimant purposes.

I was on my motorbike V1, stopping at the stop line at Grange Road opposite the entrance of MOE HQ at 51 Grange Road. While on stationary at the stop line, V2 a white Nissan van momentarily stopped behind me. V2 then moved forward hitting the back of V1 on the left side causing it to fell together with me. The bike then fell to the right and pin on my right leg.

I managed to pull out my right leg with the help of the van driver. The motorbike was not able to start and was towed to Panjang Garage workshop for repairs.

I sustained swell on my shin, sore knee and thigh, bruise on my right hip and swelling on my back from the impact of the fall. I went to a private doctor to assess my injuries and was given 3 days MC pending further review.



**SINGAPORE
POLICE FORCE**



T/20230111/2081

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20230111/2081

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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 report number as reference.

Signature of Officer Recording The Report:

J/

SGT 3 MOHAMED AMIN ARAFA
BIN MOHAMED BASHEER

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN

Contact No.: 65476219

Signature Of Informant:

Date/Time:

11/01/2023 17:46

Classification Of Case:

NP168

