

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	04/02/2023 11:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/01/2023 14:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CHOA CHU KANG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT990M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MAK KAR FAI
NRIC No	S1499054B
Email Address	JIAHUI808C@GMAIL.COM
Mobile Phone No	(Phone) +65-83386600
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	SUPERCUB
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	125

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124518373-01

DRIVER

Name of Driver	MAK KAR FAI
NRIC No	S1499054B
Date Of Birth	10/08/1961
Occupation	Indoor

Date Of Driving Pass	17/10/1981
Driving experience	41 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83386600
Alt. Phone Number	-
Email Address	JIAHUI808C@GMAIL.COM
Address	BLK 808C CHOA CHU KANG AVE 1 #06-600
Address complement	-
Postcode	683808
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	Side Swipe
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SMG3275M
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	61
Injuries Sustained	8 FRACTURES (FRONT AND BACK) ABRASIONS ON RIGHT SHOULDER, KNEE AND ELBOW
Injured person in which vehicle?	FBT990M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance of the Accident

REFER TO GEARS


Declaration

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



Policyholder's Signature / Date & Time
4/2/2023

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



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

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN 2

SKETCH PLAN

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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

[Signature]
4/2/2023

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

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

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN

Sketch Plan

A - FBT990M
B - SMG3275M

ALONG CHOA CHU KANG RD










**SINGAPORE
POLICE FORCE**


T/20230114/2086

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20230114/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2023 17:59	Video Report No.:	Station Diary No.: 80
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Informant's Particulars

Name of Informant: MAK KAR FAI		Address: APT BLK 808C CHOA CHU KANG AVENUE 1 #06-600 SINGAPORE 683808	
ID Type / ID No.: NRIC NO / S1499054B		Contact No.: Home/Office: Mobile: 91055659	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 10/08/1961	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DELIVERY		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/01/2023 14:50	Type of Location: T-Junction
Location: CHOA CHU KANG ROAD				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: BETWEEN MOVING VEHICLES - REAR AND SIDE SWIPE			Anyone conveyed by ambulance: Yes	

FBT No.	Vehicle Type	Make	Model	Color	Condition	Mod. Remarks
FBT990M	Motorcycle	HONDA	SUPER CUB 125 MANUAL	Red	Seriously Damaged	0

FBT No.	Insurance Company	Policy No.	Effective	Expiry Date
FBT990M	NTUC Income Insurance Co-Operative Limited	5124518373	10/11/2021	16/01/2023

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**SINGAPORE
POLICE FORCE**



T/20230114/2086

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Report No. T/20230114/2086

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	MAK KAR FAI	ID No.	S1499054B
Related Vehicle	FBT990M (Motorcycle)	Contact No.	91055659
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3 Date of Expiry: NIL
Date Treatment	08/01/2023	Date Discharge	13/01/2023
No. of Days granted Medical Leave	42	Degree of Injury	Serious

Brief Details.

On 08/01/2023 at around 1450hrs, I was riding my motorbike (FBT990M) along Choa Chu Kang Road on the second lane. As I was approaching the T-junction, suddenly I felt an impact from my rear of my motorbike. The impact was so huge till I flung out to the front, away from my motorbike.

I wish to state that I was unable to recall the whole accident as I was blacked out. I then regained conscious when someone approached me. At first, the driver informed that his mirror of his car was damaged, and afterwards he asked whether I could stand. However due to the pain, I was not able to stand and that's where a passerby called for ambulance. I was conveyed by the ambulance to Ng Teng Fong Hospital and was granted with a hospitalization leave for 42 days from 08/01/2023 to 18/02/2023. I suffered 4 rib fractures on the right side of my body and a few abrasions on my right knee, elbow, shin, and the back of my right shoulder. My neck was also strained due to the accident. As I was conveyed to the hospital, I was unaware of the damages of my motorbike.

I am lodging this report as I was advised by IO Intan and the reference report from the Traffic Police is TP/P/00629/2023.

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**SINGAPORE
POLICE FORCE**

T/20230114/2086

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No: T/20230114/2086

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 2 NUR SYUHADA BINTE
ROSLI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/01/2023 17:59

Officer In Charge Of Case:
TP / GIT /
SI GOH WEI LI
Contact No.: 65476394

Classification Of Case:

NP168

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