

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	07/02/2023 10:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/01/2023 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KAKI BUKIT AVE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR9331S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SYAFIQ DANIAL BIN SULAIMI
NRIC No	S9928130H
Email Address	SYFQDNL@GMAIL.COM
Mobile Phone No	(Phone) +65-87525364
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	XSR155
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	155

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	AN3206550

DRIVER

Name of Driver	SYAFIQ DANIAL BIN SULAIMI
NRIC No	S9928130H
Date Of Birth	07/09/1999
Occupation	Indoor

Date Of Driving Pass	19/08/2020
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87525364
Alt. Phone Number	-
Email Address	SYFQDNL@GMAIL.COM
Address	741 TAMPINES ST 72 #07-70 S.520741
Address complement	-
Postcode	-
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	Collided into Property
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 ATTACHED REPORT AND 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	SKC2529H
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	SYAFIQ DANIAL BIN SULAIMI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

No Photo

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.



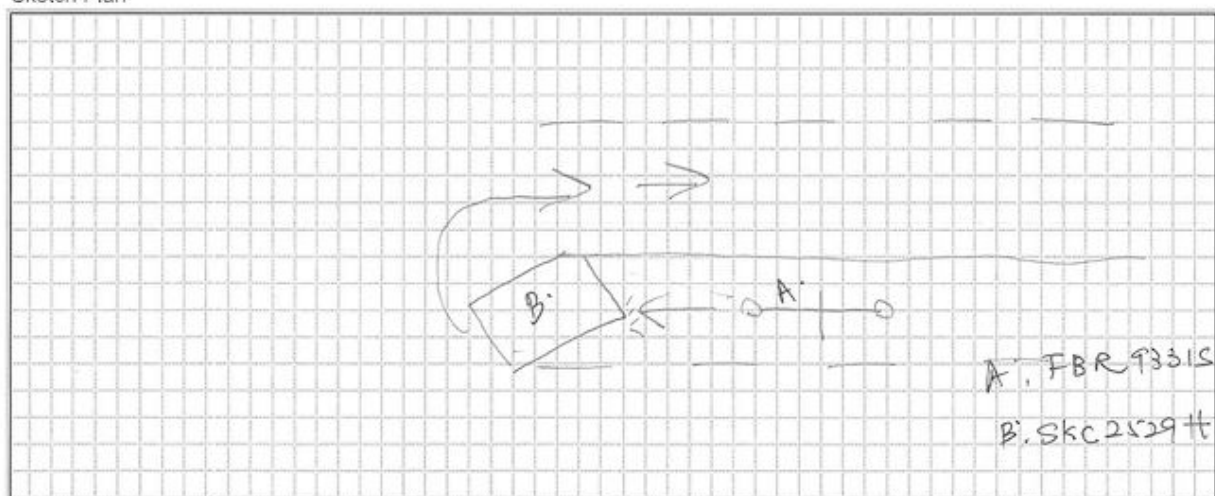
Mdm 26/01/23 15:30

Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

1


Describe Circumstance of the Accident

As per Police Report .

The car involved signalled left and moved left making it looked like it was turning left so i proceeded going straight in the same lane when he suddenly made a wide u-turn causing me to hit him by accident as i was unable to make a complete stop in time. There was no right arrow or u-turn sign at that road.

Declaration

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

 26/01/23 15:30

Policyholder's Signature / Date & Time

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



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















**SINGAPORE
POLICE FORCE**



T/20230119/7032

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

1 of 3

Report No. T/20230119/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/01/2023 15:07		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SYAFIQ DANIAL BIN SULAIMI			Address: 741 TAMPINES STREET 72 #07-70 SINGAPORE 520741		
ID Type / ID No.: NRIC NO / S9928130H			Contact No.: Home/Office: Mobile: 87525364		
Nationality: SINGAPORE CITIZEN			Email: SYFQDNL@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 07/09/1999	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/01/2023 19:00	Type of Location: Minor road
Location: KAKI BUKIT AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
FBR9331S	Motorcycle	YAMAHA	XSR155 MANUAL	Green		0
SKC2529H	Car	MERCEDES BENZ		Black	Slightly Damaged	2

Details of Vehicle Insurance

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



T/20230119/7032

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

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Report No. T/20230119/7032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR9331S	ETIQA INSURANCE BERHAD	AN3206550	07/12/2022	06/12/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHUNG JOO POH		ID No.	S2006367Z
Related Vehicle	FBR9331S (Motorcycle)		Contact No.	96837193
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Rider				
Name	SYAFIQ DANIAL BIN SULAIMI		ID No.	S9928130H
Related Vehicle	FBR9331S (Motorcycle)		Contact No.	87525364
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	18/01/2023		Date	18/01/2023
No. of Days granted Medical Leave		03	Degree of	Slight

Brief Details.

Driver signalled left but made a wide illegal u-turn to the right before the T-Junction along kaki bukit avenue 6. I have pictures taken at the scene of the accident.



**SINGAPORE
POLICE FORCE**



T/20230119/7032

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

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Report No. T/20230119/7032

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

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: 19/01/2023 15:07
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168



INTERVIEW FORM

Name (Driver) : Syafiq Daniel Bin Sulami

Policy No : AN3206550

Vehicle No : FBR 9331 S

Place of Accident : Kaki Bukit Ave 6

Insured Driver's relationship with Insured : Same

Drink Driving of Insured and/or Insured Driver : —

No of passenger(s) in Insured vehicle : —

Injury to Insured and/or Insured driver, please indicate which hospital:
NO

Third Party Vehicle No (if any) : SKC2529H

No of passenger(s) in Third Party Vehicle : 1 + 1

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
Rider injured

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
Front to Rear

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
—

Traffic Police report (enclosed) ☒ Yes / ☐ No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) / Date
I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature) / Date
Workshop Name: _____

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