

# 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 Authorised 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 ..... 13/08/2021 14:04 (SGT)  
Date of Accident ..... 05/08/2021 19:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SERANGOON ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBH4972C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD FAHMI BIN MUHAMAD MATNI  
NRIC No ..... S9238438A  
Email Address ..... fahmimatni@gmail.com  
Mobile Phone No ..... (Phone) +65-82995467  
Alternative Phone No ..... +65-82995467

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... TMAX 530  
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 ..... 530

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5119332781  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD FAHMI BIN MUHAMAD MATNI  
NRIC No ..... S9238438A

Date Of Birth .....	27/10/1992
Occupation .....	Indoor
Date Of Driving Pass .....	29/10/2019
Driving experience .....	1 YEAR AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82995467
Alt. Phone Number .....	+65-82995467
Email Address .....	fahmimatni@gmail.com
Address .....	183 JALAN PELIKAT
Address complement .....	#02-62
Postcode .....	537643
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? .....	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

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Paya Lebar Neighbourhood Police Post
Police Station Address .....	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
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
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJD8824Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	UNKNOWN
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 .....	MUHAMMAD FAHMI BIN MUHAMAD MATNI
Gender .....	Male
Phone No .....	-
Address .....	183 JALAN PELIKAT
Address Complement .....	#02-62
Post Code .....	537643
Approximate Age Years Old .....	28
Injuries Sustained .....	BOTH ARMS AND LEGS ABRASION, HEAD CONCUSSION, LEFT SHOULDER SORE
Injured person in which vehicle? .....	FBH4972C
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. The 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 lodgment 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 providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 12/2/21  
1400HR3

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

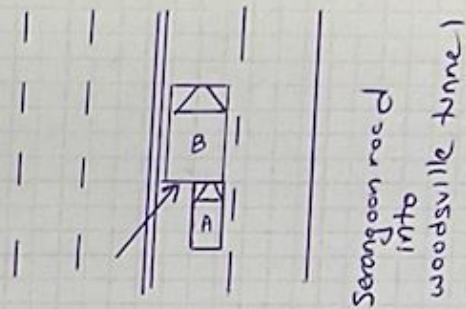
Reporting Centre Personnel's Signature

Name: Shan  
NRIC/FIN No.: 8990349



SKETCH PLAN

A- FBH4972C  
B- SJD8824Y

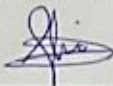


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 13/8/21  
1400HRS

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

  
Reporting Centre Personnel's Signature  
Name: Shan  
NRIC/FIN No.: S990349

































# SINGAPORE POLICE FORCE



T/20210806/2037

1 of 3

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

Report No. T/20210806/2037

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2021 13:34	Vide Report No.: A/20210805/0114	Station Diary No.: 20
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## Informant's Particulars

Name of Informant: MUHAMMAD FAHMI BIN MUHAMAD MATNI			Address: 183 JALAN PELIKAT #02-62 SINGAPORE 537643		
ID Type / ID No.: NRIC NO / S9238438A			Contact No.: Home/Office: Mobile: 82995467		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 27/10/1992	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: QUALITY INSPECTOR			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

T/20210806/2037

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/08/2021 07:30	Type of Location: Straight Road
Location: SERANGOON ROAD	Lamp Post Number: 118F	Road Surface: Dry	Road Speed Limit:	Traffic Volume: Heavy
Weather: Clear	Traffic Flow: One Way	Traffic Control: Not Controlled	Anyone conveyed by ambulance: Yes	
Type of Collision: Unknown				

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH4972C	Motorcycle	YAMAHA	TMAX 530 CVT	Grey		0
SJD8824Y	Car					0

Date/Time of

Type of

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBH4972C	NTUC Income Insurance Co-Operative Limited	5119332781	05/10/2020	04/10/2021





**SINGAPORE  
POLICE FORCE**



T/20210806/2037

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

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Report No. T/20210806/2037

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD FAHMI BIN MUHAMAD MATNI	ID No.	S9238438A
Related Vehicle	FBH4972C (Motorcycle)	Contact No.	82995467
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	05/08/2021	Date Discharge	06/08/2021
No. of Days granted Medical Leave	07	Degree of Injury	NIL
<b>Other Person Involved</b>			
Name	Unknown	ID No.	NIL
Related Vehicle	SJD8824Y (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 05/08/2021 at about 0730hrs, I was riding my motorcycle(Registration No. FBH4972C) along Serangoon Road towards Potong Pasir direction on the 2nd lane of the four lanes road when suddenly, another car(Registration No. SJD8824Y) driving on my 3rd lane cut into my lane before the tunnel. There was a collision however I could not remember what happened and lost conscious for a moment. I only remember I was kneeling down facing the road and informed the driver to call for ambulance. The driver assisted me to my motorcycle and I sat down. I was conveyed to Tan Tock Seng hospital and discharge on 06/08/2021 with 7days of MC. Traffic Police also attended reference incident A/20210805/0114. My motorcycle was towed to Traffic Police compound therefore I do not know the damages of my motorcycle. I am lodging this Police report as instructed by Traffic Police.



# SINGAPORE POLICE FORCE



T/20210806/2037

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

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Report No. T/20210806/2037

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:  
F /  
Sgt 2 BOH YONG SENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/08/2021 13:34

Officer In Charge Of Case:

TP / GIT /  
Sgt 3 MUHAMMAD SYARIFUDDIN  
MUHAMMAD AJMAIN  
Contact No: 65476367

SN 085

Classification Of Case:

Authentication Stamp  
NP168

Signature:

Singapore Police Force





**SINGAPORE  
POLICE FORCE**



F/20210811/7079

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**POLICE REPORT (NP299)**

Report No. F/20210811/7079

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 11/08/2021 23:13	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD FAHMI BIN MUHAMAD MATNI	Address 183 JALAN PELIKAT #02-62 SINGAPORE 537643	
ID Type / ID No. NRIC NO / S9238438A	Contact No. Home/Office: Mobile: 82995467	
Nationality SINGAPORE CITIZEN	Email Address fahmimatni@gmail.com	
Occupation Quality inspector	Sex Male	Age 28
Institution/School Name	Date of Birth 27/10/1992	Race Malay
Date/Time Of Incident 05/08/2021 19:30	Location Of Incident Serangoon Road	

**Brief details.**

Vide T/20210806/2037

I would like to add on and make amendments to my initial report:

Time of accident should be 1930 Hours on 05/08/2021

I was riding my bike FBH4972C along the 2nd lane from the right, heading towards the tunnel, along Serangoon Road.

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: 11/08/2021 23:13
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



F/20210811/7079

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. F/20210811/7079

Just before the said tunnel towards Potong Pasir, there was a traffic jam along the lanes to my left. These lanes had no access to the tunnel I was heading into.

Between my lane and the lane to my left, there is a long stretch of double continuous white line followed by a chevron and poles.

As traffic was clear in my lane, I was cruising straight when suddenly, SJD8824Y abruptly swerved out from the lane on my left, cutting across the double white lines.

It caught me completely off guard as I had never expected another vehicle to cut across the double white lines.

I immediately jammed on my brakes and attempted to swerve to my right to avoid the collision but to no avail.

I remember the left portion of my bike hitting against the rear right portion of SJD8824Y before I lost my balance and skidded onto the ground.

I lost consciousness and lay on the ground before ambulance arrived to convey me to TTSH.

After being treated for injuries to my head, left shoulder and limbs, I was discharged with 7 days HL the next day.

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: 11/08/2021 23:13
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE  
POLICE FORCE**



F/20210811/7079

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. F/20210811/7079

After I was discharged, I also started feeling soreness over my neck area on top of injuries reported at TTSH.

After my initial HL ended, I proceeded to my family doctor at Intemedical Kovan for a follow up and was given additional 7 days MC.

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: 11/08/2021 23:13
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	