

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	13/02/2023 14:28 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/02/2023 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HAVELOCK ROCK A (FOUR POINTS BY SHERATON)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS9978X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDUL HADI BIN ABDUL AZIZ
NRIC No	S9021118H
Email Address	ABDUL_HADI18@HOTMAIL.COM
Mobile Phone No	(Phone) +65-88913558
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	T SNIPER V3
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	Auto
CC	150

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124046658-01

DRIVER

Name of Driver	ABDUL HADI BIN ABDUL AZIZ
NRIC No	S9021118H
Date Of Birth	18/06/1990
Occupation	Outdoor

Date Of Driving Pass	17/12/2020
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88913558
Alt. Phone Number	-
Email Address	ABDUL_HADI18@HOTMAIL.COM
Address	41 TELOK BLANGAH RISE #07-365 S090041
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	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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED 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	SMK5036C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DEREK KHAN
Contact Number	(Phone) +65-97950353
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	ABDUL HADI BIN ABDUL AZIZ
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASION ON THIGH AND SWOLLEN ANKLE
Injured person in which vehicle?	FBS9978X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	MR LIM
Phone	(Phone) +65-85086861
Email	-

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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.

WK 13-02-2023 1:15
Policyholder's Signature / Date & Time

WK 13/2/23 2pm
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

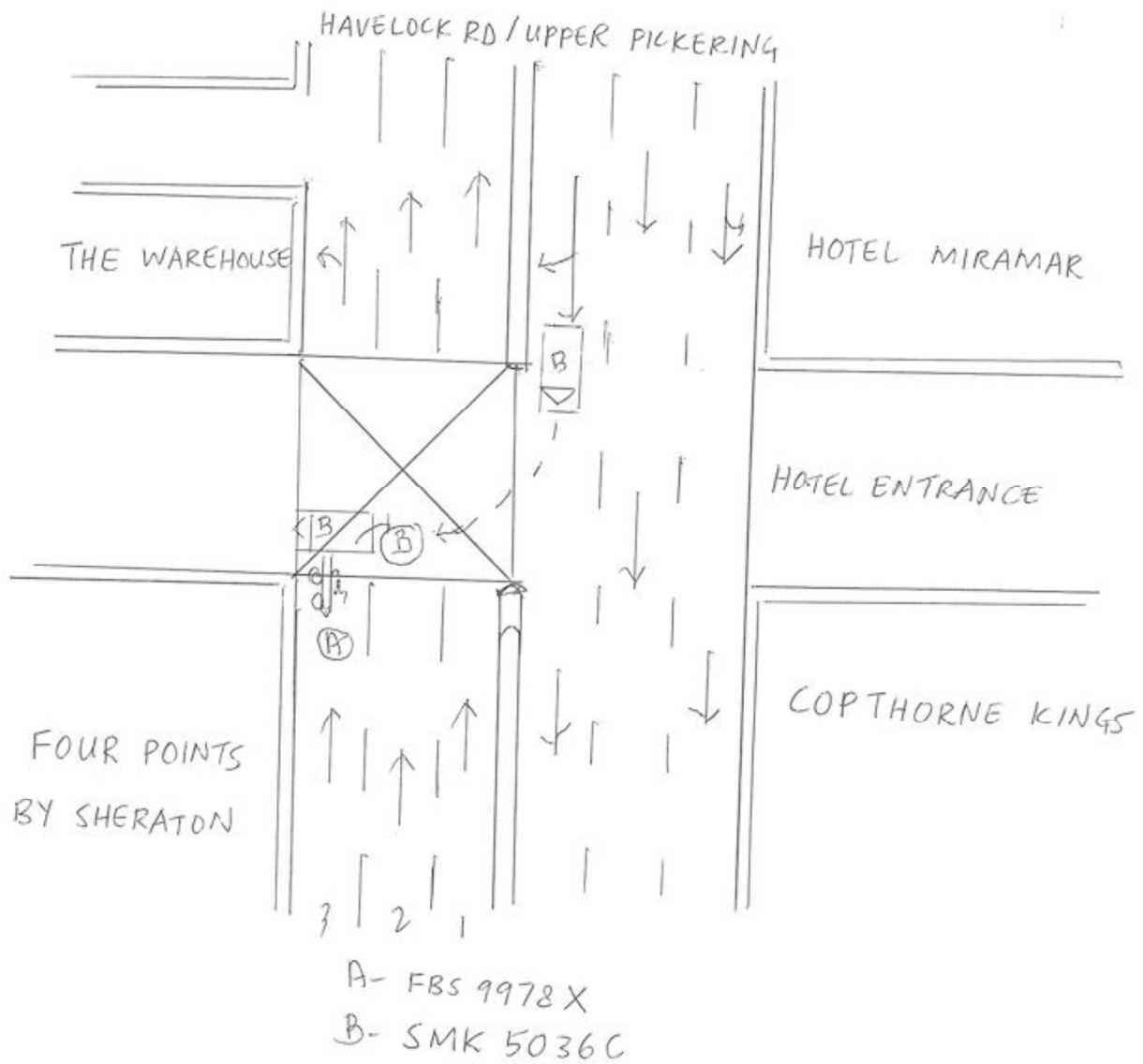
[Signature]
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

As attached

vJun2022

1



mk

Describe Circumstance of the Accident

As per police report, attached.

Declaration

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

h6 13-02-2023 1:15

Policyholder's Signature / Date & Time

h6

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/20230212/2052

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20230212/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2023 17:48		Vide Report No.:		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: ABDUL HADI BIN ABDUL AZIZ			Address: APT BLK 41 TELOK BLANGAH RISE #07-365 SINGAPORE 090041		
ID Type / ID No.: NRIC NO / S9021118H			Contact No.: Home/Office: Mobile: 88913558		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 18/06/1990	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Grab Delivery			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/02/2023 19:00	Type of Location: Traffic junction
Location: HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS9978X	Motorcycle	YAMAHA	T155	Grey	Slightly Damaged	0
SMK5036C	Car				Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS9978X	NTUC Income Insurance Co-Operative Limited	5124046658-01	06/10/2022	05/10/2023



**SINGAPORE
POLICE FORCE**



T/20230212/2052

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20230212/2052

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL HADI BIN ABDUL AZIZ	ID No.	S9021118H
Related Vehicle	FBS9978X (Motorcycle)	Contact No.	88913558
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	11/02/2023	Date Discharge	11/02/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 11/02/2023 at about 1900hrs, I was riding my vehicle (FBS9978X) at Havelock Road travelling at about 20km/hr.

As I am approaching the junction, a vehicle (SMK5036C) suddenly made a right turn towards Four Points by Sheraton and collided with my vehicle. We then got out of our vehicle and take pictures of the damages, the driver of the vehicle SMK5036C only provided me with his phone number. As I felt pain on both my thigh and ankle after the collision thus I called for ambulance. There were dent at the left side of his vehicle and there were bend on the front wheel of my vehicle.

The Ambulance and Traffic police also attended to the incident but the other party left prior to their arrival and I was conveyed conscious to Singapore General Hospital. I was subsequently given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20230212/2052

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Report No. T/20230212/2052

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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:
G /
SGT 2 ALAN KWAN YI HUI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 2 PHUA TIAK YEE
Contact No.: 65476200

Signature Of Informant:

Date/Time:
12/02/2023 17:48

Classification Of Case:

NP168