



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	29/01/2023 20:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/01/2023 22:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI BEFORE ENG NEO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT9879T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD MUZAMMIL BIN MURAT
NRIC No	S9906632F
Email Address	MUHAMMADMUZAMMIL1999@GMAIL.COM
Mobile Phone No	(Phone) +65-86064096
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
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	160

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129015671

DRIVER

Name of Driver	MUHAMMAD MUZAMMIL BIN MURAT
NRIC No	S9906632F
Date Of Birth	10/03/1999
Occupation	Indoor



Date Of Driving Pass	04/10/2017
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86064096
Alt. Phone Number	-
Email Address	MUHAMMADMUZAMMIL1999@GMAIL.COM
Address	BLK 648C JURONG WEST ST 61 #07-202
Address complement	-
Postcode	643648
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
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	SHB9951R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour		
Vehicle Category		Taxi
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	24
Injuries Sustained	RIGHT RING FINGER FRACTURE RIGHT ARM ABRASION RIGHT ANKLE DISLOCATION FBT9879T
Injured person in which vehicle?	No
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

29/1/2023

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

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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 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.

[Signature]

[Signature]

Policyholder's Signature / Date & Time

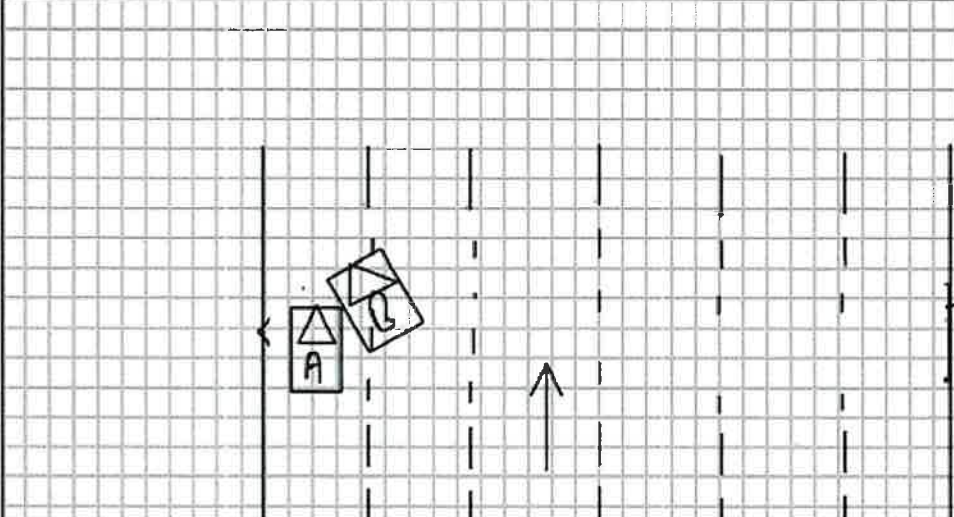
29/1/2023

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

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

Sketch Plan

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN

	<p style="text-align: center;">A - FBT9879T B - SHB9951R</p> <p style="text-align: center;">PIE TOWARDS CHANGI BEFORE ENG NEO EXIT</p>
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SINGAPORE POLICE FORCE



T/20230127/2045

1 of 1

Report No. T/20230127/2045

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT9879T	NTUC Income Insurance Co-Operative Limited	5129015671	18/07/2022	17/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD MUZAMMIL BIN MURAT	ID No.	S9906632F
Related Vehicle	FBT9879T (Motorcycle)	Contact No.	86064096
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	25/01/2023	Date Discharge	26/01/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	CHIA YAP YONG	ID No.	S0226120J
Related Vehicle	NIL	Contact No.	86602613
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 25/01/23 at about 2210hrs, I was driving V1)FBT9897T along PIE(Changi) along Lane 6/6 when V2)SHB9951R abruptly changed lane to lane 6 from lane 5. As a result, I could not avoid in time and collided onto the left side mirror. I was then subsequently conveyed by ambulance on scene to Tan Tock Seng Hospital. I was also informed by my TP IO to lodge a police report regarding the matter.



SINGAPORE POLICE FORCE



T/20230127/2045

2 of 3

Report No. T/20230127/2045

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT9879T	NTUC Income Insurance Co-Operative Limited	5129015671	18/07/2022	17/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD MUZAMMIL BIN MURAT	ID No.	S9906632F
Related Vehicle	FBT9879T (Motorcycle)	Contact No.	86064096
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	25/01/2023	Date Discharge	26/01/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	CHIA YAP YONG	ID No.	S0226120J
Related Vehicle	NIL	Contact No.	86602813
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 25/01/23 at about 2210hrs, I was driving V1)FBT9897T along PIE(Changi) along Lane 6/6 when V2)SHB9951R abruptly changed lane to lane 6 from lane 5. As a result, I could not avoid in time and collided onto the left side mirror. I was then subsequently conveyed by ambulance on scene to Tan Tock Seng Hospital. I was also informed by my TP IO to lodge a police report regarding the matter.

**SINGAPORE
POLICE FORCE**

T/20230127/2045

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 1

Report No. T/20230127/2045

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/
SC ABDUL HALIQ BIN ABDUL
RAHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/01/2023 14:25

Officer In Charge Of Case:

TP / GIT /
SR STAFF SGT TAN JUN YAN
Contact No.: 65476311

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN07231T000T Vehicle Registration No: FBT9879T
 Name (as shown in NRIC): Muhammad Muzammil Bin Murat NRIC/FIN/Passport No: S9906632F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLOCK 6486 JURONG WEST STREET 61 #07-908 Singapore (643648)
 Contact (Tel): N/A Mobile No.: 86064096
 Email Address: MuhammadMuzammil181899@gmail
 Date of Accident: 25/01/2023 Time of Accident: 22:10 (SGT)
 Place of Accident: SINGAPORE, PIE TOWARDS CHANGI BEFORE ENG NEQ
 Insurance Company: INCOME INSURANCE LIMITED

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I would like to change the following under the " Injured Persons Details " . I was misdiagnosed by the doctor and I wasn't having right finger dislocation. I'm currently having right ring finger fracture. Please change to right ring finger fracture.

Thank you.

Muzammil

Policyholder / Driver's Signature
 Date: 02/01/2023

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