

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	17/02/2023 16:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/02/2023 08:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST ST 41 INFRONT OF CARADIAN INT.SCHOOL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBU4642L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SALI BIN SALLEH
NRIC No	S6806710C
Email Address	SALISALLEH24022@GMAIL.COM
Mobile Phone No	(Phone) +65-87602402
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Sym
Model	Joyride 200i
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	Manual
CC	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5132506332

DRIVER

Name of Driver	SALI BIN SALLEH
NRIC No	S6806710C
Date Of Birth	24/02/1968
Occupation	Indoor

Date Of Driving Pass	16/04/1993
Driving experience	29 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87602402
Alt. Phone Number	-
Email Address	SALISALLEH24022@GMAIL.COM
Address	191 BOON LAY DRIVE #02-158
Address complement	-
Postcode	640191
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	3
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	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 TO ATTACHED

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	SNB7609Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMW5524Y
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	SALI BIN SALLEH
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.

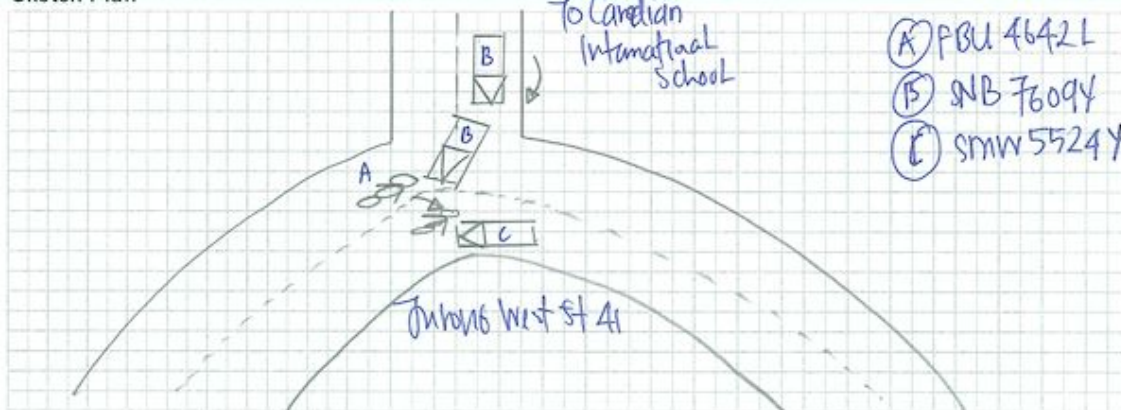
(collectively the "Purposes")

(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.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
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Sketch Plan




Describe Circumstances of the Accident

Refer to Police number : T/20230214/7038
 T/20230214/2028

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



T/20230214/7038

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

1 of 4

Report No. T/20230214/7038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2023 15:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SALI BIN SALLEH			Address: 191 BOON LAY DRIVE #02-158 SINGAPORE 640191		
ID Type / ID No.: NRIC NO / S6806710C			Contact No.: Home/Office: Mobile: 87602402		
Nationality: SINGAPORE CITIZEN			Email: salisalleh24022@gmail.com		
Sex: Male	Age: 54	Date of Birth: 24/02/1968	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Delivery Rider			Driving Licence Information: Class: 2B,2A,2		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/02/2023 08:15	Type of Location: Bend
Location: JURONG WEST STREET 41				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBU4642L	Motorcycle	SYM	JOYRIDE 200I EVO CVT	Grey	Seriously Damaged	0
SMW5524Y	Car	BMW		Gold	Seriously Damaged	2
SNB7609Y	Car	BMW		White		0



**SINGAPORE
POLICE FORCE**



T/20230214/7038

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

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Report No. T/20230214/7038

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBU4642L	NTUC Income Insurance Co-Operative Limited	5132506332	08/12/2022	15/12/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	SALI BIN SALLEH		ID No.	S6806710C
Related Vehicle	FBU4642L (Motorcycle)		Contact No.	87602402
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,2 Date of Expiry: NIL
Date	14/02/2023		Date	14/02/2023
No. of Days granted Medical Leave		04	Degree of	Serious
Driver				
Name	LIU YALI		ID No.	G1816070L
Related Vehicle	SMW5524Y (Car)		Contact No.	98243689
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	ADRIAN LIEW		ID No.	S8736919F
Related Vehicle	SNB7609Y (Car)		Contact No.	96572169
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20230214/7038

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

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Report No. T/20230214/7038

CONTINUATION OF REPORT

Brief Details.

On 14/02/2023 at @0815hrs, i was riding in my motorcycle (FBU4642L) along Jurong West Street 41 before Canadian International School heading straight. Suddenly, a car (SNB7609Y) dashed out from Canadian International School and made a right turn without stopping to give way. As a result, the car collided onto the left side of my bike, caused my bike to lost control. My bike went to the opposite direction and collided onto a car (SMW5524Y) which stopped at the opposite direction waiting to turn right into the school. I was conveyed by ambulance to Ng Teng Fong General Hospital and was given 4 days MC.



**SINGAPORE
POLICE FORCE**



T/20230214/7038

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

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Report No. T/20230214/7038

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMED SUFIAN BIN MOHAMED JUNID
Contact No.: 65476247

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
14/02/2023 15:09

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20230214/2028

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

1 of 3

Report No. T/20230214/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2023 13:12		Vide Report No.:		Station Diary No.: 66	
Informant's Particulars					
Name of Informant: SALI BIN SALLEH			Address: APT BLK 191 BOON LAY DRIVE #02-158 SINGAPORE 640191		
ID Type / ID No.: NRIC NO / S6806710C			Contact No.: Home/Office: Mobile: 87602402		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 24/02/1968	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/02/2023 08:15	Type of Location: T-Junction
Location: JURONG WEST STREET 41				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBU4642L	Motorcycle	SYM	JOYRIDE 200I EVO CVT	Grey	Slightly Damaged	0
SNB7609Y	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20230214/2028

2 of 3

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

Report No. T/20230214/2028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBU4642L	NTUC Income Insurance Co-Operative Limited	5132506332	08/12/2022	15/12/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	SALI BIN SALLEH		ID No.	S6806710C
Related Vehicle	FBU4642L (Motorcycle)		Contact No.	87602402
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/02/2023		Date Discharge	14/02/2023
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Driver				
Name	ADRIAN LIEW		ID No.	S8736919F
Related Vehicle	SNB7609Y (Car)		Contact No.	96572169
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 14/2/2023 at about 0815hrs, I was riding my motorcycle bearing plate no FBU4642L along Jurong West St 41. I wanted to make a left turn ahead when a car bearing plate no SNB7609Y suddenly came out from the Canadian International School which was on the left. Due to that, the car's right side hit onto the front of my motorcycle. I was then sent to the hospital and received 4 days of MC.



**SINGAPORE
POLICE FORCE**



T/20230214/2028

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

3 of 3

Report No. T/20230214/2028

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 NURAQILAH BINTE
ABDUL HAMID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/02/2023 13:12

Officer In Charge Of Case:
TP / GIT /
STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Classification Of Case:

NP168