

## 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 .....	02/03/2023 16:57 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	23/02/2023 13:30 (SGT)
Exact Location of Accident .....	AYE, Singapore
Additional Location Information .....	CITY LAMP POST 224
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBL5152A
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MOHAMED ABDUL WAHAB MOHAMED IDRIS
NRIC No .....	S8720986E
Email Address .....	MD.IDRIS.IS@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91472724
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Triumph
Model .....	Speed triple
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 .....	1050

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P20773625R00

#### DRIVER

Name of Driver .....	MOHAMED ABDUL WAHAB MOHAMED IDRIS
NRIC No .....	S8720986E
Date Of Birth .....	02/07/1987
Occupation .....	Indoor

Date Of Driving Pass .....	09/01/2013
Driving experience .....	10 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91472724
Alt. Phone Number .....	-
Email Address .....	MD.IDRIS.IS@GMAIL.COM
Address .....	BLK 768 CHOA CHU KANG ST 54 #08-27
Address complement .....	-
Postcode .....	680768
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 .....	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 POLICE REPORT: T/20230223/7194.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	NOT AVAILABLE. WITH TP WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA1674Z
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBK310Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE C
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MOHAMED ABDUL WAHAB MOHAMED IDRIS
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBL5152A
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

# **SKETCH PLAN**

## **IMPORTANT NOTICE**

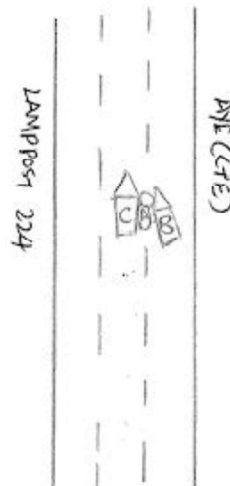
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Vehicle A: FB15152A

Vehicle B: SHA16742

Vehicle C: GRK3102

Describe Circumstances of the Accident


AS PER TD REPORT T/20230023/7194

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

2/5/23

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

Witnessed by Reporting Centre Personnel





























**SINGAPORE  
POLICE FORCE**



T/20230223/7194

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

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Report No. T/20230223/7194

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/02/2023 21:36	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MOHAMED IDRIS S/O MOHAMED ABDUL WAHAB			Address: 768 CHOA CHU KANG STREET 54 #08-27 SINGAPORE 680768		
ID Type / ID No.: NRIC NO / S8720986E			Contact No.: Home/Office: Mobile: 91472724		
Nationality: SINGAPORE CITIZEN			Email: MD.IDRIS.IS@GMAIL.COM		
Sex: Male	Age: 35	Date of Birth: 02/07/1987	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,3,4,5		
			Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/02/2023 13:35	Type of Location: Straight Road
Location:  JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBL5152A	Motorcycle	TRIUMPH	SPEED TRIPLE	White	Seriously Damaged	0
GBK310Z	Van	TOYOTA		Grey	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20230223/7194

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

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Report No. T/20230223/7194

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA1674Z	Car	HYUNDAI	IONIQ	Blue	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL5152A	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P20773625R00	19/07/2022	18/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED IDRIS S/O MOHAMED ABDUL WAHAB	ID No.	S8720986E
Related Vehicle	FBL5152A (Motorcycle)	Contact No.	91472724
Hospital/Clinic	GLENEAGLES HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date	23/02/2023	Date	23/02/2023
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	SHAJ	ID No.	NIL
Related Vehicle	GBK310Z (Van)	Contact No.	91656457
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL





**SINGAPORE  
POLICE FORCE**



T/20230223/7194

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

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Report No. T/20230223/7194

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	NIGEL		ID No. NIL
Related Vehicle	GBK310Z (Van)		Contact No. 98525054
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	LIM CHOON BENG		ID No. S1286809Z
Related Vehicle	SHA1674Z (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On above mentioned date and at about 1.30pm, I was riding my Motorbike (FBL5152A) along the AYE towards CTE. I was on the second lane travelling at about 90 km/h. The road was slightly wet as it had been raining earlier and there was moderate traffic.

In front of me was a silver Toyota Van with registration plate number GBK310Z.

Just after the Alexandra Exit at lampost 224, a Blue colour Hyundai Ionic Comfort Delgro Taxi with registration plate number SHA1674Z, which was traveling on the first lane, veered into lane 2. I immediately tried to slow down and sounded my horn but the taxi kept coming towards the left. The taxi then hit me with its rear passenger side on to my bike front right handlebar. This caused me to hit the van on its rear right passenger side. I was sandwiched between the two vehicles as the taxi kept veering left. As the taxi went forward I then fell on my right side and skidded on the first lane for about 25 meters.

I was on the road in shock while the driver of the Van came and checked on me, and then he called the police and ambulance.

I had abrasions on my right small toe, right index finger, right calf and right thigh. I also had a 4 cm cut on my left ankle.

The driver of the taxi, the driver of the van and his passenger came to check on me and we exchanged particulars.





**SINGAPORE  
POLICE FORCE**



T/20230223/7194

Police Station Of Origin:  
Traffic Police  
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Report No. T/20230223/7194

**CONTINUATION OF REPORT**

Soon after the ambulane came and converyed me to SGH. After reaching SGH I was waiting in the consulatation room for about 1hr and 30mins and was told that it would take anoother 4 hours. I then asked if I could proceed to a private hospital and they discharged me.

I then went to Gleneagles hospital A&E and was treated by the doctor for my injuries. I was given 5 stitches on my left ankle and the other wounds were treated. I was also given 5 days MC.

The driver of the van is one Mr Nigel, HP:98525054.

The driver of the taxi is one Mr Lim Choon Beng, NRIC:S1286809Z. I do not have his HP number.



**SINGAPORE  
POLICE FORCE**

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



T/20230223/7194

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Report No. T/20230223/7194

**CONTINUATION OF REPORT**Sketch 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 /  
MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

NP168

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

Date/Time:  
23/02/2023 21:36

Classification Of Case:

10 days to choose

**Budget  
Direct**  
insurance

## Certificate of Insurance

 Comprehensive Motorcycle Policy  
 Policy Number: P2077362SR00

(Motor Vehicles (Third-Party Risks And Compensation) Act 1960 of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof)

**Certificate Number P2077362SR00 (Comprehensive / Named Rider Plan)**

- 1) **Vehicle Registration Number**  
Chassis Number: FBLS152A
- 2) **Effective Date / Time of Commencement of Insurance for the Purpose of the Act**  
19/07/2022 00:00
- 3) **Date / Time of Expiry of Insurance**  
18/07/2023 23:59
- 4) **Excess**
  - (i) Policy: S\$ 500.00
  - (ii) Theft Outside Singapore: 50% of Market Value of your Motorcycle at the time of theft up to maximum of S\$ 2,000.00
  - (iii) Medical Expenses: Not applicable
- 5) **Policyholder**  
Mohamed Abdul Wahab Mohamed Idris
- 6) **Persons or Classes of Persons Entitled to Drive\***  
Refers to named as a Main / Named Rider in this Certificate of Insurance only  

Provided that the person riding is permitted in accordance with the licensing or other laws or regulations to ride the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation or by any prohibition from riding the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act 1961 of Singapore and its registration under the said Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.

Main Rider: Date of Birth: Mohamed Abdul Wahab Mohamed Idris (02/07/1987)

Named Rider: Date of Birth: Mohamed Abdul Wahab Mohamed Idris (02/07/1987)
- 7) **Limitation as to use\***  
Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, livery or driving tests, racing, pace making, reliability trials, speed-testing or the carriage of goods other than samples or on one term with any trade or business or use for any purpose in connection with the Motor Trade.  

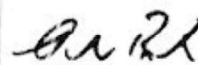
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks And Compensation) Act 1960 of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, and not to be included under these headings.

8) **Finance Company** NA

We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on:  
11/08/2022

**Auto & General Insurance (Singapore) Pte. Limited**  
Trading as **Budget Direct Insurance**



**Simon Birch**  
Chief Executive Officer

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), Trading as **Budget Direct Insurance**  
 170 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924. Tel: 6221 2111 | budgetdirect-sg.com