



## 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 ..... 18/05/2022 18:38 (SGT)  
Date of Accident ..... 06/05/2022 19:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BALESTIER ROAD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBR5865U

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HASYAFIQ BIN RAZALI  
NRIC No ..... S9627062C  
Email Address ..... AMAKOSHI07@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-88811615  
Alternative Phone No ..... +65-88811615

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Aerox  
Variant ..... AEROX GDR155A CVT ABS  
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 ..... 155

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5118634106-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... HASYAFIQ BIN RAZALI  
NRIC No ..... S9627062C



Date Of Birth .....	07/08/1996
Occupation .....	Indoor
Date Of Driving Pass .....	30/04/2018
Driving experience .....	4 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-88811615
Alt. Phone Number .....	+65-88811615
Email Address .....	AMAKOSHI07@GMAIL.COM
Address .....	BLK 332 JURONG EAST AVENUE 1
Address complement .....	#02-1758
Postcode .....	600332
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 .....	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 THE SKETCH PLAN

#### 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 .....	SFW1880C
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 ..... -  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... -  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... -

# **SKETCH PLAN**

## **IMPORTANT NOTICE**

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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.

*[Signature]*

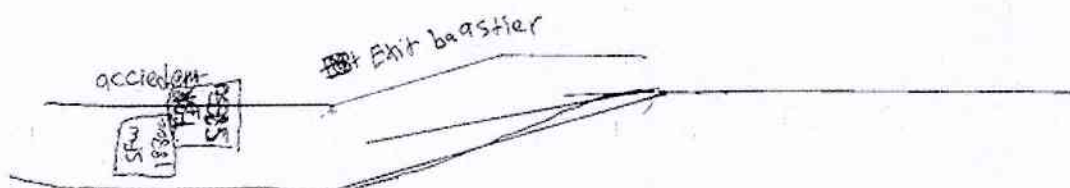
Policyholder's Signature / Date & Time

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

*[Signature]*

Witnessed by Reporting Centre Personnel

## **Sketch Plan**



from CTE

## Describe Circumstances of the Accident

LICENSE PLATE: FBR 5865U  
CONTACT NUMBER: 88811615  
LOCATION: Balastier RD

ACCIDENT DATE & TIME: 7:30 6/5/2022  
E-MAIL ADDRESS: amakoshi07@gmail.com

I was at CTE going to exit to Balastier RD The road is moderate speed <sup>or</sup> ~~high~~ <sup>45</sup> mph.  
The 2 lane signal then lane change to the 1 lane suddenly the unknown vehicle signal  
then ~~seated~~ to the right i could not brake on time

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

☐ Claim Own Policy ☐ Claim Third Party ☒ Claim OD/TP at other workshop ☐ Reporting Only

### 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/20220509/2005

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

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Report No. T/20220509/2005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/05/2022 02:15	Vide Report No.:	Station Diary No.: 19
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**Informant's Particulars**

Name of Informant: HASYAFIQ BIN RAZALI	Address: APT BLK 332 JURONG EAST AVENUE 1 #02-1758 SINGAPORE 600332		
ID Type / ID No.: NRIC NO / S9627062C	Contact No.: Home/Office: Mobile: 88811615		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 25	Date of Birth: 07/08/1996	Type of Informant: Rider
Race: Malay	Language:		Institution / School Name:
Occupation: MEDIC	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: 06/05/2022 19:00	Type of Location: Straight Road
Location:  BALESTIER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR5865U	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Black	Slightly Damaged	0
SFW1880C	Car	HONDA	CROSSROAD TYPE-18L A	Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20220509/2005

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

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Report No. T/20220509/2005

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBR5865U	NTUC Income Insurance Co-Operative Limited	5118634106-01	13/08/2021	12/08/2022

**Brief Details.**

On 06/05/2022 at about 1900hrs I was travelling along Central Expressway on motorcycle (V1: FBR5865U). I then exited towards Balestier Road. Upon exiting CTE and continuing my journey towards Balestier Road via filter lane. From the filter lane, I went on to the third lane as I saw no vehicles travelling along the lane.

Subsequently as I was travelling along the third lane, a vehicle (V2:SFW1880C) from my left travelling in the middle lane suddenly made a swift change lane to the right towards the third lane. Unable to stop in time, I collided with V2 and fell off my bike. I did notice V2 signaled right however due to its abrupt lane change I was unable to stop my vehicle on time. Thus, after collision, I was unable to get up. I was unsure whom assisted to call for ambulance. I was conveyed by the ambulance to Tan Tock Seng General Hospital.

On 07/05/2022 at about 1330hrs I was discharged from the hospital and was given MC (unable to recall the number of days). Injuries that I had sustained, swollen hip, swollen left elbow. I was instructed by Investigation Officer Sankar from Traffic Police (Hp: 65476251) to lodge a Traffic accident report. I am unsure of the damages of my motorcycle. No government properties were damaged. I am also unsure if the owner of V2 sustained any injuries.



**SINGAPORE  
POLICE FORCE**



T/20220509/2005

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

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Report No. T/20220509/2005

**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 /

Other MOHAMAD SYAFIQ BIN  
MOHAMAD SAID

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/05/2022 02:15

Officer In Charge Of Case:

TP / GIT /

STAFF SGT SITI NORHAFIDAH BINTE HANAFI  
Contact No.: 65476202

Classification Of Case:

NP168







