

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 27/01/2023 14:12 (SGT)
Reported by Both
Date of Accident 19/01/2023 16:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information RIDLEY PARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL2418D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD HELMI BIN KAHAD
NRIC No S9648015F
Email Address MAYROYCES@HOTMAIL.COM
Mobile Phone No (Phone) +65-81633035
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model SNIPER T150
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 150

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5126242390

DRIVER

Name of Driver MUHAMMAD HELMI BIN KAHAD
NRIC No S9648015F
Date Of Birth 07/12/1996
Occupation Outdoor

Date Of Driving Pass	14/11/2015
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81633035
Alt. Phone Number	-
Email Address	MAYROYCES@HOTMAIL.COM
Address	BLK 44 #03-21
Address complement	TELOK BLANGAH DRIVE
Postcode	100044
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 - Major/Minor Rd
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	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

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	PA9515C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LIM TONG CHYE
NRIC No	S1845655I
Contact Number	(Phone) +65-93628089
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD HELMI BIN KAHAD
Gender	Male
Phone No	(Phone) +65-81633035
Address	BLK 44 #03-21
Address Complement	TELOK BLANGAH DRIVE
Post Code	100044
Approximate Age Years Old	26
Injuries Sustained	Refer to Police Report
Injured person in which vehicle?	FBL2418D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	TESS
Phone	(Phone) +65-90400463
Email	-

Describe Circumstance of the Accident

Refer to Police Report

Declaration

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



Policyholder's Signature / Date & Time
27/01/2023
1400HRS

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



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

MD SHAN KASMEIR BIN ABDULLAH 2

SKETCH PLAN**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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

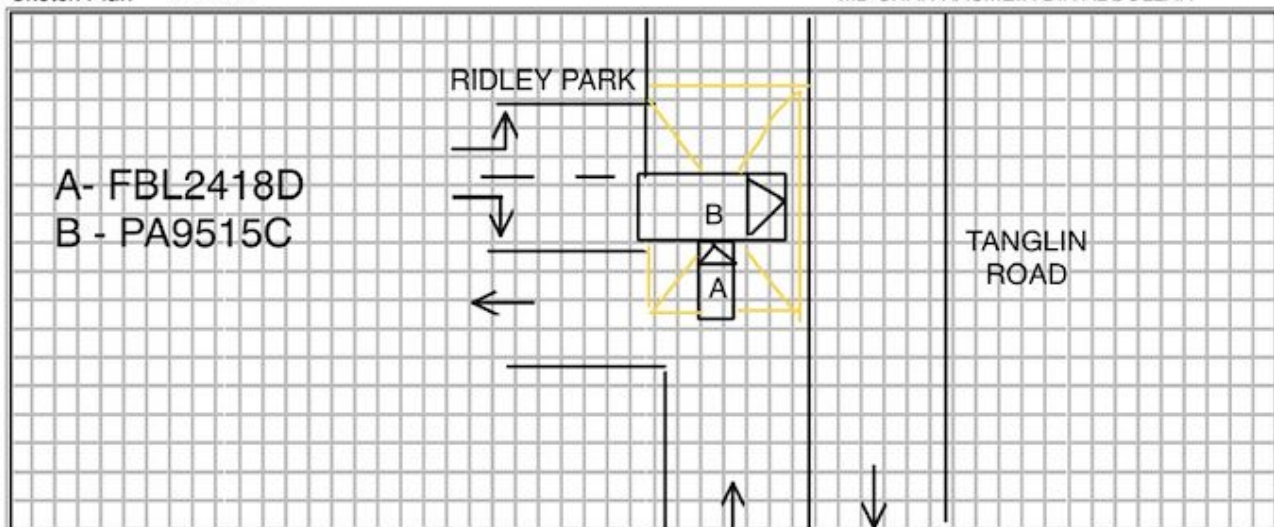
27/01/2023

Sketch Plan 1400hrs

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

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

MD SHAN KASMEIR BIN ABDULLAH

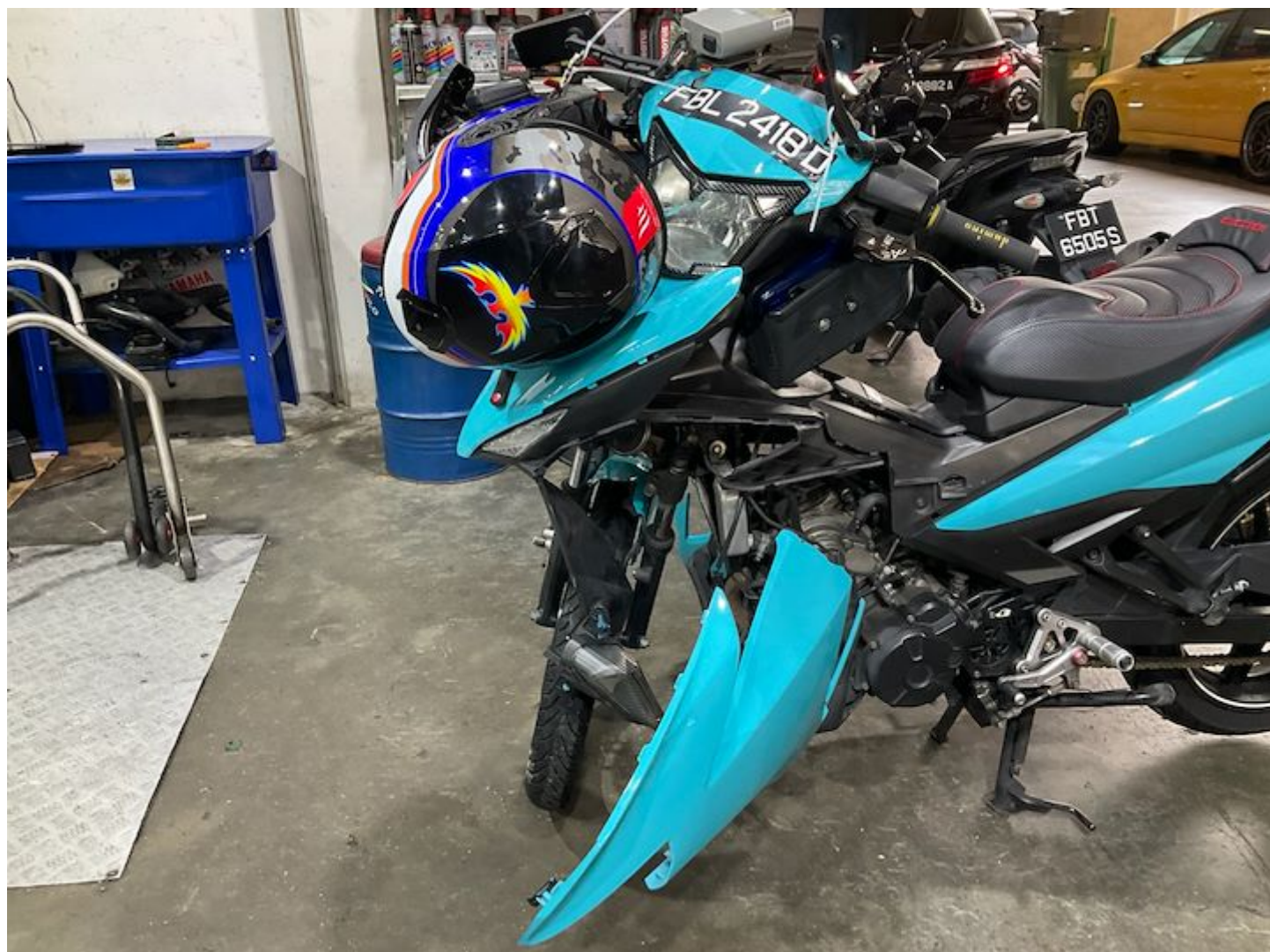





















**SINGAPORE
POLICE FORCE**


T/20230120/7061

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

1 of 3

Report No. T/20230120/7061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2023 21:14	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD HELMI BIN KAHAD			Address: 44 TELOK BLANGAH DRIVE #03-21 SINGAPORE 100044		
ID Type / ID No.: NRIC NO / S9648015F			Contact No.: Home/Office: Mobile: 81633035		
Nationality: SINGAPORE CITIZEN			Email: MAYROYCES@HOTMAIL.COM		
Sex: Male	Age: 26	Date of Birth: 07/12/1996	Type of Informant: Rider		
Race: Javanese			Language: English	Institution / School Name:	
Occupation: Technician			Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/01/2023 16:45	Type of Location:
Location: RIDLEY PARK				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBL2418D	Motorcycle	YAMAHA	SNIPER T150	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL2418D	NTUC Income Insurance Co-Operative Limited	5126242390	10/03/2022	29/07/2023



**SINGAPORE
POLICE FORCE**



T/20230120/7061

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

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Report No. T/20230120/7061

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HELMI BIN KAHAD	ID No.	S9648015F
Related Vehicle	FBL2418D (Motorcycle)	Contact No.	81633035
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	09	Degree of	Serious

Brief Details.

On the stated date and time I vehicle FBL2418D was travelling straight along Tanglin Road towards Tanglin mall.

It was a single lane road on both directions.

As I was approaching the T junction of Ridley Park and Tanglin Road, I saw a bus PA9515C coming out from the minor road (Ridley Park) on my left.

The said bus did not stop at the stop line and dashed out from the minor road.

I immediately jammed on my brakes but to no avail I collided onto the said vehicle right portion.

I was flunged out of my bike and the right side of my body hit against the bus before I landed on the road on the left side of my body.

Some passerby later came to help me.

Later TP and ambulance came and i was conveyed to SGH A&E for treatment and i was given 2 days MC.

The next day i woke up feeling pain on my neck, shoulders, lower back and right knee areas.

I then proceeded to Chung and Ee Medical Clinic to follow up and i was given another 7 days MC.

I was given a total of 9 days MC for both visits.



**SINGAPORE
POLICE FORCE**



T/20230120/7061

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

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Report No. T/20230120/7061

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 /
VILTON HIA WEE SIANG
Contact No.: 65476232

NP168

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

Date/Time:
20/01/2023 21:14

Classification Of Case: