

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	21/03/2023 16:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/03/2023 07:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF CHOA CHU KANG DRIVE NEAR SAFRA CHOA CHU KANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL7124T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD DANISH AFIF BIN ROSMAN
NRIC No	S9740789D
Email Address	MDDANISHAFIF@GMAIL.COM
Mobile Phone No	(Phone) +65-81271369
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	5118249223-02

DRIVER

Name of Driver	MUHAMMAD DANISH AFIF BIN ROSMAN
NRIC No	S9740789D
Date Of Birth	18/11/1997

Occupation	Indoor
Date Of Driving Pass	16/09/2019
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81271369
Alt. Phone Number	-
Email Address	MDDANISHAFIF@GMAIL.COM
Address	BLK 898B #06-244 WOODLANDS DRIVE 50
Address complement	-
Postcode	731898
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 - Cross Junction
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)	2
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	-

PASSENGER 1

Name	MUHAMMAD THAQIF BIN TAUFEX
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
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	SMB314E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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	MUHAMMAD DANISH AFIF BIN ROSMAN
Gender	Male
Phone No	(Phone) +65-81271369
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	26
Injuries Sustained	LACERATION OF RIGHT ANKLE. FRACTURE OF RIGHT CALCANEUS
Injured person in which vehicle?	FBL7124T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	MUHAMMAD THAQIF BIN TAUFEX
Gender	Male
Phone No	(Phone) +65-92373474
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	23
Injuries Sustained	MULTIPLE ABRASIONS OVER THE BODY.
Injured person in which vehicle?	FBL7124T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstance of the Accident

REFER TO POLICE REPORT

Declaration

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

 21/03/2023
16:30

Policyholder's Signature / Date & Time

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



Lim Kai Chuan
S994220

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


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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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)

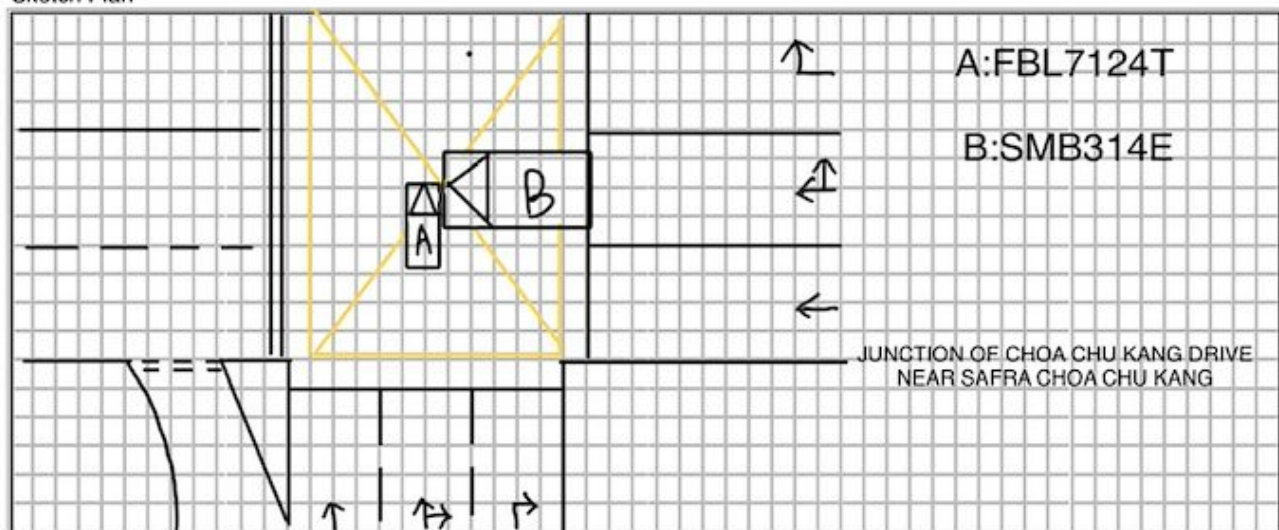
I understand, acknowledge, agree and consent that:

- (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.


21/03/2023
16:30
Policyholder's Signature / Date & Time

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


Lim Kai Chuan
S994220
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan













**SINGAPORE
POLICE FORCE**



T/20230312/2048

1 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20230312/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2023 16:18	Vide Report No.: J/20230312/0061	Station Diary No.: 57
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Informant's Particulars

Name of Informant: MUHAMMAD DANISH AFIF BIN ROSMAN	Address: APT BLK 898B WOODLANDS DRIVE 50 #06-244 SINGAPORE 731898		
ID Type / ID No.: NRIC NO / S9740789D	Contact No.: Home/Office: Mobile: 81271369		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 25	Date of Birth: 18/11/1997	Type of Informant: Rider
Race: Malay	Language:		Institution / School Name:
Occupation: Building architect	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/03/2023 07:15	Type of Location: X-Junction
Location: CHOA CHU KANG DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL7124T	Motorcycle	YAMAHA	SNIPER T150	Black	Seriously Damaged	1
SMB314E	Bus/Coach/Mi nibus				Slightly Damaged	10

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL7124T	NTUC Income Insurance Co-Operative Limited	5118249223-02	16/09/2022	15/09/2023



**SINGAPORE
POLICE FORCE**



T/20230312/2048

2 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20230312/2048

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD DANISH AFIF BIN ROSMAN	ID No.	S9740789D
Related Vehicle	FBL7124T (Motorcycle)	Contact No.	81271369
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	12/03/2023	Date Discharge	12/03/2023
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Pillion			
Name	MUHAMMAD THAQIF BIN TAUFEX	ID No.	T0013325B
Related Vehicle	FBL7124T (Motorcycle)	Contact No.	92373474
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/03/2023	Date Discharge	12/03/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/03/2023 at about 0715hrs, I was riding bearing FBL7124T along Kranji Expressway, slip road into Choa Chu Kang Drive turning right towards Choa Chu Kang Drive (Kranji camp). When I arrived at the junction, I noticed the traffic was green and I proceeded to turn right. Upon crossing the stop line, the traffic light turned amber. Halfway through the junction, I noticed a SMRT bus bearing SMB314E was driving straight along Choa Chu Kang Drive towards Teck Whye Avenue on the most left lane. The bus driver did not stop and as a result, it collided into my motorcycle. There was a pillion (friend) on my motorcycle and together with him, we flew and landed on the road. Passerby assisted to call for medical assistance and shortly later, both ambulance and traffic police were at scene. There were multiple passengers in the bus and one of the passengers got injured during the accident. We were conveyed to Ng Teng Fong hospital conscious. Prior to conveying, nearby witness told me that the traffic light was red where the bus was travelling. I suffered multiple abrasions and laceration on right ankle. My right leg was also fractured, and I was given 14 days hospitalization leave. My friend had multiple abrasions across his body, and he was given 3 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20230312/2048

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20230312/2048

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:

L /
SGT 2 DEREK CHEE JUAN WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/03/2023 16:18

Officer In Charge Of Case:

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

Classification Of Case:

NP168