

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	27/03/2023 11:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/03/2023 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG TOH YI DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT2417P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHO SEOW CHONG
NRIC No	S7439637B
Email Address	SKY-SHO@HOTMAIL.COM
Mobile Phone No	(Phone) +65-81001018
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	N - MAX 155
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	160

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125076865-01

DRIVER

Name of Driver	SHO SEOW CHONG
NRIC No	S7439637B
Date Of Birth	18/11/1974
Occupation	Indoor

Date Of Driving Pass	12/10/1993
Driving experience	29 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81001018
Alt. Phone Number	-
Email Address	SKY-SHO@HOTMAIL.COM
Address	BLK 194B BUKIT BATOK WEST AVENUE 6
Address complement	#09-241
Postcode	652194
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?	No
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	Hong Kah South Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005648999
Alt. Police Station Phone No	(Fax) +65-66655797
Police Station Address	Blk 510 Jurong West Street 52 #01-90 Singapore 640510
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	SLN9633Z
Vehicle Manufacturer	Nissan
Vehicle Model	Sylphy
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZAMAN SARA
NRIC No	S2186848E
Contact Number	(Phone) +65-97221064
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

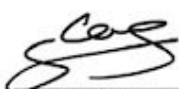
Name of injured person	SHO SEOW CHONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MULTIPLE FRACTURES OF RIBS ON RIGHT SIDE
Injured person in which vehicle?	FBT2417P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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



27/03/2023

Policyholder's Signature / Date & Time

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



MUAMMAR GADDAFI BIN MARZUKI

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

SKETCH PLAN

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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.



27/03/2023

Policyholder's Signature / Date & Time

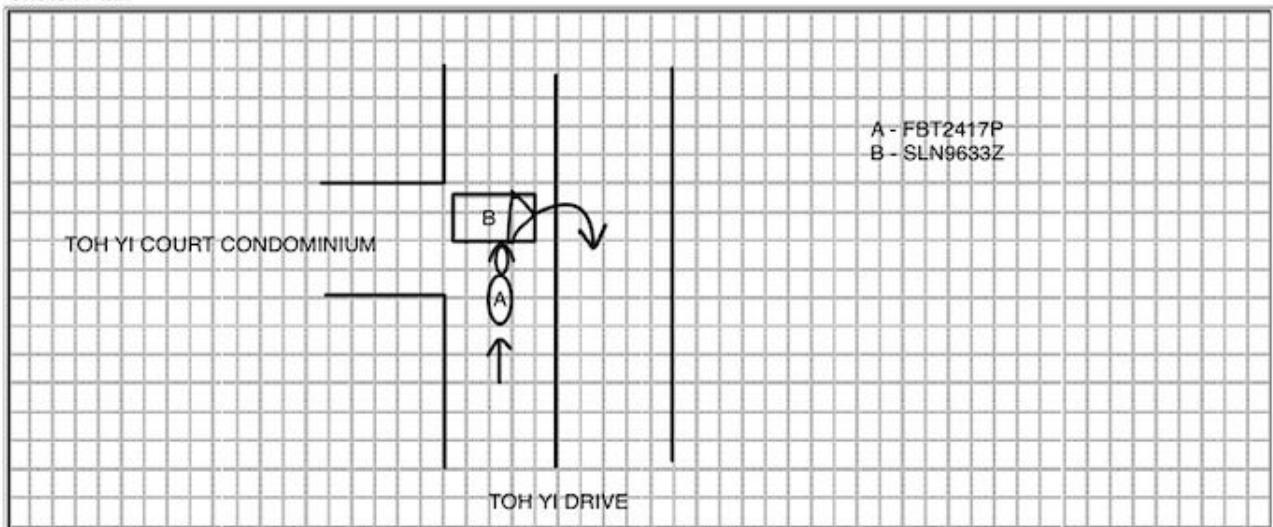
Driver's Signature (if driver is not the policyholder) / Date & Time



MUAMMAR GADDAFI BIN MARZUKI

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

Sketch Plan


















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20230326/2035

1 of 3

Report No. T/20230326/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
26/03/2023 12:28

Vide Report No.:

Station Diary No.:
19

Informant's Particulars

Name of Informant:
SHO SEOW CHONG

Address:
APT BLK 194B BUKIT BATOK WEST AVENUE 6 #09-241
SINGAPORE 652194

ID Type / ID No.:
NRIC NO / S7439637B

Contact No.:
Home/Office: Mobile: 81001018

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 48 Date of Birth: 18/11/1974

Type of Informant:
Rider

Race:
Chinese

Language:

Occupation:
MEDIA

Driving Licence Information:
Class: 2B,3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	25/03/2023 11:00	Straight Road

Location:
TOH YI DRIVE

Weather:
Clear

Road Surface:
Dry

Traffic Flow:
Two Way

Traffic Control:
Not Controlled

Traffic Volume:
Light

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBT2417P	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Red	Seriously Damaged	0
SLN9633Z	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Grey	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE 650370
Tel No: 1800-5679999



T/20230326/2035

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Report No. T/20230326/2035

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT2417P	NTUC Income Insurance Co-Operative Limited	5125076865-01	17/12/2022	16/12/2023

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHO SEOW CHONG	ID No.	S7439637B
Related Vehicle	FBT2417P (Motorcycle)	Contact No.	81001018
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	25/03/2023	Date Discharge	25/03/2023
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	Zaman Sara	ID No.	S2186848E
Related Vehicle	SLN9633Z (Car)	Contact No.	97221064
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 the above mentioned date, time and place, as I was doing part time delivery, I got into an accident. I was travelling along Toh Yi Drive. As I was riding, I noticed a car exiting Toh Yi Courts Condominium. When I noticed the car, I began to slow down and realised that the car was on a total complete stop. As I was approaching the vehicle, the car then went out and made a right turn. As my motorcycle was quite near to the car, I hit the rear side door of the car and sustained some injuries. No ambulance or any police attended to the accident. I then went to NTFG to make a check and was diagnosed with multiple fractures of ribs of right side. I was given 7 days medical leave.

I do not have a pillion at that point of time. The details of the driver are as follows, Zaman Sara, S2186848E (H/p: 97221064).

**SINGAPORE
POLICE FORCE**

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Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20230326/2035

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Report No: T/20230326/2035

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J/
SC MOHAMED DANISH ADLY
BIN ABDUL RAZAK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/03/2023 12:28

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

NP168