

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	20/03/2023 16:58 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/03/2023 02:51 (SGT)
Exact Location of Accident	3 Tampines Avenue, Singapore 529784
Additional Location Information	TAMPINES INDUSTRIAL AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR3322H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD SYAMIRAN ONG BIN MUHAMMAD IMRAN ONG
NRIC No	SXXXX187I
Email Address	syamiranong@gmail.com
Mobile Phone No	(Phone) +65-82282935
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mtm850a
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 - Reporting only
Vehicle Category	Motorcycle
Transmission	Manual
CC	847

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	AN 3201558

DRIVER

Name of Driver	MUHAMMAD SYAMIRAN ONG BIN MUHAMMAD IMRAN ONG
NRIC No	SXXXX187I
Date Of Birth	29/12/1990
Occupation	Indoor

Date Of Driving Pass	25/01/2013
Driving experience	10 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82282935
Alt. Phone Number	-
Email Address	syamiranong@gmail.com
Address	BLK 405B NORTHSHORE DRIVE #04-120 S(822405)
Address complement	-
Postcode	822405
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	Collided into Motorcyclist
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes
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

INJURED PERSONS DETAILS

INJURED 1







Name of injured person	MUHAMMAD SYAMIRAN ONG BIN MUHAMMAD IMRAN ONG
Gender	Male

Phone No	(Phone) +65-82282935
Address	BLK 405B NORTHSHORE DRIVE #04-120 S(822405)
Address Complement	-
Post Code	822405
Approximate Age Years Old	32
Injuries Sustained	-
Injured person in which vehicle?	FBR3322H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

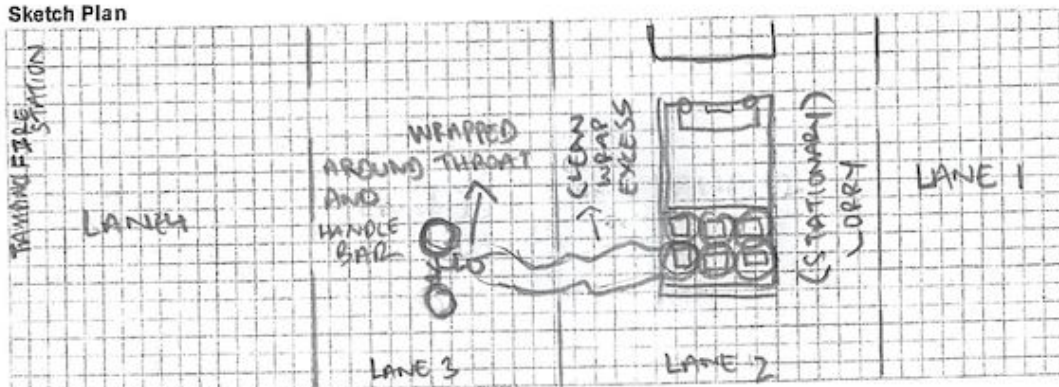
SKETCH PLAN

IMPORTANT NOTICE

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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.

  Policyholder's Signature / Date & Time	  Driver's Signature (If driver is not the policyholder) / Date & Time	  Witnessed by Reporting Centre Personnel
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Sketch Plan



Describe Circumstances of the Accident

P/s Refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.



[Handwritten signature]

Policyholder's Signature / Date & Time



[Handwritten signature]

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



[Handwritten signature]

Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



T/20230314/7052

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

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Report No. T/20230314/7052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2023 15:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD SYAMIRAN ONG BIN MUHAMMAD IMRAN ONG			Address: 405B NORTHSORE DRIVE #04-120 SINGAPORE 822405		
ID Type / ID No.: NRIC NO / S9050187I			Contact No.: Home/Office: Mobile: 82282935		
Nationality: SINGAPORE CITIZEN			Email: syamiranong@gmail.com		
Sex: Male	Age: 32	Date of Birth: 29/12/1990	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Fitness Trainer			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/03/2023 15:00	Type of Location: Straight Road
Location: TAMPINES INDUSTRIAL AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Excess clingwrap from top of lorry				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR3322H	Motorcycle	YAMAHA	MTN850A	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR3322H	ETIQA INSURANCE BERHAD	AN3201558	06/08/2022	05/08/2023



**SINGAPORE
POLICE FORCE**



T/20230314/7052

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

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Report No. T/20230314/7052

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SYAMIRAN ONG BIN MUHAMMAD IMRAN ONG	ID No.	S90501871
Related Vehicle	FBR3322H (Motorcycle)	Contact No.	82282935
Hospital/Clinic	PINNACLE FAMILY CLINIC	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	14/03/2023	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was riding my bike on a straight road and approaching the traffic light which was red along the road of Tampines Fire Station.

There was a truck on my right with packages of dry cement. They were all cling-wrapped however there were excess which are not wrapped tightly/snugged firmly which resulted in excess clingwrap swaying back and forth due to the intense wind.

It swayed aggressively which eventually hit and got stuck to my helmet, my throat and my handlebar. I lost control of my bike and fell on my left side causing me to sustained multiple abrasions on my upper and lower limb.

Another rider and a driver stopped and assisted me by calling the ambulance and traffic police. Pictures are taken upon after the accident



**SINGAPORE
POLICE FORCE**



T/20230314/7052

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

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Report No. T/20230314/7052

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 / TPB /
PHUA TIAK YEE
Contact No.: 65476200

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

Date/Time:
14/03/2023 15:46

Classification Of Case:

NP168