

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	31/03/2023 14:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/03/2023 02:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVEUE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9941Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DANISH BIN SAID
NRIC No	S9622210F
Email Address	DAAANISHSAID@GMAIL.COM
Mobile Phone No	(Phone) +65-92738170
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ktm
Model	200
Variant	DUKE
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	200

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5130444099

DRIVER

Name of Driver	DANISH BIN SAID
NRIC No	S9622210F
Date Of Birth	02/07/1996
Occupation	Indoor

Date Of Driving Pass	20/09/2022
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92738170
Alt. Phone Number	-
Email Address	DAAANISHSAID@GMAIL.COM
Address	BLK 315 #02-263
Address complement	JURONG EAST STREET 32
Postcode	600315
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)	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	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
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	SHA4914L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN HOCK KEE
NRIC No	S0200105E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	DANISH BIN SAID
Gender	Male
Phone No	(Phone) +65-92738170
Address	BLK 315 #02-263
Address Complement	JURONG EAST STREET 32
Post Code	600315
Approximate Age Years Old	26
Injuries Sustained	Refer to Police Report
Injured person in which vehicle?	FBJ9941Z
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.



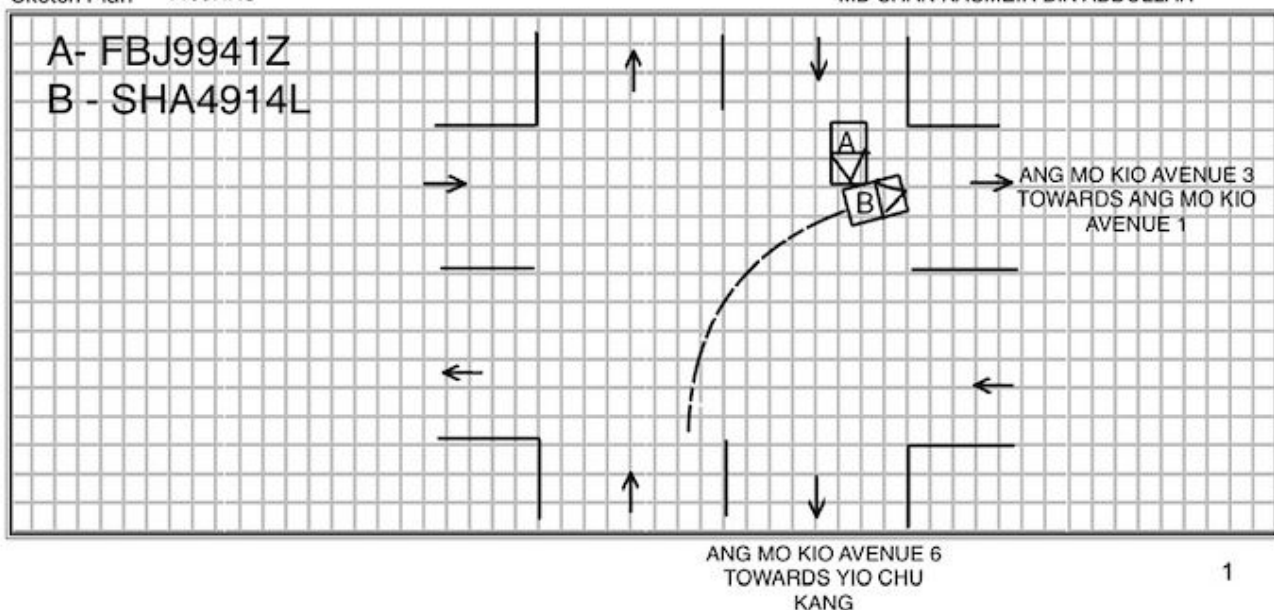
Policyholder's Signature / Date & Time
31/03/2023

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



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

31/03/2023
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





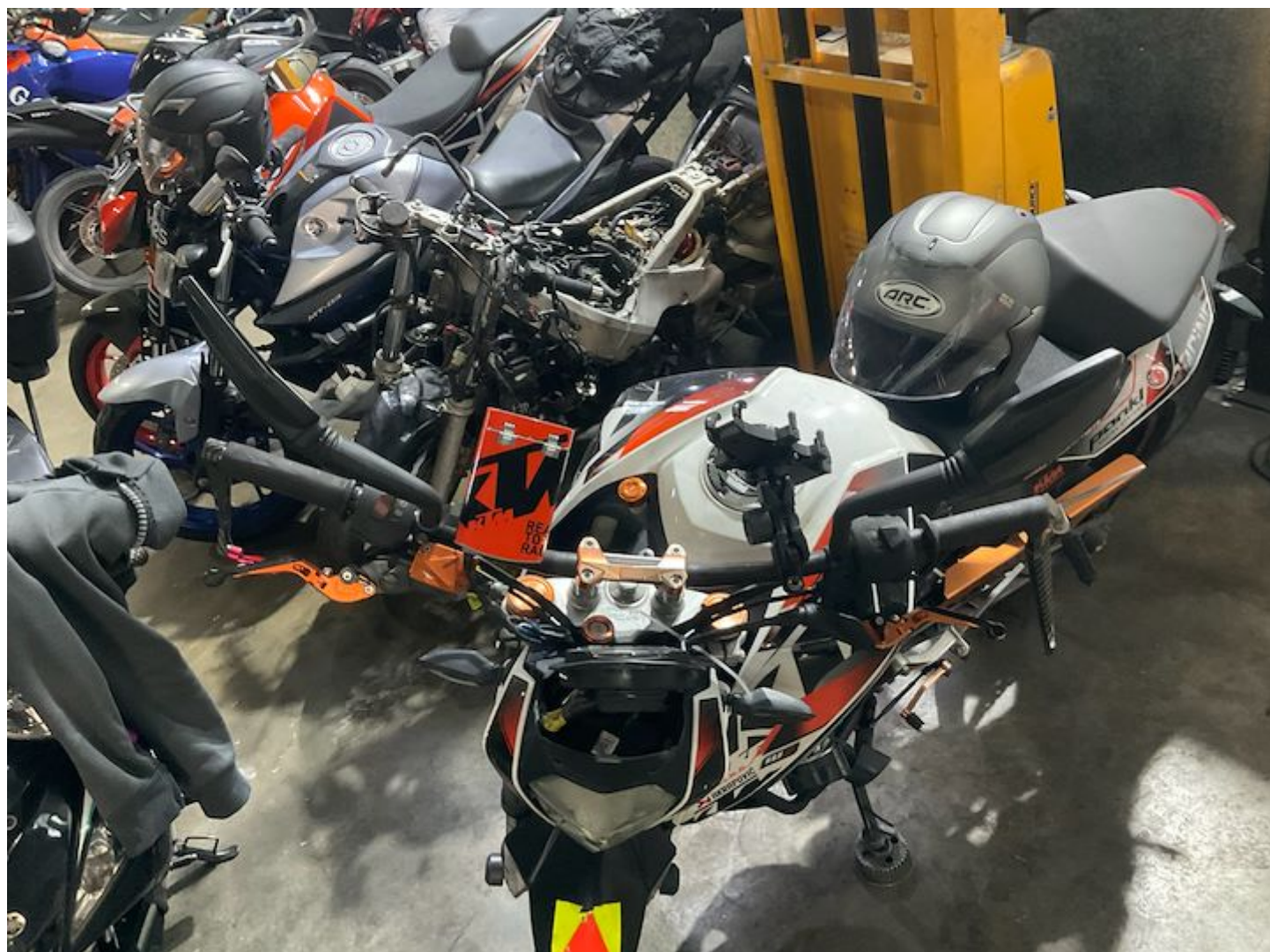


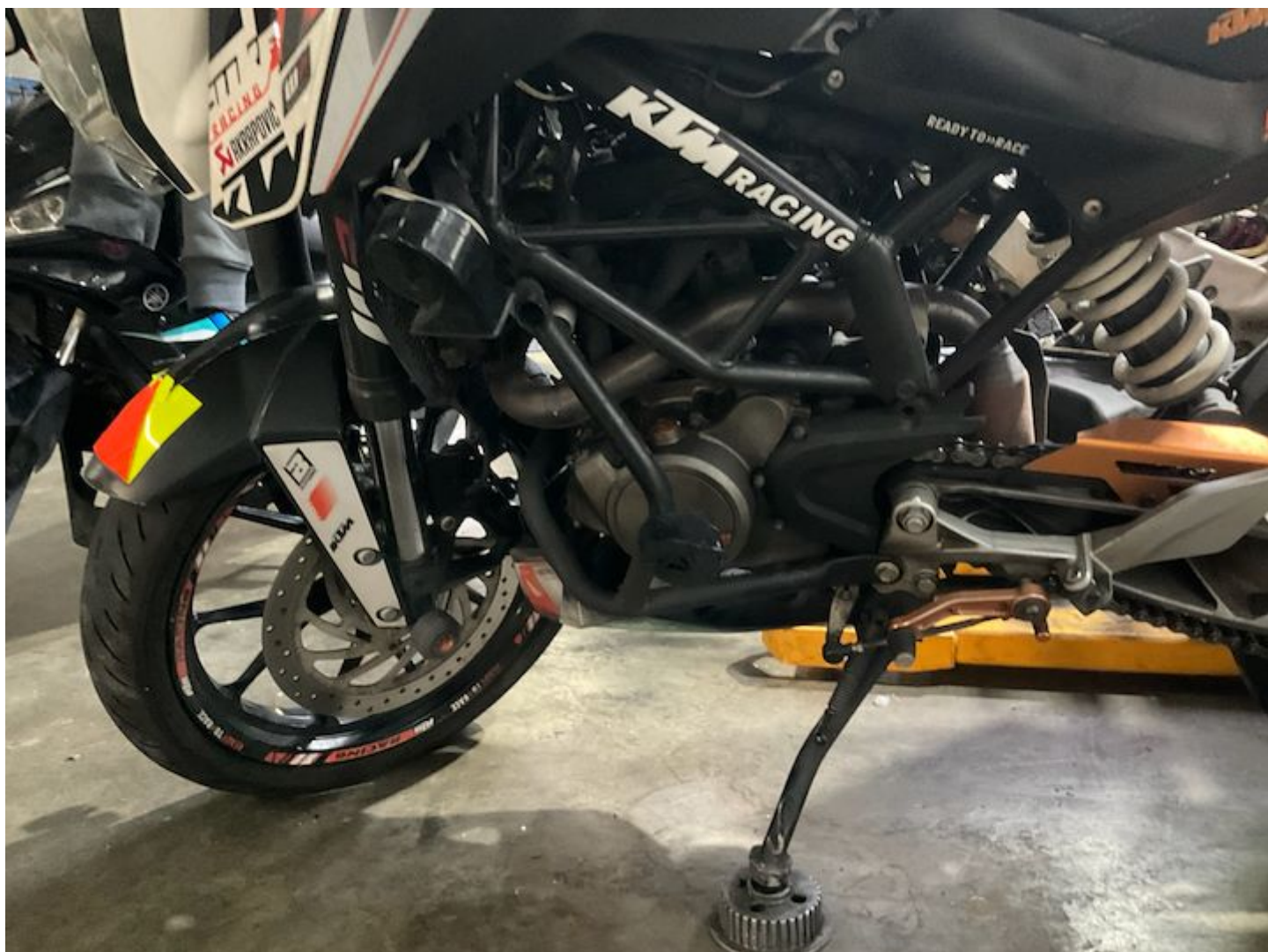





















**SINGAPORE
POLICE FORCE**


T/20230329/2081

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20230329/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2023 16:02	Vide Report No.: F/20230329/0036	Station Diary No.: 39
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Informant's Particulars

Name of Informant: DANISH BIN SAID		Address: APT BLK 315 JURONG EAST STREET 32 #02-263 SINGAPORE 600315	
ID Type / ID No.: NRIC NO / S9622210F		Contact No.: Home/Office: Mobile: 92738170	
Nationality: SINGAPORE CITIZEN		Email: daaanishsaid@gmail.com	
Sex: Male	Age: 26	Date of Birth: 02/07/1996	Type of Informant: Rider
Race: Malay		Language:	
Occupation: Student		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/03/2023 02:15	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 6				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ9941Z	Motorcycle	KTM	200 DUKE	White	Slightly Damaged	0
SHA4914L	Car	HYUNDAI	I40	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ9941Z	NTUC Income Insurance Co-Operative Limited	5130444099	21/09/2022	27/01/2024



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Report No. T/20230329/2081

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	DANISH BIN SAID	ID No.	S9622210F
Related Vehicle	FBJ9941Z (Motorcycle)	Contact No.	92738170
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	29/03/2023	Date Discharge	29/03/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Tan Hock Kee	ID No.	S0200105E
Related Vehicle	SHA4914L (Car)	Contact No.	NIL
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 29/03/2023 at about 0215hrs, I was riding my motorbike along Ang Mo Kio Ave 6 towards yio chu kang direction, when I was approaching the cross junction at Ang Mo Kio ave 3, the traffic light was green in my favor and I slowed down and checked my blind spots before picking up speed to cross the junction. At the cross junction, a taxi bearing plate number SHA4914L suddenly made a right turn from the opposite direction. I tried to brake but I was unable to brake in time and subsequently collided on the rear left of the taxi. After the collision, I flew forward and landed on my left, sideways.

I felt pain on my right hip area and left ankle as well as discomfort at my chest area. I then laid on the road for a few minutes. After a few minutes a passerby assisted me to get up and I went to the road divider to rest while waiting for ambulance. I had minimal conversation with the taxi driver and I am unsure of the details.

Subsequently ambulance came and attended to me. Soon after traffic police arrive at scene and interviewed me. The traffic police officer also provided me the details of the taxi driver.

I was unable to check the damages however the passerby assisted to use my phone to take photo of the damages on both my motorbike and the taxi.

I was subsequently conveyed to Tan Tock Seng Hospital and Given 5 days MC from 29/03/2023 to 02/04/2023.



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Report No. T/20230329/2081

CONTINUATION OF REPORT

I wish to state that I was in the right of way at the point in time and I do not have any helmet camera on me.

I am currently unsure of the damages of my vehicle as I was conveyed and my motorbike was towed.

TP IO Pan Jianhong had also sent me a message to lodge a report reference F/20230329/0036 and I am lodging this report under his instruction.



SINGAPORE
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T/20230329/2081

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569784
Tel No: 1800-4849999

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Report No. T/20230329/2081

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 3 WONG ZHEN CHIEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/03/2023 16:02

Officer In Charge Of Case:
TP / GIT /
SI KOH WEI JIE
Contact No.: 97303412

Classification Of Case:

NP168