

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 22/02/2023 11:01 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 21/02/2023 17:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information TPE(SLE) before Tampines Link exit
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBB8485Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FAUZEE BIN MOHD NOR
NRIC No S7734470E
Email Address fauzzt969@hotmail.com
Mobile Phone No (Phone) +65-90301142
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb400
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 400

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5118876337-02

DRIVER

Name of Driver FAUZEE BIN MOHD NOR
NRIC No S7734470E
Date Of Birth 04/12/1977
Occupation Indoor

Date Of Driving Pass	23/10/2018
Driving experience	4 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90301142
Alt. Phone Number	-
Email Address	fauzzt969@hotmail.com
Address	APT BLK 890B WOODLANDS DRIVE 50
Address complement	#02-307
Postcode	S732890
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	SUHAIIDI BINTE SUMADI
Gender	Female

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 sketch plan

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	SJV9685E
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-93858294
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJC8998J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CLEON LOW KAI LUN
NRIC No	S9641717I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMX9991A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HNG JIAN ZHANG SHAUNE
NRIC No	S9513374F
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	UNKNOWN
Gender	Female
Phone No	(Phone) +65-93858294
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-

Injured person in which vehicle? SJV9685E
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person FAUZEE BIN MOHD NOR
Gender Male
Phone No (Phone) +65-90301142
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? FBB8485Y
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person SUHAIDI BINTE SUMADI
Gender Female
Phone No (Phone) +65-91898972
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? FBB8485Y
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

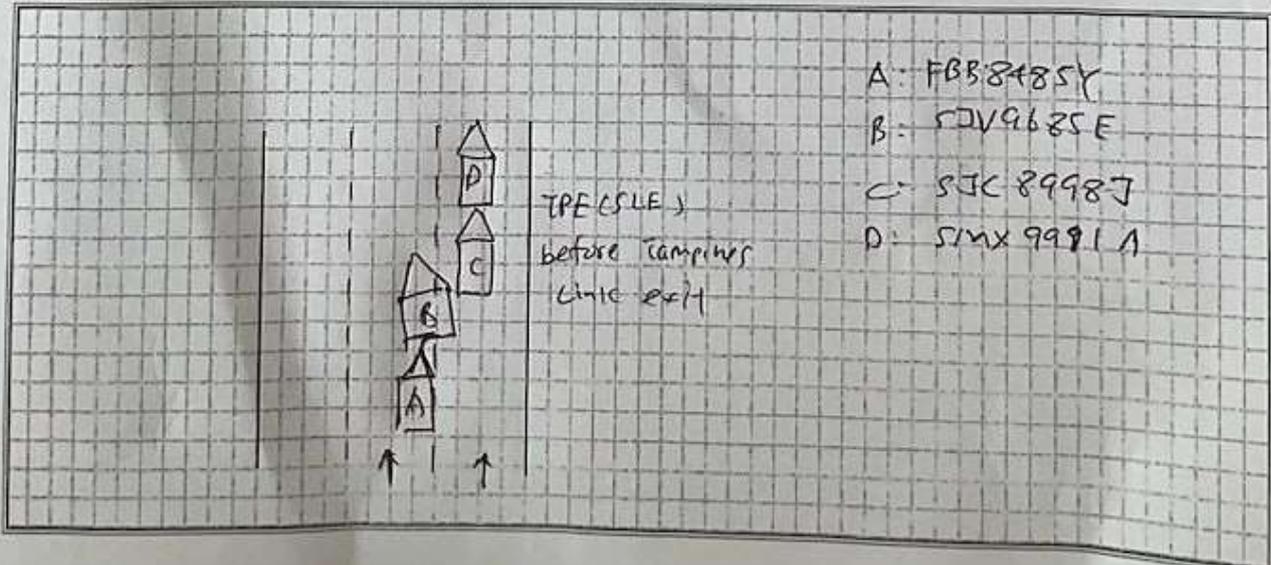
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
[Signature]
 21/02/2023 1035 hr

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

[Signature] Jack Chong Chuan
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

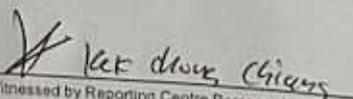
Refer to police report: T/2023 0221 / 2107

Declaration

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


Policyholder's Signature / Date & Time
22/02/2023 1025 Hrs

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


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












**SINGAPORE
POLICE FORCE**


T/20230221/2107

1 of 4

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

Report No. T/20230221/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2023 20:30	Vide Report No.: G/20230221/0128	Station Diary No.: 90
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Informant's Particulars

Name of Informant: FAUZEE BIN MOHD NOR		Address: APT BLK 890B WOODLANDS DRIVE 50 #02-307 SINGAPORE 732890	
ID Type / ID No.: NRIC NO / S7734470E		Contact No.: Home/Office: Mobile: 90301142	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 04/12/1977	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: COURIER		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: 21/02/2023 17:30	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Lamp Post Number: 188				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB8485Y	Motorcycle	HONDA	CB400	Multi-Colored	Slightly Damaged	1
SJC8998J	Car				Slightly Damaged	0
SJV9685E	Car				Slightly Damaged	3
SMX9991A	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230221/2107

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

Report No. T/20230221/2107

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBB8485Y	NTUC Income Insurance Co-Operative Limited	5118876337-02	11/08/2022	10/08/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	FAUZEE BIN MOHD NOR		ID No.	S7734470E
Related Vehicle	FBB8485Y (Motorcycle)		Contact No.	90301142
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	CLEON LOW KAI LUN		ID No.	S9641717I
Related Vehicle	SJC8998J (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
Driver				
Name	NIZAM		ID No.	NIL
Related Vehicle	SJV9685E (Car)		Contact No.	93858294
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



**SINGAPORE
POLICE FORCE**



T/20230221/2107

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

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Report No. T/20230221/2107

CONTINUATION OF REPORT

Driver			
Name	HNG JIAN ZHANG SHAUNE		ID No. S9513374F
Related Vehicle	SMX9991A (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
Pillion			
Name	SUHAIDA BINTE SUMADI		ID No. S8619137G
Related Vehicle	NIL		Contact No. 91898972
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	Slight

Brief Details.

On 21/02/2023 at about 5.30pm, I was riding my motorcycle along TPE towards SLE, together with my wife as a pillion. While travelling near to exit 4, I was riding on lane 2. At that juncture I saw a vehicle bearing registration number SJV9685E braking abruptly and swerved into my lane. I could not brake in time, resulting me to collide into the rear of the said car. The collision resulted my pillion and I to fall of our motorcycle.

I later learnt that the said car driver was trying to avoid another collision that happened in front of them at lane 1. One of the passengers from SJV9685E was conveyed to hospital and Traffic Police attended to the incident reference G/20230221/0128.

My pillion and I are injured, however we have yet to seek medical treatment. Neither myself nor my pillion have recording device attached on our helmet or motorcycle.



**SINGAPORE
POLICE FORCE**



T/20230221/2107

4 of 4

Report No. T/20230221/2107

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

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/
SR STAFF SGT MUHAMAD
NAZREE BIN JABAR 

Signature Of Informant: 

Signature Of Interpreter:
Not applicable

Date/Time:
21/02/2023 20:30

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD SYAKIR BIN ADANAN
Contact No.: 65476236

Classification Of Case:

NP168