

# 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 .....	28/04/2023 16:06 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	03/03/2023 10:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PASIR PANJANG ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBS3904Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MOHAMED MUTHU MARAKAR
NRIC No .....	S9470739J
Email Address .....	mohamedmarakar@gmail.com
Mobile Phone No .....	(Phone) +65-91807017
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Ktm
Model .....	DUKE 390
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 .....	380

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5134325871

### DRIVER

Name of Driver .....	MOHAMED MUTHU MARAKAR
NRIC No .....	S9470739J
Date Of Birth .....	17/03/1994
Occupation .....	Outdoor

Date Of Driving Pass .....	24/11/2022
Driving experience .....	4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91807017
Alt. Phone Number .....	-
Email Address .....	mohamedmarakar@gmail.com
Address .....	BLK 55 #12-453
Address complement .....	TEBAN GARDENS ROAD
Postcode .....	600055
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 - U-Turn
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 .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
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 .....	SJS2163G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	MOHAMED MUTHU MARAKAR
Gender .....	Male
Phone No .....	(Phone) +65-91807017
Address .....	BLK 55 #12-453
Address Complement .....	TEBAN GARDENS ROAD
Post Code .....	600055
Approximate Age Years Old .....	29
Injuries Sustained .....	Refer to Police Report
Injured person in which vehicle? .....	FBS3904Z
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.



Policyholder's Signature / Date & Time

28/04/2023  
1600HRS

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

# **SKETCH PLAN**

## **IMPORTANT NOTICE**

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## **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.

*[Signature]*

Policyholder's Signature / Date & Time

28/04/2023

Sketch Plan 1600HRS

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

& Time

*[Signature]*

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

MD SHAN KASMEIR BIN ABDULLAH

<p>A- FBS3904Z</p> <p>B - SJS2163G</p>						
	<p>PASIR PANJANG ROAD TOWARDS VIVO CITY</p>					













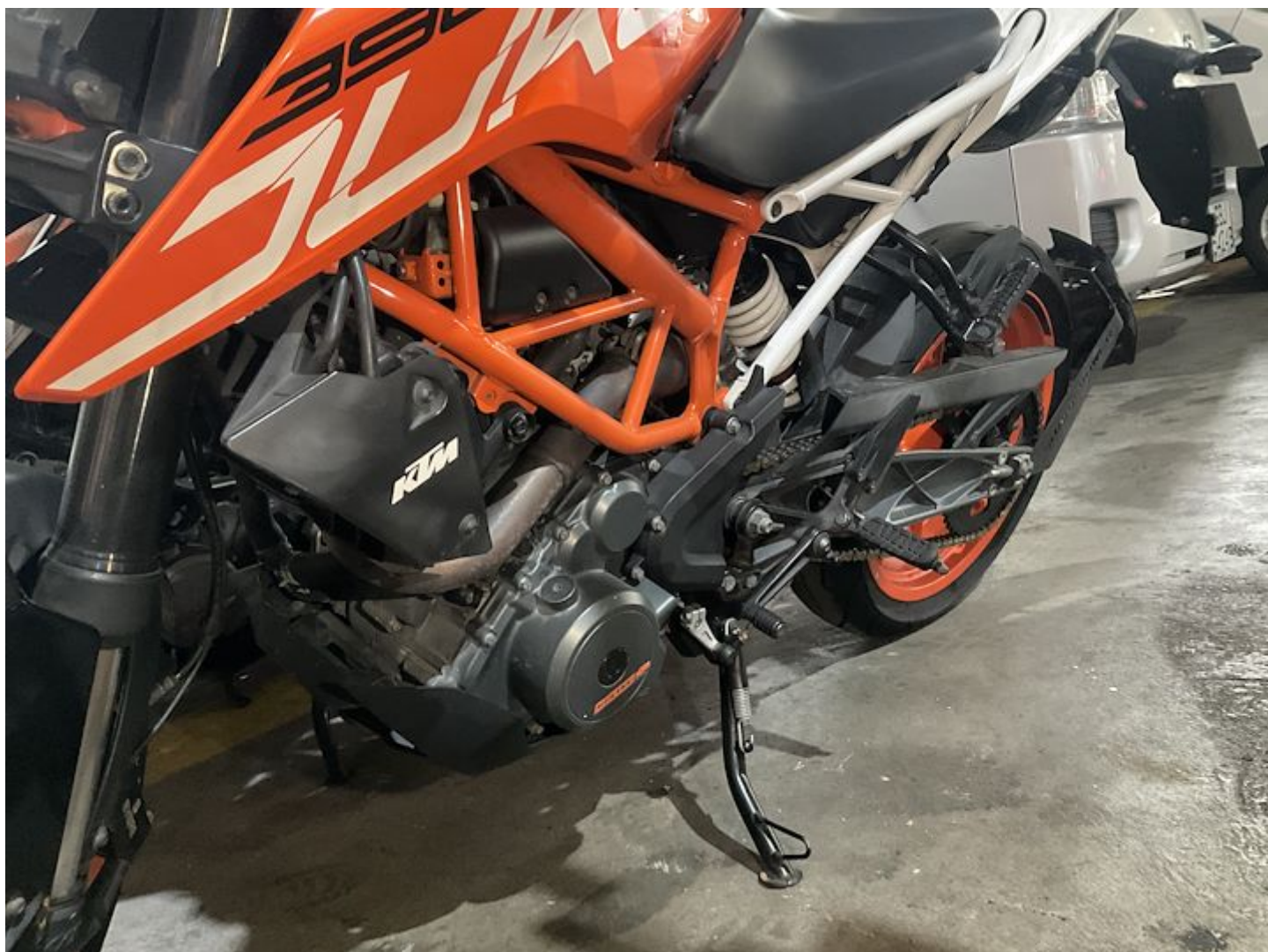




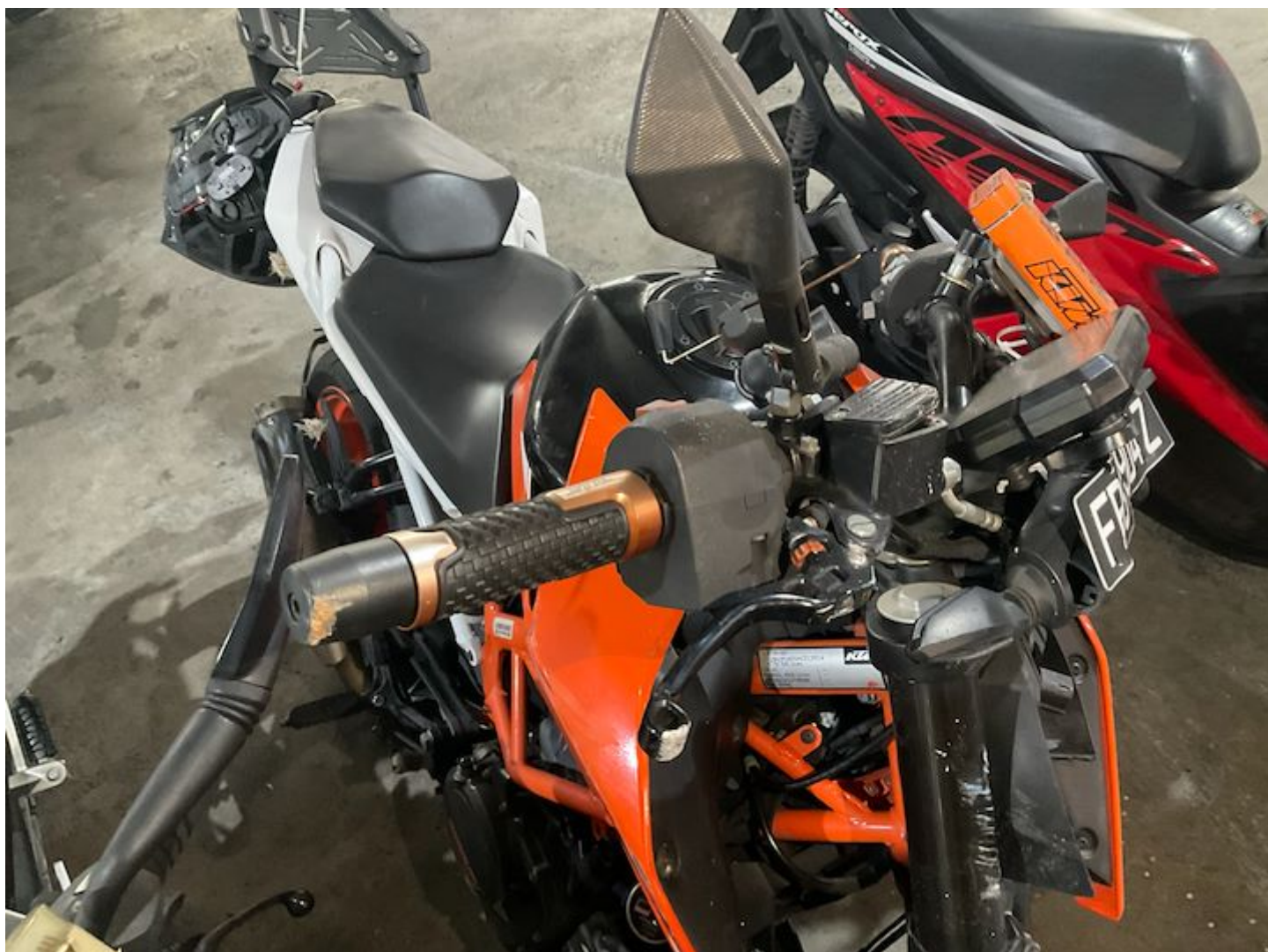














# SINGAPORE POLICE FORCE



T/20230416/2081

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20230416/2081

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2023 20:53		Vide Report No.: T/20230415/2101		Station Diary No.: 120
<b>Informant's Particulars</b>				
Name of Informant: MOHAMED MUTHU MARAKAR		Address: APT BLK 55 TEBAN GARDENS ROAD #12-453 SINGAPORE 600055		
ID Type / ID No.: NRIC NO / S9470739J		Contact No.: Home/Office: 87525126      Mobile: 91807017		
Nationality: SINGAPORE CITIZEN		Email: Mohamedmarakar@gmail.com		
Sex: Male	Age: 29	Date of Birth: 17/03/1994	Type of Informant: Rider	
Race: Indian		Language:		
Occupation: IT EXECUTIVE		Driving Licence Information: Class: 2B,2A      Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/03/2023 10:00	Type of Location: Straight Road
Location:  PASIR PANJANG ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		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
FBS3904Z	Motorcycle	KTM	390 DUKE	Orange		0
SJS2163G	Car		LOTUS	Blue		1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS3904Z	NTUC Income Insurance Co-Operative Limited	5134325871	26/02/2023	25/02/2024



**SINGAPORE  
POLICE FORCE**



T/20230416/2081

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Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20230416/2081

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED MUTHU MARAKAR	ID No.	S9470739J
Related Vehicle	FBS3904Z (Motorcycle)	Contact No.	91807017
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	03/03/2023	Date Discharge	20/03/2023
No. of Days granted Medical Leave	57	Degree of Injury	Serious

**Brief Details.**

On 03/03/2023 at about 1000hrs, I was riding V1) FBS3904Z along Pasir Panjang Road towards the direction of Vivo City on lane 2 at a speed of around 50km/h. While riding, I noticed V2) SJS2163G making a abrupt u-turn and went into my lane. As the distance was too near, I could not fully brake on time which causes V1 to collide onto V2's left side and its rear. At that point of time, I was conveyed via ambulance semi-conscious. I wish to state at the point of time, I am unaware of the damage that V1 had sustained.

I wish to state that before the accident, V1 was in perfect condition, and I was healthy.

I received 57 days of Hospitalization leave from NUH. I was admitted again on 28/03/2023 and discharged on 05/04/2023. I suffered the following injuries;

- 1) Liver rupture
- 2) Gall Bladder removed
- 3) 20% right kidney damaged
- 4) Mid Spine fracture
- 5) Right hand upper fracture
- 6) Nerve damage in right hand
- 7) Infection in right abdominal area (2nd Admittance to hospital)

I wish to state that I do not recall all the injuries that I had sustained. I do not have any footage of the accident.

**SINGAPORE  
POLICE FORCE**

T/20230416/2081

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700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20230416/2081

## CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J/  
SGT 2 KARINA SEAH JIA LING

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
16/04/2023 20:53

Officer In Charge Of Case:  
TP / GIT /  
SGT 3 MUHD SYARIFUDDIN MUHD AJMAIN  
Contact No.: 65476083

Classification Of Case:

NP168