



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	22/04/2023 12:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/04/2023 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHOA CHU KANG AVENUE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA4528P
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD AFIQ BIN AMIN
NRIC No	S9340299E
Email Address	AFIQBLUE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-87215591
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	5091995171-05

DRIVER

Name of Driver	MUHAMMAD AFIQ BIN AMIN
NRIC No	S9340299E
Date Of Birth	01/11/1993
Occupation	Outdoor



Date Of Driving Pass	31/05/2017
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87215591
Alt. Phone Number	-
Email Address	AFIQBLUE@HOTMAIL.COM
Address	BLK 431 CHOA CHU KANG AVENUE 4
Address complement	#03-583
Postcode	680431
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 - Opening Door of Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND 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	SHC4728Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	RAZALI BIN DOLHOTI
Contact Number	(Phone) +65-91168714
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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 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

22/04/2023 1230HRS

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

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

AHMAD SUFIYAN ASSURI
BIN MUSTAFFA
S992991

Sketch Plan

A: FBA4528P
B: SHC4728Y

...

Describe Circumstance of the Accident

REFER TO GEARS REPORT
AND POLICE REPORT

Declaration

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



22/04/2023 1230HRS
Policyholder's Signature / Date & Time

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

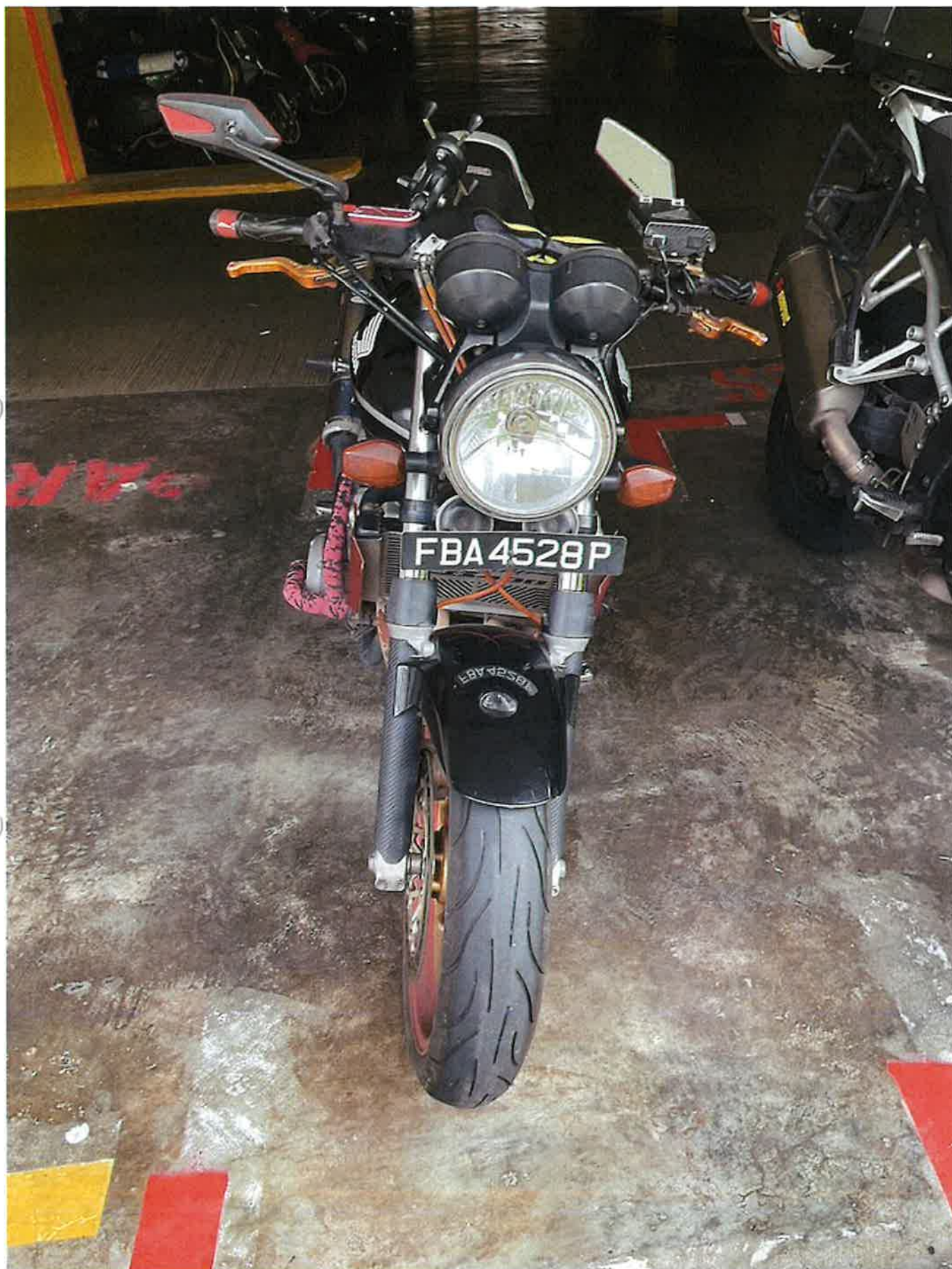


AHMAD SUFIYAN ASSURI
BIN MUSTAFFA
S992991
Witnessed by Reporting Centre Personnel
(Name as in NRIC/AD card)














**SINGAPORE
POLICE FORCE**


T/20230421/2092

1 of 3

Report No. T/20230421/2092

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2023 17:21	Vide Report No.:	Station Diary No.: 115
--	------------------	---------------------------

Informant's Particulars

Name of Informant: MUHAMMAD AFIQ BIN AMIN		Address: APT BLK 431 CHOA CHU KANG AVENUE 4 #03-583 SINGAPORE 680431	
ID Type / ID No.: NRIC NO / S9340299E		Contact No.:	Mobile: 87215591
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 01/11/1993	Type of Informant: Rider
Race: Malay		Language: English	
Occupation: Paramedic		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/04/2023 16:30	Type of Location: Car Park
Location: CHOA CHU KANG AVENUE 4				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA4528P	Motorcycle	HONDA	CB400	Multi-Colored	Slightly Damaged	0
SHC4728Y	Car				No Damage	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA4528P	NTUC Income Insurance Co-Operative Limited	5091995171-05	12/11/2022	10/11/2023





**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20230421/2092

2 of 3

Report No. T/20230421/2092

CONTINUATION OF REPORT

Brief Details.

On 21/04/2023 at about 1630hrs, I was riding my motorbike going to into the entrance of Blk 429A MSCP. There was a taxi in front of my motorbike. I sounded my horn and revved the engine to warn the taxi that I was overtaking. However, the passenger in the taxi opened the door hit the right side of my motorbike and I had a fall. I was not injured.

I am lodging this report for insurance purposes.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20230421/2092

3 of 3

Report No. T/20230421/2092

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /
SGT 2 KAM YAN MIN, REUBEN

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
21/04/2023 17:21Officer In Charge Of Case:
TP / GIA /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

NP168


9702103A


PASSION[®]
SILVER



LEE YEW CHEONG
S0010036F
8800 3000 0965 6389
CARD VALID TILL 10/04/2026



 Cold Storage

Giant

 guardian



SENIOR
CITIZEN
CONCESSION