

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	19/05/2023 17:32 (SGT)
Reported by	Actual Driver
Date of Accident	07/04/2023 21:15 (SGT)
Exact Location of Accident	Bukit Merah View, Singapore
Additional Location Information	SERVICE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR7201Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMMERCIAL VEHICLES DISTRIBUTOR PTE. LTD.
Company Reg No	2XXXXX853H
Email Address	hrliaison168@gmail.com
Mobile Phone No	(Phone) +65-86116161
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	155

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0006909

DRIVER

Name of Driver	ABDUL RAZAAQ BIN KHAMIS
NRIC No	SXXXX914B
Date Of Birth	01/11/1991
Occupation	Outdoor

Date Of Driving Pass	19/04/2016
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-83663358
Alt. Phone Number	-
Email Address	razaaqabdul@outlook.com
Address	BLK 104D CANBERRA STREET #10-547
Address complement	-
Postcode	754104
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Head on collision
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?	No
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	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

PLEASE REFER TO POLICE REPORT T/20230408/7016

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	SKR8513J
Vehicle Manufacturer	BMW
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	ABDUL RAZAAQ BIN KHAMIS
Gender	Male
Phone No	(Phone) +65-83663358
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBR7201Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Sketch Plan

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

BULK 17 MERLOT VIEW

Witnessed by Reporting Centre Personnel

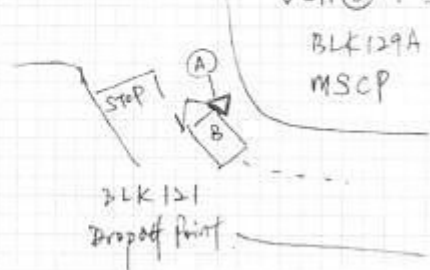
19/05/2023

VEH (A) : FBR 7201Y

VEH (B) : SKR 8513J

BLK 129A

MSCP



BLK 121

Dropoff Point

Refer to Police Report TL20230608/7016.

I was unwell after the accident and did not realise that I needed to file an insurance report.

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre
Personnel




















**SINGAPORE
POLICE FORCE**

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



T/20230408/7016

1 of 4

Report No. T/20230408/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2023 13:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABDUL RAZAAQ BIN KHAMIS			Address: 104D CANBERRA STREET #10-547 SINGAPORE 754104		
ID Type / ID No.: NRIC NO / S9138914B			Contact No.: Home/Office: Mobile: 83663358		
Nationality: SINGAPORE CITIZEN			Email: RAZAAQABDUL@OUTLOOK.COM		
Sex: Male	Age: 31	Date of Birth: 01/11/1991	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/04/2023 21:15	Type of Location: Service road outside 129A Bukit Merah View
Location: BUKIT MERAH VIEW				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR7201Y	Motorcycle					0
SKR8513J	Car					0



**SINGAPORE
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T/20230408/7016

2 of 4

Report No. T/20230408/7016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL RAZAAQ BIN KHAMIS	ID No.	S9138914B
Related Vehicle	FBR7201Y (Motorcycle)	Contact No.	83663358
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	07/04/2023	Date	08/04/2023
No. of Days granted Medical Leave	05	Degree of	Serious
Driver			
Name	HWEE HONG	ID No.	NIL
Related Vehicle	SKR8513J (Car)	Contact No.	98160401
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

At around 9:15 pm on Friday, 7th April 2023, I was riding FBR7201Y along the service road beside MSCP 129A Bukit Merah View.

There was a bend between blocks 121 and the MSCP and I had gradually slowed down upon noticing a Grey BMW SKR8513J travelling against the flow of traffic, coming towards me.

I came to a complete stop as said BMW did not leave much room for me to proceed straight and I wanted to give way to said car.

However, said BMW kept coming closer towards and when I came to a realisation that said BMW may not have noticed my existence, I frantically attempted to sound the horn.

Despite being honked at, the driver failed to stop and the BMW's front right portion collided into my stationary bike's front right portion.

The impact was big but fortunately, I was able to keep my bike upright by using my left leg as a stand just before my bike fell to my left.

To my horror, after colliding into me, the driver of said BMW continued accelerating forward as I believe that she was trying to adjust her final position to hide the fact that she was travelling blatantly against the flow on a two-way road.

I started feeling a sharp pain coming from my left wrist. The pain got so severe that I went to KPTH immediately to get it checked. I was discharged after midnight and was issued with



**SINGAPORE
POLICE FORCE**



T/20230408/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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3 of 4

Report No. T/20230408/7016

CONTINUATION OF REPORT

five days of medical leave from the A&E department.

The following morning, I also woke up with aches in my neck, shoulders, lower back, left thigh and left calf areas.

I may seek further treatment if the pain does not get better.

I took pictures and videos to substantiate the evidence (more than 2MB) - a long stretched mark on her front right portion of her car, showing that she accelerated forward after I was hit.

**SINGAPORE
POLICE FORCE**

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



T/20230408/7016

4 of 4

Report No. T/20230408/7016

CONTINUATION OF REPORTSketch 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 / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

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

Date/Time:
08/04/2023 13:01

Classification Of Case:

COMMERCIAL VEHICLES DISTRIBUTOR PTE LTD
(MOTORBIKE RENTAL DIVISION)
39 WOODLANDS CLOSE, MEGA@WOODLANDS, #04-62, SINGAPORE 737856
GST REG. NUMBER: 201728853H

HIRER PARTICULARS

ID/NRIC/ROC S9138914B
 Name/Company ABDUL RAZAAQ BIN KHAMIS
 Address BLK 104D CANBERRA ST #10-547
S(754104)
 Person-in-charge _____
 Contact Number 87500506

RENTAL AGREEMENT CVD08/2022/1017E

Agreement Date 4/11/2022
 Rental Term WEEKLY
 Rental Rate (inc. of GST) \$150/WEEK
 Agreed End Date 4/8/2023
 Agreed Period 39 WEEKS
 Contract Ref _____
 Excess for vehicle damage \$2000 EACH SECTION

RENTAL VEHICLE/ACCESSORIES

RENTAL ID _____
 REG. NO. FBR7201Y

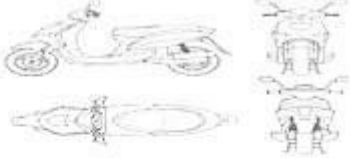
MAKE YAMAHA
 MODEL AEROX 155
 CAPACITY _____

DRIVER PARTICULARS (IF NOT STATED)

NAME AS ABOVE
 NRIC _____
 DOB _____
 LIC PASS _____

NATIONALITY _____
 CONTACT _____
 ADDRESS _____

DELIVERY OF VEHICLE

Check Out By: <u>K.T.</u>		
Date	Time	Mileage Out
<u>4/11/2022</u>	<u>3:50 PM</u>	<u>426.4 Km</u>
Petrol Out: Empty 1/8 1/4 3/8 1/2 5/8 3/4 7/8 Full		
Estimated date of return: _____		
		
Check In By: _____		
Date	Time	Mileage In
Petrol In: Empty 1/8 1/4 3/8 1/2 5/8 3/4 7/8 Full		
Petrol used: _____		
(Note: Petrol Level to be Return as it was Rented out)		
Return Note: _____		

MODE OF PAYMENT PAYNOW

RENTAL DUE	\$150
DELIVERY CHARGE	
TOTAL DUE	\$270
TOTAL PAID	\$270
DAMAGE RECOVERY	
OTHERS	
DEPOSIT	\$120
AMOUNT REFUND	

REMARKS WITH HP HOLDER, RACK&BOX

COMPANY AUTHORISED SIGNATURE

HIRER SIGNATURE