

## 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 .....	24/05/2023 19:19 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	20/05/2023 18:00 (SGT)
Exact Location of Accident .....	Bukit Batok West Ave. 5, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBU5198X
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Abdullah Abdul Karim
NRIC No .....	S1613421Z
Email Address .....	abdulkarim342116@gmail.com
Mobile Phone No .....	(Phone) +65-89455068
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	ADV160
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Motorcycle
Transmission .....	Auto
CC .....	157

#### INSURANCE COMPANY

Name of Insurance Company .....	Etika Insurance Pte Ltd
Policy Number / Cover Note Number .....	MA104774

#### DRIVER

Name of Driver .....	Abdullah Abdul Karim
NRIC No .....	S1613421Z
Date Of Birth .....	21/06/1963
Occupation .....	Outdoor

Date Of Driving Pass .....	14/09/2007
Driving experience .....	15 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-89455068
Alt. Phone Number .....	-
Email Address .....	abdulkarim342116@gmail.com
Address .....	Blk 435B, Bukit Batok West Ave 5, #05-966
Address complement .....	-
Postcode .....	-
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	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 .....	Siti Alsa
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hong Kah North Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18005679999
Alt. Police Station Phone No .....	(Fax) +65-65652508
Police Station Address .....	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to police report no.: T/20230521/2057.

#### 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 .....	SHD7097J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**IMPORTANT NOTICE**

**SKETCH PLAN**

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.**
- 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.
- 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

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

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

24/05/23

**Sketch Plan**



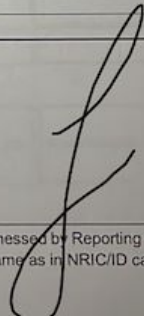
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**Describe Circumstance of the Accident**

ON 20-5-2023 AT 18.00 I WAS TRAVELLING AT  
 BUKIT BATOK WEST AVE 5 WITH MY BIKE AND MY  
 WIFE AS PASSENGER. I STOPPED AT THE JUNCTION  
 BEHIND A TAXI BEARING THE PLATE NUMBER  
 SHD 709TJ. THE TAXI WAS AT THE FURTHEST RIGHT  
 LANE AND THE TRAFFIC IS GREEN AT THE POINT  
 OF TIME. I HORN TO ASK THE DRIVER TO MOVE BUT  
 HE DID NOT. THE TRAFFIC THEN CHANGED TO RED.  
 I THEN WAITED BEHIND THE TAXI AND SUDDENLY,  
 THE TAXI REVERSE AND COLLIDED ONTO MY  
 VEHICLE ON THE LEFT SIDE THEN CAUSED MY  
 BIKE TO FALL ON THE RIGHT SIDE TOGETHER  
 WITH ME AND MY WIFE HENCE CAUSED INJURY  
 TO MY LEFT LEG AND MY WIFE RIGHT BUTTOCK  
 AND CAUSED DAMAGE TO MY BIKE.

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

Policyholder's Signature / Date & Time      Actual Driver's Signature (if driver is not the policyholder) / Date & Time      Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

24/05/23/

vJun2022 2


























**SINGAPORE  
POLICE FORCE**


T/20230521/2057

1 of 3

Report No. T/20230521/2057

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
21/05/2023 16:45

Vide Report No.:

Station Diary No.:  
28

**Informant's Particulars**

Name of Informant:  
ABDULLAH BIN ABDUL KARIM

Address:  
APT BLK 435B BUKIT BATOK WEST AVENUE 5 #05-966  
SINGAPORE 652435

ID Type / ID No.:  
NRIC NO / S1613421Z

Contact No.:  
Home/Office: Mobile: 89455068

Nationality:  
SINGAPORE CITIZEN

Email:  
abdulkarim342116@gmail.com

Sex: Male Age: 59 Date of Birth: 21/06/1963

Type of Informant:  
Rider

Race:  
Malay

Language:

Occupation:  
EQUIPMENT OPERATOR

Driving Licence Information:  
Class: 2B,3,4A Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/05/2023 18:00	Type of Location: T-Junction
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Location:

TENGAH PARK AVENUE

Weather: Cloudy Road Surface: Dry

Traffic Flow: Traffic Control: Traffic Light - Working

Traffic Volume:  
Moderate

Type of Collision:  
Collision from rear vehicle to front of motorcycle

Anyone conveyed by ambulance:  
No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBU5198X	Motorcycle	HONDA	ADV 160	Red	Slightly Damaged	1
SHD7097J	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999



T/20230521/2057

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Report No. T/20230521/2057

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBU5198X	ETIQA INSURANCE BERHAD	AN3207115	20/12/2022	19/12/2023

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider Name	ABDULLAH BIN ABDUL KARIM	ID No.	S1613421Z
Related Vehicle	FBU5198X (Motorcycle)	Contact No.	89455068
Hospital/Clinic	HEALTHWAY MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	20/05/2023	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Pillion			
Name	Siti Aisa	ID No.	G1367587U
Related Vehicle	NIL	Contact No.	82480877
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 the above mentioned date, time and place, as I was travelling along Bukit Batok West Ave 5, I stopped at the junction behind a taxi bearing the plate number of SHD7097J. The taxi was at the further right lane and the traffic light was green at that point of time. I horn to ask the driver to move but he did not. The traffic light then changed to red. I then waited behind the taxi and suddenly, the taxi reverse and collided onto my vehicle. There are no police or ambulance that attended to us and my wife was my pillion during the incident. I felt pain on my left shin and was given 4 days of medical leave.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999



T/20230521/2057

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Report No. T/20230521/2057

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

J /  
SCSGT(1) MOHAMED DANISH  
ADLY BIN ABDUL RAZAK

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

Signature Of Informant:

Date/Time:  
21/05/2023 16:45

Classification Of Case:

MY3  
73000003  
Cov. Type: Comprehensive

**eTiQa**  
Insurance

**CERTIFICATE OF INSURANCE**

• MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) • MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 • ROAD TRANSPORT ACT, 1987 (MALAYSIA) • MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

<b>CERTIFICATE No.</b>	MX104774		
1. Index Mark and Registration Number of Vehicle	FBU5198X		
2. Name of Policyholder	ABDULLAH BIN ABDUL KARIM		
3. Effective Date of Commencement of Insurance for the purposes of the Act	20/12/2022	Excess: Sect I	\$5 300
4. Date of Expiry of Insurance	19/12/2023		
5. Persons or Classes of Persons entitled to drive	Engine No : KFB2E1005204 Chassis No : MH1KFB213NK005112 Hire Purchase : DYNASTY MOTOR PTE. LTD.		

THE POLICYHOLDER  
ABDULLAH BIN ABDUL KARIM

SYED NOH BIN AHMAD

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

6. Limitations as to Use

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.  
 THE POLICY DOES NOT COVER:  
 (i) USE FOR HIRE OR REWARD.  
 (ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.  
 (iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.  
 (iv) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bindings.


**Policy Owner's Protection Scheme**


This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

GOPRBT3 30/12/2022 10:58:46

For and on behalf of **eTiQa Insurance Pte. Ltd**  
Approved Insurer

  
 Authorised Signature



**eTiqa**  
Insurance

**INTERVIEW FORM**

Name (Driver) : ABDULLAH ABUL KARIM

Policy No : MX 104774

Vehicle No : FBU 5198 X

Place of Accident : BUKIT BATOK WEST AVE S

Insured Driver's relationship with Insured : OWNER

Drink Driving of Insured and/or Insured Driver : —

No of passenger(s) in Insured vehicle : 2 1

Injury to Insured and/or Insured driver, please indicate which hospital:  
ME: ONE CARE CLINIC, WIFE: NORTHEAST MED. GROUP

Third Party Vehicle No (if any) : SAD 7097 J

No of passenger(s) in Third Party Vehicle : —

Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
—

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:  
REAR TO FRONT

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):  
—

Traffic Police report (enclosed) ☒ Yes / No

**Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)**

[Signature]  
Driver (Name & Signature) / Date  
I, affirmed the above information is given to my best knowledge

[Signature] 24/05/23  
Attended by (Name & Signature) / Date

Workshop Name: Woon Meng Motor Pte Ltd

eTiqa Insurance Pte Ltd  
One Raffles Quay  
22-01 North Tower  
Singapore 048583  
+65 63360477  
+65 63392109  
www.etiqa.com.sg  
Company Reg. No. 101118190

Member of Maybank