

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 | 05/06/2023 15:21 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 23/05/2023 18:55 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | P.I.E Towards Tuas |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | FH9957S |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|---------------------------|
| Is company? | No |
| Name Of Registered Owner | Muhammad Khairi Bin Rahim |
| NRIC No | S8101474D |
| Email Address | md_khairi@live.com |
| Mobile Phone No | (Phone) +65-97919419 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | ADV150 ABS CVT |
| 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 | Auto |
| CC | 149 |

INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | Direct Asia Insurance (Singapore) Pte Ltd |
| Policy Number / Cover Note Number | MC/01132312 |

DRIVER

| | |
|----------------------|---------------------------|
| Name of Driver | Muhammad Khairi Bin Rahim |
| NRIC No | S8101474D |
| Date Of Birth | 29/01/1981 |
| Occupation | Outdoor |

| | |
|--|-----------------------------|
| Date Of Driving Pass | 01/09/1999 |
| Driving experience | 23 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97919419 |
| Alt. Phone Number | - |
| Email Address | md_khairi@live.com |
| Address | Blk 635A Senja Road #06-247 |
| Address complement | - |
| Postcode | 671635 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | Yes |
| Vehicle Registration Number of Other Vehicle Owned by Driver | SLZ7294T |
| Insurance Company of Other Vehicle Owned by Driver | Income Insurance Limited |

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 | 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 | 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

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 | SJW6768P |
| 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 | Muhammad Khairi Bin Rahim |
| Gender | Male |
| Phone No | (Phone) +65-97919419 |
| Address | Blk 635A Senja Road #06-247 |
| Address Complement | - |
| Post Code | 671635 |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | FH9957S |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | Yes |

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

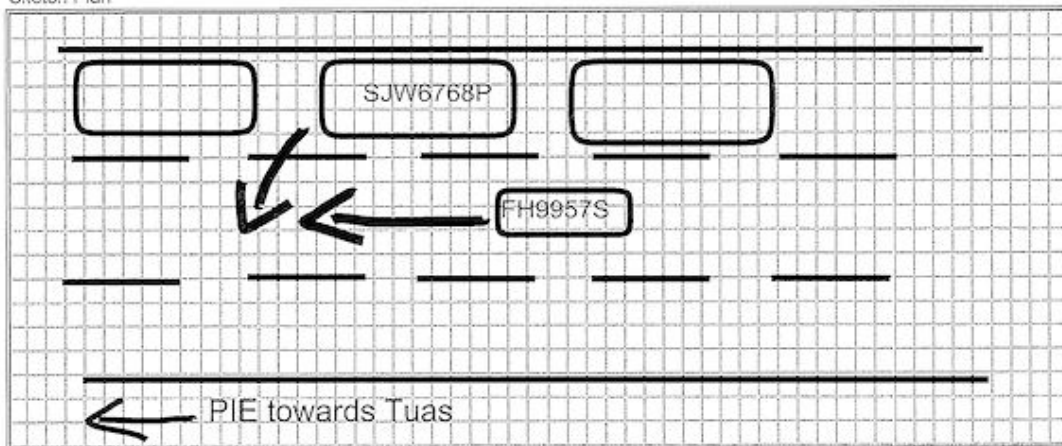
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 5 June 2023
Policyholder's Signature / Date & Time

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


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

Sketch Plan



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























































**SINGAPORE
POLICE FORCE**



T/20230524/7023

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

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Report No. T/20230524/7023

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------|
| Date/Time Report Made: 24/05/2023 12:21 | Vide Report No.: E/20230523/0083 | Station Diary No.: |
|--|-------------------------------------|--------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|---|--|--|
| Name of Informant: MUHAMMAD KHAIRI BIN RAHIM | | | Address: 635A SENJA ROAD #06-247 SINGAPORE 671635 | | |
| ID Type / ID No.: NRIC NO / S8101474D | | | Contact No.: Home/Office: Mobile: 97919419 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: MD_KHAIRI@LIVE.COM | | |
| Sex: Male | Age: 42 | Date of Birth: 29/01/1981 | Type of Informant: Rider | | |
| Race: Boyanese | | | Language: English | | |
| Occupation: Assistant electrical engineer | | | Driving Licence Information: Class: 2B,3,4,5 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 23/05/2023 18:55 | Type of Location: Straight Road |
| Location: PIE toward Tuas | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------------|--------|-------------------|-------|----------|-------|
| FH9957S | Motorcycle | HONDA | ADV150 ABS CVT | Red | | 0 |
| | Car | TOYOTA | | Black | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|--------------|------------|-------------|
| FH9957S | DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD. | MC/01132312 | 16/01/2023 | 15/01/2024 |



**SINGAPORE
POLICE FORCE**



T/20230524/7023

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

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Report No. T/20230524/7023

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|---------------------------|-----------------------------------|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MUHAMMAD KHAIRI BIN RAHIM | ID No. | S8101474D |
| Related Vehicle | FH9957S (Motorcycle) | Contact No. | 97919419 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry | Class: 2B,3,4,5 Date of Expiry: NIL |
| Date | 23/05/2023 | Date | 23/05/2023 |
| No. of Days granted Medical Leave | 04 | Degree of | Slight |

Brief Details.

Give SD card video to IO Shaye.

PIE towards Tuas, opposite Toa Payoh swimming complex.



**SINGAPORE
POLICE FORCE**



T/20230524/7023

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

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Report No. T/20230524/7023

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
24/05/2023 12:21

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD GHAZALI BIN ABDUL RAZAK
Contact No.: 96192037

Classification Of Case:

NP168