

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	30/03/2023 15:29 (SGT)
Reported by	Actual Driver
Date of Accident	20/03/2023 18:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR7098D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHIDDIN BIN JUMAT
NRIC No	T0023245E
Email Address	JUTA0207@GMAIL.COM
Mobile Phone No	(Phone) +65-89324383
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Gdr155a
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	160

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119142787-02

DRIVER

Name of Driver	MARJUTA BIN JUMAT
NRIC No	T0418340H
Date Of Birth	02/07/2004
Occupation	Outdoor

Date Of Driving Pass	31/10/2022
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83924383
Alt. Phone Number	-
Email Address	JUTA0207@GMAIL.COM
Address	BLK 180B BOON LAY DRIVE #02-652
Address complement	-
Postcode	642180
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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)	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	ONG YANG DENG BILL
Gender	Male

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 POLICE REPORT NO :
T/20230420/7090

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ3321T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MARJUTA BIN JUMAT
Gender	Male
Phone No	(Phone) +65-89324383
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEFT LACERATION OF THE KNEE. LEFT LACERATION OF FOREARMS. RIGHT ABRASIONS OF KNEE. LACERATION AND ABRASION ON RIGHT FOOT. LEFT QUADRICEPS RUPTURE. LIGAMENT SPLIT OF LEFT KNEE.
Injured person in which vehicle?	FBR7098D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	ONG YANG DENG BILL
Gender	-
Phone No	(Phone) +65-96574338
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEFT LACERATION OF KNEE.
Injured person in which vehicle?	FBR7098D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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:

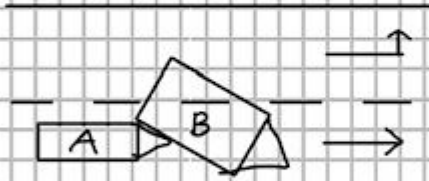
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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

Driver's Signature (if driver is not the policyholder) / Date & Time
30/03/2023
15:30HRS

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
MOHAMMAD YUNOS BIN ABDUL SAMAD
S099951

Sketch Plan



A - FBR7098D

B - UNKNOWN

BUKIT BATOK CRESCENT

Describe Circumstance of the Accident

REFER TO POLICE REPORT NO :
T/20230324/7055

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date
& Time30/03/2023
15:30HRSWitnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)MOHAMMAD YUNOS BIN ABDUL SAMAD
S099951

2

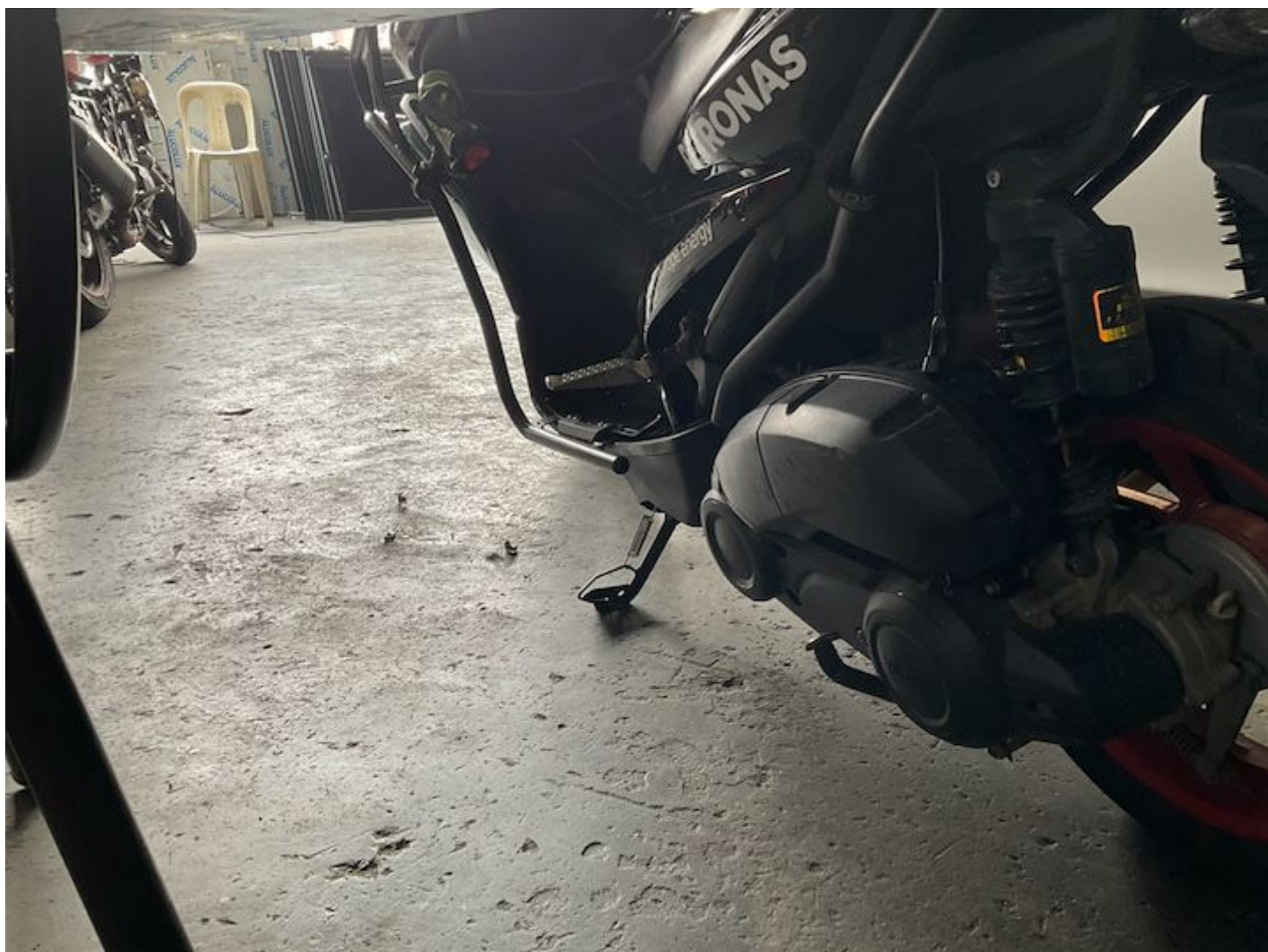


























**SINGAPORE
POLICE FORCE**



T/20230420/7090

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

1 of 3

Report No. T/20230420/7090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2023 21:43		Vide Report No.: J/20230320/0102		Station Diary No.:
Informant's Particulars				
Name of Informant: MARJUTA BIN JUMAT		Address: 180B BOON LAY DRIVE #02-652 SINGAPORE 642180		
ID Type / ID No.: NRIC NO / T0418340H		Contact No.: Home/Office: Mobile: 89324383		
Nationality: SINGAPORE CITIZEN		Email: JUTA0207@GMAIL.COM		
Sex: Male	Age: 18	Date of Birth: 02/07/2004	Type of Informant: Rider	
Race: Malay		Language: English		
Occupation: Delivery man using motorised personal mobility aids/devices		Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/03/2023 18:05	Type of Location: Straight Road
Location: BUKIT BATOK CRESCENT				
Weather: Heavy rain		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBR7098D	Motorcycle					0
YQ3321T	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230420/7090

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

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Report No. T/20230420/7090

CONTINUATION OF REPORT

Pillion			
Name	ONG YANG DENG, BILL		ID No. T0405310E
Related Vehicle	FBR7098D (Motorcycle)		Contact No. 96574338
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: 2B Date of Expiry: NIL
Date	21/03/2023	Date	23/03/2023
No. of Days granted Medical Leave	19	Degree of	Serious
Rider			
Name	MARJUTA BIN JUMAT		ID No. T0418340H
Related Vehicle	FBR7098D (Motorcycle)		Contact No. 89324383
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: 2B Date of Expiry: NIL
Date	21/03/2023	Date	24/03/2023
No. of Days granted Medical Leave	46	Degree of	Serious

Brief Details.

I was traveling on road exiting on EXIT 28 AYE/Clementi traveling at about 40-50km/h. It was raining heavily and the road was wet and slippery. I was going straight towards AYE/CLEMENTI and the lane in front of me was completely empty from what i can recall. In a blink of an eye, the lorry in the left lane heading towards exit 28 to Bukit Batok did an abrupt lane change into my lane. I braked immediately but still did not manage to avoid the lorry as there was a metal barrier on my right. While i was trying to swerve right while avoiding both the lorry and the metal barrier, the lorry hit the left of my bike causing my pillion and i to fall. From what u can recall, i flew and banged my head on the metal barrier then slid on the road. The lorry driver stopped and a few vehicle behind stopped to help and assess the situation. My friend and i were then transported to Ng Teng Fong General Hospital A&E.



**SINGAPORE
POLICE FORCE**



T/20230420/7090

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

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Report No. T/20230420/7090

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: 20/04/2023 21:43
Officer In Charge Of Case: TP / TPIB / INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476415	Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN07233U000L Vehicle Registration No: FBR7098D
 Name (as shown in NRIC): MARJUTA BIN JUMAT NRIC/FIN/Passport No: T0418340H
 (*Vehicle Driver/~~Vehicle Owner~~) (*) Please delete as appropriate
 Address: BLK 180B BOON LAY DRIVE #02-652 Singapore 642180
 Contact (Tel): _____ Mobile No.: 89324383
 Email Address: JUTA0207@GMAIL.COM
 Date of Accident: 20/03/2023 Time of Accident: 18:05
 Place of Accident: BUKIT BATOK CRESCENT
 Insurance Company: INCOME INSURANCE

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

REPLACE POLICE REPORT AND
 CHANGE DATE OF ACCIDENT
 FROM 20/02/2023 TO 20/03/2023

Policyholder / Driver's Signature
 Date: 25042023

Reporting Centre Personnel's Signature
 Name: MOHAMMAD YUNOS

