

## 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 .....	16/06/2023 13:26 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	14/06/2023 23:00 (SGT)
Exact Location of Accident .....	Woodlands Ave 10, Singapore
Additional Location Information .....	JUNCTION OF SEMBAWANG WAY
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FQ8688C
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MOHAMMAD RIDUAN BIN MAS'OD
NRIC No .....	S8609105D
Email Address .....	WAN_ZXR@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-83392497
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Suzuki
Model .....	An 400 burgman
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 .....	400

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5100874329-05

#### DRIVER

Name of Driver .....	MOHAMMAD RIDUAN BIN MAS'OD
NRIC No .....	S8609105D
Date Of Birth .....	16/03/1986
Occupation .....	Indoor

Date Of Driving Pass .....	27/07/2010
Driving experience .....	12 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83392497
Alt. Phone Number .....	-
Email Address .....	WAN_ZXR@HOTMAIL.COM
Address .....	BLK 469 #10-47
Address complement .....	ADMIRALTY DRIVE
Postcode .....	750469
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 - Head to Rear
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 .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: L/20230615/7028

#### 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 .....	SHC7983G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Taxi
Name of Driver .....	TAN THUANG KIONG
NRIC No .....	S1439944E
Contact Number .....	(Phone) +65-97827053
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MOHAMMAD RIDUAN BIN MAS'OD
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FQ8688C
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**


1. Please report correctly the details of the accident to speed up the claims process.
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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)**

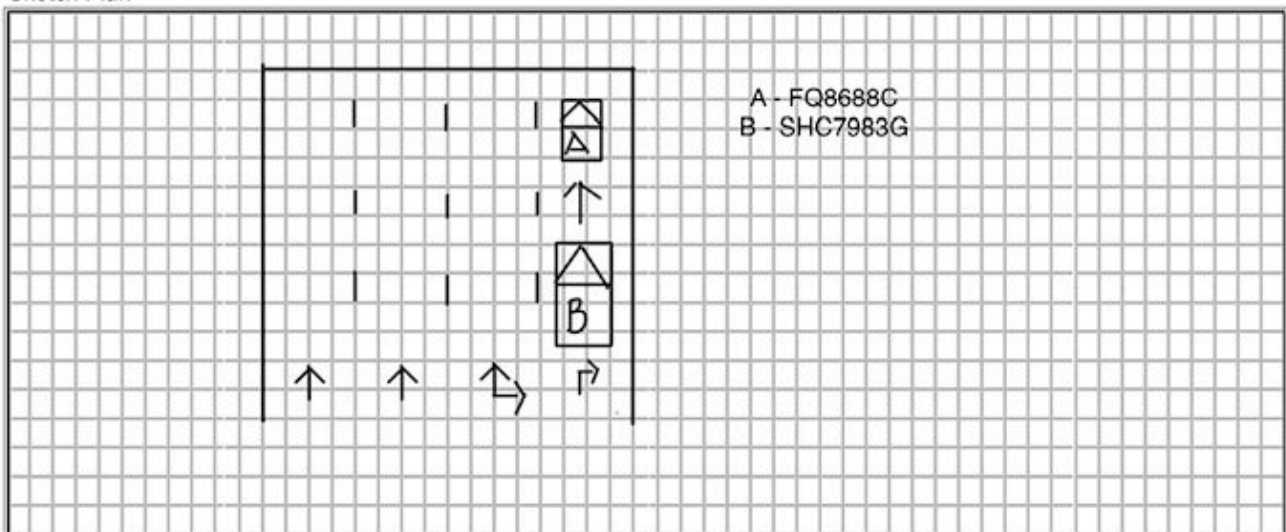
I understand, acknowledge, agree and consent that:

- (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.

 16062023 & 1500HRS  
Policyholder's Signature / Date & Time

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

 Mohammad Ikhsan Bin Abdul Aziz  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**


**Describe Circumstance of the Accident**

**Declaration**

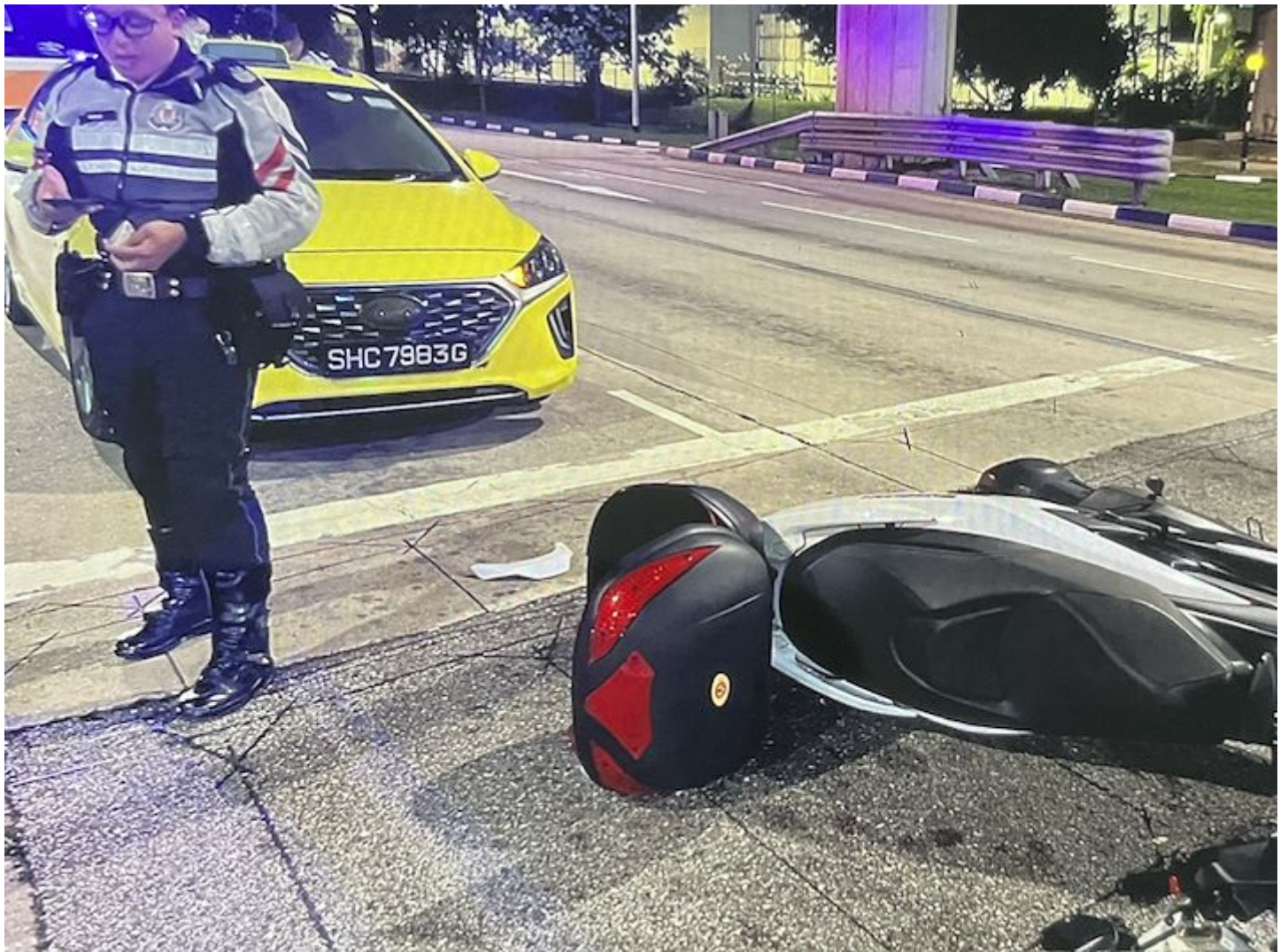
I/We declare the foregoing particulars are true in every respect.

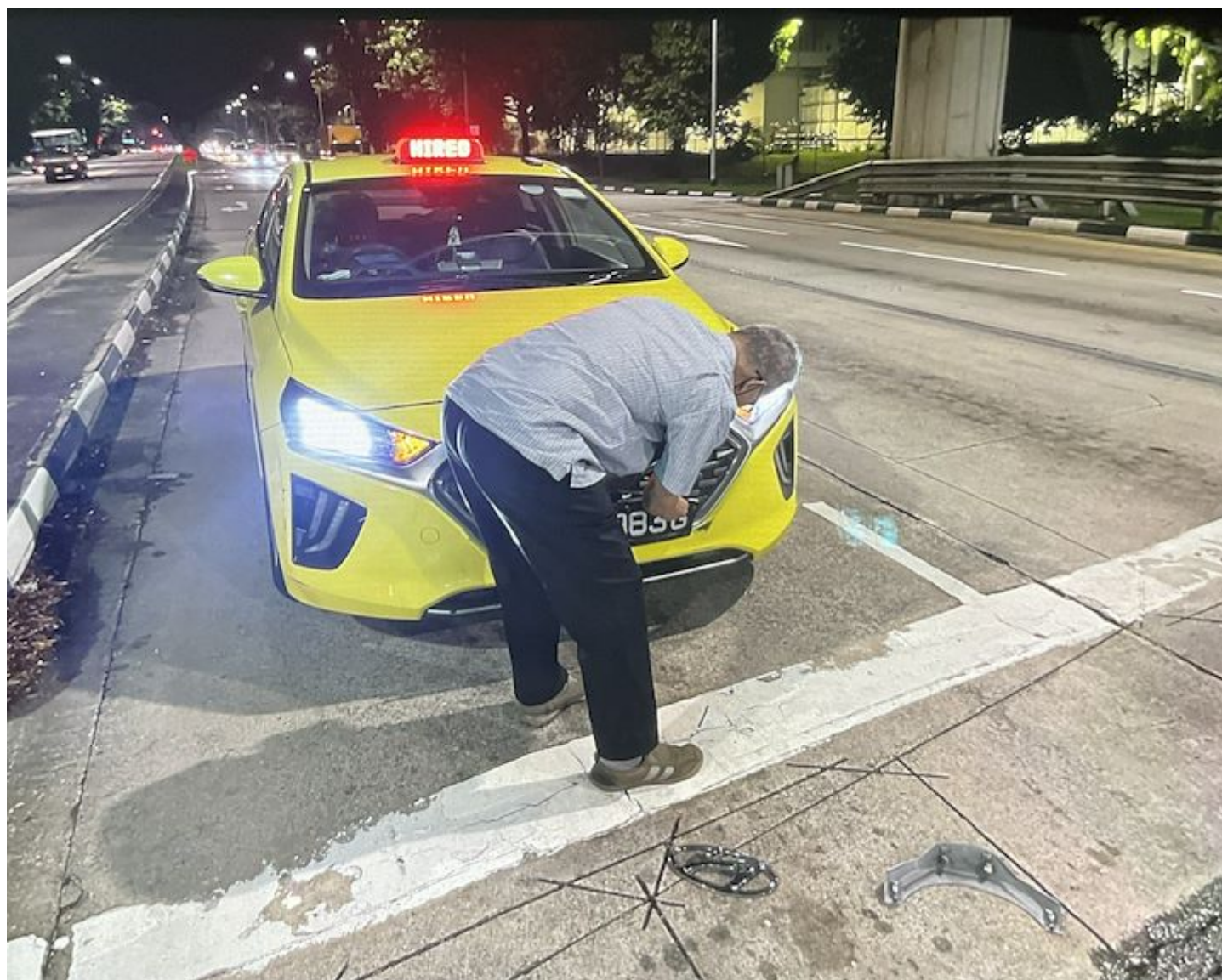
  
 16/06/2023 & 1400hrs  
 Policyholder's Signature / Date & Time

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

  
 Mohammad Ikhsan Bin Abdul Aziz  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)























**SINGAPORE  
POLICE FORCE**

L/20230615/7028

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230615/7028

Mobile No	83392497	Is Informant A Victim?	Yes
Person Name	MOHAMMAD RIDUAN BIN MAS'OD (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
15/06/2023 12:22

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230615/7028

such as abrasions on my right elbow, right knee, right foot and swelling on my right foot. I also felt light-headed and slight giddiness. I decided to contact 999 as I couldn't decide which party to sought for assistance. Ambulance was also activated and paramedics did assessment on me and provide medical support on my abrasion. Traffic Police force were also on site to investigate and conclude the situation. I decided not to go to the hospital as far as i am concern, the injuries were minor during the point of incident.

Details of other parties:

Name: Tan Thuang Kiong

NRIC: S1439944E

D.O.B: 06-07-1960

Residents Address: Blk 260C, Sengkang East Way, #11-452, Singapore 543260

Contact Number: +65 9782 7053

Vehicle Number: SHC 7983 G

Subjects Involved			
Victim			
Person Name	MOHAMMAD RIDUAN BIN MAS'OD		
ID Type	NRIC NO	ID No	S8609105D
Gender	Male	Age	37
Race	Boyanese	Language	English
Occupation	Management executive	Address	469 ADMIRALTY DRIVE #10-47 SINGAPORE 750469

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
15/06/2023 12:22

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



L/20230615/7028

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**POLICE REPORT (NP299)**

Report No. L/20230615/7028

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 15/06/2023 12:22	Vide Report No.	Station Diary No.	
Name Of Informant MOHAMMAD RIDUAN BIN MAS'OD	Address 469 ADMIRALTY DRIVE #10-47 SINGAPORE 750469		
ID Type / ID No. NRIC NO / S8609105D	Contact No. Home/Office:	Mobile: 83392497	
Nationality SINGAPORE CITIZEN	Email Address wan_zxr@hotmail.com		
Occupation Management executive	Sex Male	Age 37	Date of Birth 16/03/1986
Institution/School Name	Race Boyanese		
Date/Time Of Incident 14/06/2023 23:00 - 14/06/2023 23:45	Location Of Incident 469 ADMIRALTY DRIVE #10-47 SINGAPORE 750469		

**Brief details.**

RTA involving 2 vehicles (Motorcycle and Taxi)

I was riding my motorcycle (FQ 8688 C) back home from work when incident happened at 11pm at the cross junction between Woodlands Avenue 10 and Sembawang Way. I was at the right most lane turning right and it was not my favour to turn as the light had turned red. So I stop before the stop line and within split seconds, there was a bang from the back of my motorcycle. Both my vehicle and myself were pushed forward probably about 2-3 metres until i fall to the right. My right foot was eventually squished from the impact of the fall however i managed to released it by myself. There are some injuries sustained

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: 15/06/2023 12:22
Officer In-Charge Of Case:	Classification Of Case: