

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	20/04/2023 13:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/04/2023 23:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Cross junction between Compassvale Road and Sengkang East Way
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL18M
-----------------------------------	--------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHD BAHARUDIN BIN SEMA
NRIC No	S6930308J
Email Address	mohd914@gmail.com
Mobile Phone No	(Phone) +65-93585774
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Ktm
Model	1290
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	Manual
CC	1300

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5112919315-03

DRIVER

Name of Driver	MOHD BAHARUDIN BIN SEMA
NRIC No	S6930308J
Date Of Birth	29/08/1969

Occupation	Indoor
Date Of Driving Pass	14/07/2017
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93585774
Alt. Phone Number	-
Email Address	mohd914@gmail.com
Address	APT BLK 188D RIVERVALE DRIVE
Address complement	#11-1040
Postcode	S544188
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 - Cross Junction
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)	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	MOHD SYAFIQ
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 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	SHA521M
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHD BAHARUDIN BIN SEMA
Gender	Male
Phone No	(Phone) +65-93585774
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBL18M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	MOHD SYAFIQ
Gender	Male
Phone No	(Phone) +65-87507081
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBL18M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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 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)

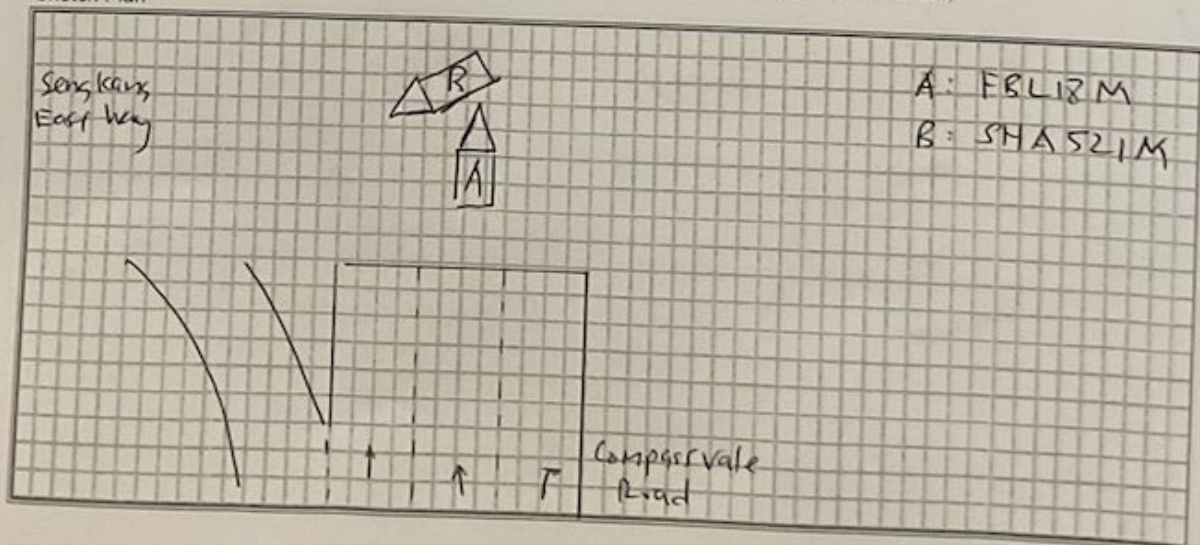
I understand, acknowledge, agree and consent that:

- (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.

Policyholder's Signature / Date & Time
20/04/2023 1305 h x
 Sketch Plan

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

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



Describe Circumstance of the Accident

Refer to police report: T/20230419/7013

Declaration

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

Policyholder's Signature / Date & Time

20/04/2023 1305 hrs

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

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

Lee Chong Chong













SINGAPORE POLICE FORCE



T/20230419/7013

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

1 of 4

Report No. T/20230419/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2023 11:19		Vide Report No.: F/20230417/0173		Station Diary No.:
Informant's Particulars				
Name of Informant: MOHD BAHARUDIN BIN SEMA		Address: 188D RIVERVALE DRIVE #11-1040 SINGAPORE 544188		
ID Type / ID No.: NRIC NO / S6930308J		Contact No.: Home/Office: Mobile: 93585774		
Nationality: SINGAPORE CITIZEN		Email: MOHD914@GMAIL.COM		
Sex: Male	Age: 53	Date of Birth: 29/08/1969	Type of Informant: Rider	
Race: Malay		Language: English		
Occupation: Fire-fighting and rescue officer		Driving Licence Information: Class: 2,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/04/2023 23:15	Type of Location: X-Junction
Location: SENGKANG EAST WAY , COMPASSVALE RD				
Weather: CLEAR NIGHT		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL18M	Motorcycle	KTM		Multi-Colored	Totally Damaged	0
SHA521M	Car	TOYOTA		Yellow		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20230419/7013

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

2 of 4

Report No. T/20230419/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL18M	NTUC			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHD BAHARUDIN BIN SEMA	ID No.	S6930308J
Related Vehicle	FBL18M (Motorcycle)	Contact No.	93585774
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 2,3,4,5 Date of Expiry: NIL
Date	17/04/2023	Date	18/04/2023
No. of Days granted Medical Leave	04	Degree of	Serious
Pillion			
Name	MOHD SYAFIQ	ID No.	T0428485I
Related Vehicle	NIL	Contact No.	87507081
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	17/04/2023	Date	18/04/2023
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

MY MOTORBIKE WAS TRAVELLING ALONG COMPASSVALE RD TOWARD CROSS JUNCTION SENGKANG EAST WAY. UPON REACHING AT THE CROSS JUNCTION TRAFFIC LIGHT IS GREEN IN MY FAVOR AND A YELLOW TAXI BEARING SHA 521M OPPOSITE DIRECTION FROM COMPASSVALE RD SUDDENLY TURNING RIGHT TOWARD SENGKANG EAST WITHOUT STOPPING AT THE CROSS JUNCTION. MY MOTORBIKE HIT THE RIGHT REAR YELLOW TAXI. AFTER THE COLLISION ME AND PILLION FELL FROM THE MOTORBIKE AND THE YELLOW TAXI DID NOT RENDER ASSISTANCE TO STOP INSTEAD THE TAXI SHA 521M DROVE AWAY. I AND PILLION WAS ASSISTED BY MEMBER OF PUBLIC. DUE TO THE ACCIDENT I HAVE 2 LEFT FINGER (CENTRE AND RING FINGER) GOT STICHES AND GOT SHOCK AND MY PILLION MD SYAFIQ B MOHD BAHARUDIN GOT LEFT LEG ANKLE FRACTURE AND KNEE LACERATION AND ABRASION AND WAS SHOCK DUE TO THE IMPACT. MY MOTORBIKE BEARING FBL18M SERIOUS DAMAGE AND WAS TOWED TO THE SGMOTOR WORKSHOP AND DUE TO THE INCIDENT I AND MY PILLION WAS CONVEYED TO SENGKANG GENERAL HOSPITAL AND GIVEN 4 DAY HOSPITAL LEAVE AND MY PILLION GIVEN 4 DAY HOSPITAL LEAVE. AND WILL BE DOING FOLLOW UP REVIEW AND



**SINGAPORE
POLICE FORCE**



T/20230419/7013

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

3 of 4
Report No. T/20230419/7013

CONTINUATION OF REPORT

ANY POLYCLINIC. VIDEO FOTAGE OF THE INCIDENT WAS RETRIEVE FROM MY MOTORBIKE CAMERA HANDED TO THE TRAFFIC POLICE OFFICER. THERE ALSO A WITNESS DURING THE INCIDENT (MR IVAN 96431610)



**SINGAPORE
POLICE FORCE**



T/20230419/7013

4 of 4

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

Report No. T/20230419/7013

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SUFYAN BIN KHAIRI
Contact No.: 65476148

This report is lodged at Sengkang NPC Kiosk 1
NP168

Signature Of Informant:

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

Date/Time:
19/04/2023 11:19

Classification Of Case: