

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	03/07/2023 20:27 (SGT)
Reported by	Actual Driver
Date of Accident	02/07/2023 01:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO ST 52 JUNCTION WITH ANG MO KIO ST 51
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG7709H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STARS RENTAL & LEASING
Company Reg No	53312317L
Email Address	STARSRENTLEASE@GMAIL.COM
Mobile Phone No	(Phone) +65-84343111
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Jupiter mx 135
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	Manual
CC	134

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124672738

DRIVER

Name of Driver	ZULKARNAIN AL-HAZIQ BIN HAZAKEAN
NRIC No	T0437392D
Date Of Birth	07/02/2004
Occupation	Outdoor

Date Of Driving Pass	06/12/2022
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89230724
Alt. Phone Number	-
Email Address	STARSRENTLEASE@GMAIL.COM
Address	510 ANG MO KIO AVENUE 8 #08-2540
Address complement	-
Postcode	560510
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	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	NUR MUHAMMAD HAFIQ MIKAIL BIN A HARIS
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 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	SME7595Z
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MOHAMMAD AZHAR BIN MASDAR
NRIC No	S7813577H
Contact Number	(Phone) +65-81860277
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	ZULKARNAIN AL-HAZIQ BIN HAZAKEAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBG7709H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NUR MUHAMMAD HAFIQ MIKAIL BIN A HARIS
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBG7709H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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:

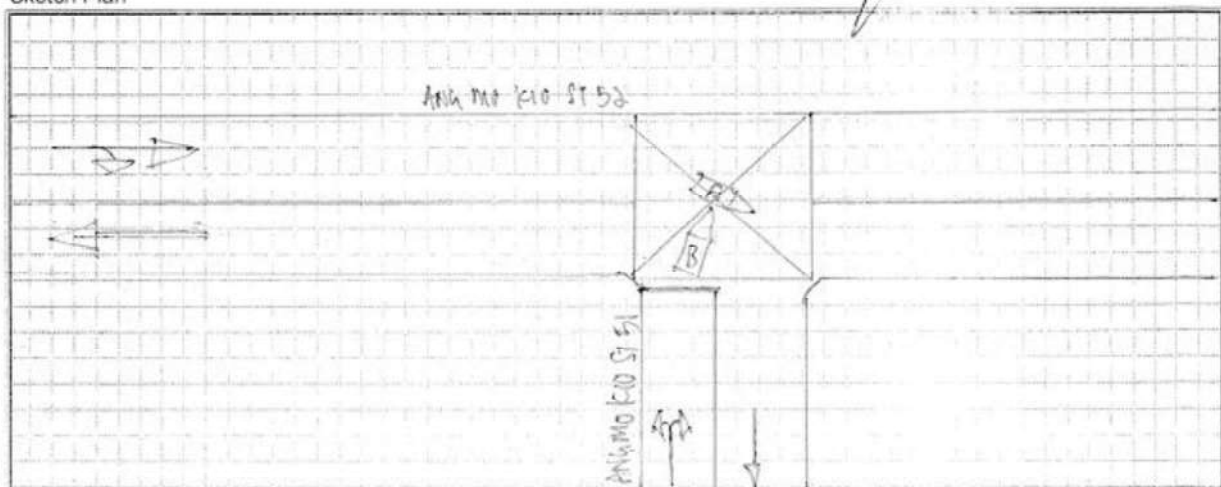
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


 UEN: 53312317L
 POLICY RENTAL & LEASING
 Policyholder's Signature / Date & Time


 3/7 @ 30P
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time


 WITNESSED BY: 
 (Name as in IC/ID card)

Sketch Plan



vJun2022

Describe Circumstances of the Accident

REFER TO POLICE REPORT.

TP CLAIM: other workshop.

Declaration

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

Policyholder's Signature / Date & Time

 3/7 @ 3107

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

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













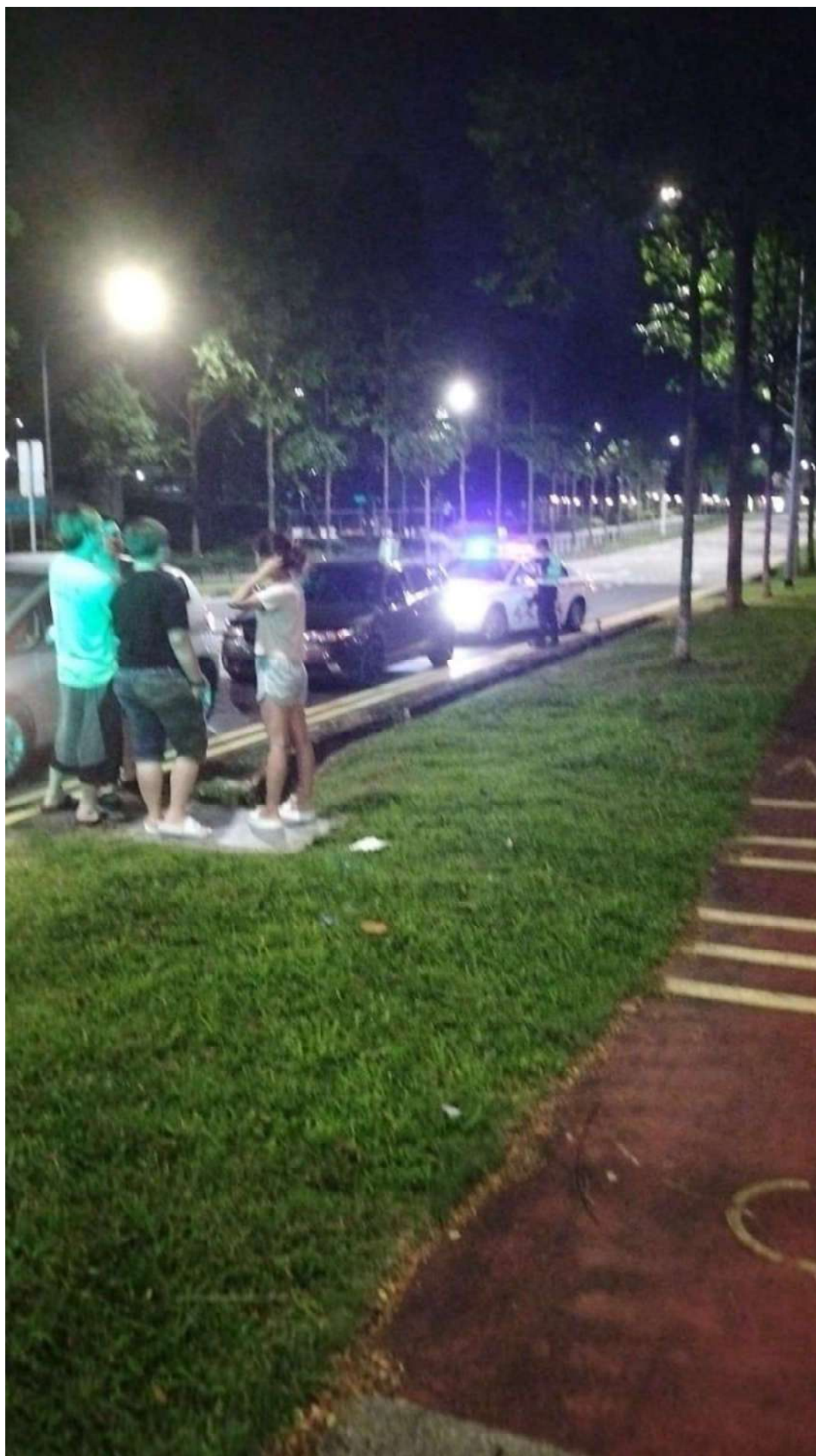
















**SINGAPORE
POLICE FORCE**



T/20230703/7038

1 of 4

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

Report No. T/20230703/7038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2023 14:45	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ZULKARNAIN AL-HAZIQ BIN HAZAKEAN			Address: 510 ANG MO KIO AVENUE 8 #05-2540 SINGAPORE 560510		
ID Type / ID No.: NRIC NO / T0437392D			Contact No.: Home/Office: Mobile: 89230724		
Nationality: SINGAPORE CITIZEN			Email: ZULKARNAIN7392D@GMAIL.COM		
Sex: Male	Age: 19	Date of Birth: 07/02/2004	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Food Delivery Rider			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/07/2023 01:30	Type of Location: T-Junction
Location: ANG MO KIO STREET 52				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG7709H	Motorcycle					0
SME7595Z	Car	TOYOTA	NOAH	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230703/7038

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

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Report No. T/20230703/7038

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZULKARNAIN AL-HAZIQ BIN HAZAKEAN	ID No.	T0437392D
Related Vehicle	FBG7709H (Motorcycle)	Contact No.	89230724
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	02/07/2023	Date	02/07/2023
No. of Days granted Medical Leave	07	Degree of	Slight
Pillion			
Name	NUR MUHAMMAD HAFIQ MIKAIL BIN A HARIS	ID No.	T0511803J
Related Vehicle	FBG7709H (Motorcycle)	Contact No.	87956709
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	02/07/2023	Date	02/07/2023
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	MOHAMMAD AZHAR BIN MASDAR	ID No.	S7813577H
Related Vehicle	SME7595Z (Car)	Contact No.	81860277
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 2nd July 2023 at about 0130Hrs, I was riding my rented bike FBG7709H with my pillion along Ang Mo Kio St 52. As i was approaching the junction with Ang Mo Kio St 51, i slowed down and while turning into Ang Mo Kio St 51, SME7595Z suddenly dashed out from Ang Mo Kio St 51 turning right onto Ang Mo Kio St 52 crossing my turning path. Although i had the right of way i took evasive actions to avoid, but the collision caused me and my pillion to fall.

Ang Mo Kio St 51 turning out to Ang Mo Kio St 52 is an uncontrolled T junction, SME7595Z has blatantly ignored the stop line and did not stop to check for traffic clearance before



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T/20230703/7038

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Report No. T/20230703/7038

CONTINUATION OF REPORT

proceeding. We exchanged particulars and as me and my pillion was injured, we went to seek for medical attention an was given 5 days MC.

That is all.



**SINGAPORE
POLICE FORCE**

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



T/20230703/7038

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Report No. T/20230703/7038

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

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

Date/Time:
03/07/2023 14:45

Classification Of Case:

NP168