

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	12/07/2023 16:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/07/2023 11:30 (SGT)
Exact Location of Accident	Toh Guan Rd, Singapore
Additional Location Information	TOWARDS PIE (TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS8980U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD MUKMIN BIN SALLEH
NRIC No	SXXXX899F
Email Address	m.mukminsalleh@gmail.com
Mobile Phone No	(Phone) +65-90078135
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX 155
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	155

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTMC01005180

DRIVER

Name of Driver	MUHAMMAD MUKMIN BIN SALLEH
NRIC No	SXXXX899F
Date Of Birth	02/07/1999
Occupation	Indoor

Date Of Driving Pass	15/10/2020
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90078135
Alt. Phone Number	-
Email Address	m.mukminsalleh@gmail.com
Address	BLK 133 EDGEDALE PLAINS #17-42
Address complement	-
Postcode	820133
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	Side Swipe
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?	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 QURRATU'AIN BINTE YUSRI
Gender	Female

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

PLEASE REFER TO POLICE REPORT T/20230712/7024

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	SLL8919S
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 MUKMIN BIN SALLEH
Gender	Male
Phone No	(Phone) +65-90078135
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBS8980U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NUR QURRATU'AIN BINTE YUSRI
Gender	Female
Phone No	(Phone) +65-98003902
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBS8980U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

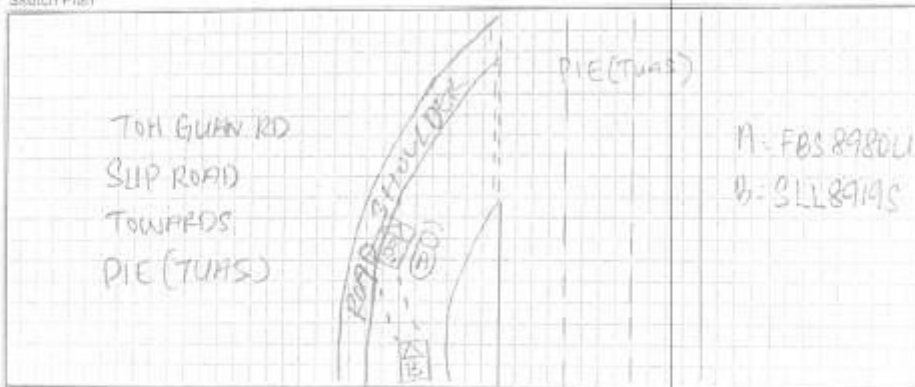
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Relevant Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to invalidate 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 this 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 purposes 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 making 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 envelope/postal 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/are 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 filed outside of Singapore, for one or more of the above Purposes.

12/07/23
Policyholder's Signature/Date & Time

12/07/23
Driver's Signature (if driver is not the policyholder)/Date & Time

12/07/2023
Witnessed by Registering Officer/Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to police report T12030712/1024

Declaration
We declare the foregoing particulars are true in every respect


Police Officer's Signature - Date & Time


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


12/07/2023
Signed by Reporting Officer - Date & Time
If driver is not the policyholder


























**SINGAPORE
POLICE FORCE**

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



T/20230712/7024

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Report No. T/20230712/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2023 12:31	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD MUKMIN BIN SALLEH			Address: 133 EDGEDALE PLAINS #17-42 SINGAPORE 820133		
ID Type / ID No.: NRIC NO / S9920899F			Contact No.: Home/Office: Mobile: 90078135		
Nationality: SINGAPORE CITIZEN			Email: M.MUKMINSALLEH@GMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 02/07/1999	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Unemployed			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/07/2023 11:30	Type of Location: Bend
Location: TOH GUAN ROAD				
Weather: Raining		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS8980U	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Red	Slightly Damaged	2
SLL8919S	Car	TOYOTA	VIOS	Grey	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No: T/20230712/7024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBS8980U	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC01005180	07/09/2022	08/09/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Pillion				
Name	NUR QURRATU'AIN BINTE YUSRI	ID No.	T0034972G	
Related Vehicle	FBS8980U (Motorcycle)	Contact No.	98003902	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL	
Date	11/07/2023	Date	11/07/2023	
No. of Days granted Medical Leave	03	Degree of	Slight	
Rider				
Name	MUHAMMAD MUKMIN BIN SALLEH	ID No.	S9920899F	
Related Vehicle	FBS8980U (Motorcycle)	Contact No.	90078135	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL	
Date	11/07/2023	Date	11/07/2023	
No. of Days granted Medical Leave	03	Degree of	Slight	

Brief Details.

I was riding along Toh Guan Road entering PIE towards Tuas. This happen on the bend itself. Driver behind me was accelerating fast and went out to the shoulder road trying to overtake me from the left. i was very cautious and slowed down while on the bend as it was raining, floor is wet and i have a pillion behind me. he overtook me halfway and swerve to the right causing him to hit me on the left of my motorbike. the impact was hard that it broke my pillion footrest and squeezed my leg and my pillion's. i managed to hold on to the bike firmly and not fall. We then stopped at the side road to talked about it. He was then very aggressive towards me and constantly asking me to go away. i then asked him to wait while i went back to find my footrest but to no avail. As i was turning back, i saw him entering his vehicle and moved off. i proceeded to chase after him and managed to pull him over. He then asked me to go away again. i was puzzled and proceeded to ask him for his driving license/ic to exchange particulars so that we can go our own ways but he refused to exchange. Then, i made the call to contact 999 as he was acting quite aggressively and has asked me to go away again. When the auxiliary police came, he calmed down abit and still



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Report No. T/20230712/7024

CONTINUATION OF REPORT

didn't co-operate, he said that he only wants to talk to the police officer. He then co-operated when the police arrived.

My pillion and I went to Bedok Polyclinic to seek medical attention and was issued with 3 days MC each.

i am lodging this report for insurance claims purpose.

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Tel No: 65470000



T/20230712/7024

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Report No. T/20230712/7024

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMED SOPHIAN BIN MOHAMED AMIR
Contact No.: 91874317

NP168

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

Date/Time:
12/07/2023 12:31

Classification Of Case: