

## 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 .....	19/06/2023 10:13 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	17/06/2023 14:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Along Eu Tong Sen Street
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBS1862Z
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHKMIN BIN ABDUL HAMID
NRIC No .....	S9712849I
Email Address .....	muhkminhamiddd@gmail.com
Mobile Phone No .....	(Phone) +65-86128440
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	Xmax
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 .....	300

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5135643190

#### DRIVER

Name of Driver .....	MUHKMIN BIN ABDUL HAMID
NRIC No .....	S9712849I
Date Of Birth .....	17/04/1997
Occupation .....	Indoor

Date Of Driving Pass .....	03/09/2019
Driving experience .....	3 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86128440
Alt. Phone Number .....	-
Email Address .....	muhkminhamiddd@gmail.com
Address .....	BLK 437 YISHUN AVENUE 6
Address complement .....	#05-2058
Postcode .....	S760437
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 - Major/Minor Rd
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 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 .....	SMR9984C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	TAN SOON ENG
NRIC No .....	S0184435J
Contact Number .....	(Phone) +65-96271718
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MUHKMIN BIN ABDUL HAMID
Gender .....	Male
Phone No .....	(Phone) +65-86128440
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBS1862Z
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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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

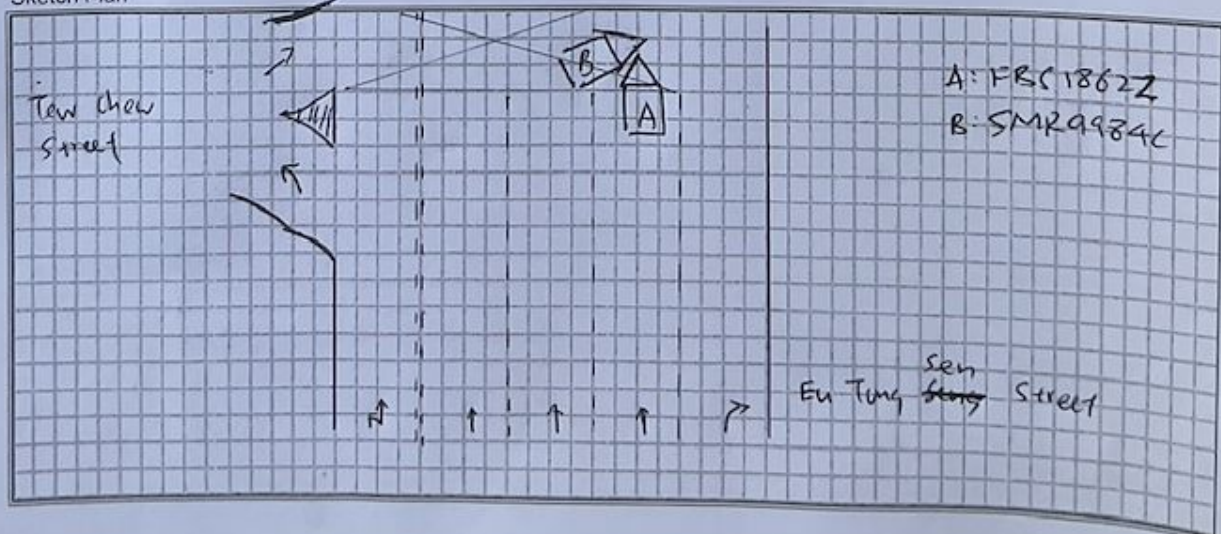
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time  
19/06/2022 0955 hK

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

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

Sketch Plan





Describe Circumstance of the Accident

I was travelling straight along Eu Tong Sen Street, suddenly vehicle B came out from Tew Chew Street filter into my lane and collided onto my vehicle.


Declaration

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



Policyholder's Signature / Date & Time  
19/06/2023 0955 hrs

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

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



















**SINGAPORE  
POLICE FORCE**



L/20230619/7048

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20230619/7048

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

Date/Time Report Made 19/06/2023 17:02		Vide Report No.		Station Diary No.	
Name Of Informant MUHKMIN BIN ABDUL HAMID		Address 437 YISHUN AVENUE 6 #05-2058 SINGAPORE 760437			
ID Type / ID No. NRIC NO / S9712849I		Contact No. Home/Office:                      Mobile: 86128440			
Nationality SINGAPORE CITIZEN		Email Address muhkminhamiddd@gmail.com			
Occupation Food service counter attendant		Sex Male	Age 26	Date of Birth 17/04/1997	Race Javanese
Institution/School Name		Language English			
Date/Time Of Incident 17/06/2023 13:45 - 17/06/2023 15:45		Location Of Incident 437 YISHUN AVENUE 6 #05-2058 SINGAPORE 760437			

**Brief details.**

I would like to make a report regarding a traffic accident at eu tong street going towards Funan shopping centre on 17 June 2023. I was in the lane of major road going straight when a car from the side lane of minor road drove to my lane. I was in lane 2 and she cut across from the minor road straight to lane. The car (SMR9984C) hit on my motorbike which also because she blocked my right of way which cause the collision. My bike (FBS1862Z) fell and have scratches and also some of the parts were broken. On my side, I experienced muscle pain and minor abrasion and swelling on my leg. Both parties called each other insurance agent to settle regarding the incident. However, I was further advice by my insurance agent to do a police report after 3 days mc.

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: 19/06/2023 17:02
Officer In-Charge Of Case:	Classification Of Case:







**SINGAPORE  
POLICE FORCE**



L/20230619/7048

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230619/7048

Subjects Involved			
Victim			
Person Name	MUHKMIN BIN ABDUL HAMID		
ID Type	NRIC NO	ID No	S9712849I
Gender	Male	Age	26
Race	Javanese	Language	English
Occupation	Food service counter attendant	Address	437 YISHUN AVENUE 6 #05-2058 SINGAPORE 760437
Mobile No	86128440	Is Informant A Victim?	Yes
Person Name	MUHKMIN BIN ABDUL HAMID (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:  
19/06/2023 17:02

Classification Of Case:





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

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

### ADDENDUM


**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SN07236J0003 Vehicle Registration No: FBS1862Z  
Name (as shown in NRIC) : Muhkmin Bin Abdul Hamid NRIC/FIN/Passport No : S9712849I  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 437 Yishun Avenue 6, #05-2058 Singapore ( 760437 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 86128440  
Email Address : muhkminhamiddd@gmail.com  
Date of Accident : 17/06/2023 Time of Accident : 1400 hrs  
Place of Accident : Along Eu Tong Sen Street  
Insurance Company: Income Insurance Limited

**(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:

To add police report  
To add injured party  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: 19/06//2023

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Kek Chong Chiang  
NRIC/FIN No.: S8865317C  
Date: 19/06/2023