

# 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 .....	07/02/2023 10:06 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	17/10/2022 20:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PETIR ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBG7275S

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MOHAMMAD AMIRI BIN MOHD HADRI
NRIC No .....	S9837354C
Email Address .....	AMIRIHADRI13@GMAIL.COM
Mobile Phone No .....	(Phone) +65-87922251
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	Fz16
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 .....	153

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5126767490

### DRIVER

Name of Driver .....	MOHAMMAD AMIRI BIN MOHD HADRI
NRIC No .....	S9837354C
Date Of Birth .....	04/11/1998
Occupation .....	Outdoor

Date Of Driving Pass .....	09/08/2019
Driving experience .....	3 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87922251
Alt. Phone Number .....	-
Email Address .....	AMIRIHADRI13@GMAIL.COM
Address .....	110 TAMPINES ST 11 #02-243 S.521110
Address complement .....	-
Postcode .....	-
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? .....	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 .....	NADIRAH BINTE MOHAMAD AZMIE
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

REFER ATTACHED POLICE REPORT

#### 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 .....	SKF5225Z
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 .....	MOHAMMAD AMIRI BIN MOHD HADRI
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	NADIRAH BINTE MOHAMAD AZMIE
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

*Amin* 6/12/23

Policyholder's Signature / Date & Time

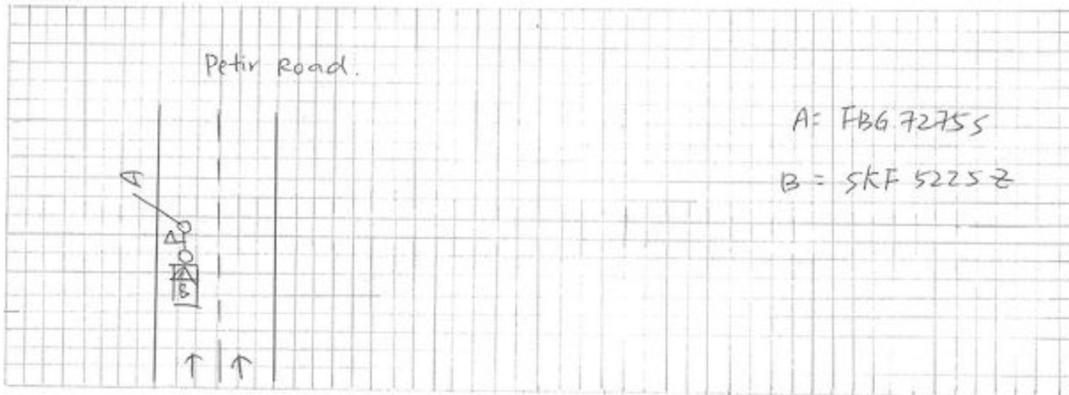
*Amin*

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

Refer to police report NO: T/20221021 / 7043.

**Declaration**

We declare the foregoing particulars are true in every respect.

Amin 6/2/23  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel





















**SINGAPORE  
POLICE FORCE**



T/20221021/7043

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

1 of 3  
Report No. T/20221021/7043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/10/2022 18:44		Vide Report No.: J/20221017/0139		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMMAD AMIRI BIN MOHD HADRI			Address: 110 TAMPINES STREET 11 #02-243 SINGAPORE 521110		
ID Type / ID No.: NRIC NO / S9837354C			Contact No.: Home/Office: Mobile: 87922251		
Nationality: SINGAPORE CITIZEN			Email: AMIRIHADRI13@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 04/11/1998	Type of Informant: Rider		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 2B,2A,2		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/10/2022 20:00	Type of Location: Straight Road
Location:  PETIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG7275S	Motorcycle	YAMAHA	FZ 16	Black		1
SKF5225Z	Car	MERCEDES BENZ		White		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20221021/7043

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

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Report No. T/20221021/7043

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG7275S	NTUC Income Insurance Co-Operative Limited	5126767490	06/04/2022	05/01/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Pillion				
Name	NADIRAH BINTE MOHAMAD AZMIE		ID No.	S99229481
Related Vehicle	FBG7275S (Motorcycle)		Contact No.	89231136
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,2 Date of Expiry: NIL
Date	17/10/2022		Date	21/10/2022
No. of Days granted Medical Leave	19		Degree of	Serious
Rider				
Name	MOHAMMAD AMIRI BIN MOHD HADRI		ID No.	S9837354C
Related Vehicle	FBG7275S (Motorcycle)		Contact No.	87922251
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,2 Date of Expiry: NIL
Date	17/10/2022		Date	20/10/2022
No. of Days granted Medical Leave	14		Degree of	Serious

Brief Details.

I WAS TRAVELLING ALONG PETIR ROAD TOWARDS BUKIT PANJANG ROAD AFTER PENDING ROAD ON LEFT OF 2 LANES GOING STRAIGHT. THERE WAS A ROAD HUMP INFRONT OF BLOCK 139 PETIR ROAD. I SLOWED DOWN APPROACHING THE HUMP. I SUDDENLY FELT AN IMPACT FROM THE REAR. I WAS THROWN UPWARDS AND FORWARD TOGETHER WITH MY PILLION. I LOST CONSCIOUSNESS FOR A WHILE. I WAS WOKEN UP BY A PASSERBY, MALAY MALE GRAB RIDER WITH GRAB SHIRT. I WAS LAYING ON THE ROAD AT MENTIONED LOCATION BETWEEN LANE 1 AND 2. I THEN REMOVED MY HELMET. I WAITED FOR AMBULANCE TO ARRIVE. PARAMEDICS GOT ME ONTO THE STRETCHER AND CONVEYED ME TO THE HOSPITAL.



**SINGAPORE  
POLICE FORCE**

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



T/20221021/7043

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Report No. T/20221021/7043

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

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: 21/10/2022 18:44
Officer In Charge Of Case: TP / TPIB / MOHAMMED FEROUZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:

NP168