

# 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 ..... 16/02/2021 18:22 (SGT)  
Reported by ..... -  
Date of Accident ..... 29/01/2021 23:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BUANGKOK CRESCENT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBB4066A

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MOHD SAIFULLAH BIN ZAINAL ABIDIN  
Company Reg No ..... G8666236T  
Email Address ..... mszamosport@gmail.com  
Mobile Phone No ..... (Phone) +60-133006176  
Alternative Phone No ..... +60-133006176

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... HONDA / ANF 125MSS A  
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 ..... 125

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5113763942-01

### DRIVER

Name of Driver ..... MOHD SAIFULLAH BIN ZAINAL ABIDIN  
Company Reg No ..... G8666236T  
Date Of Birth ..... 15/02/1987  
Occupation ..... Outdoor

Date Of Driving Pass .....	01/10/2018
Driving experience .....	2 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +60-133006176
Alt. Phone Number .....	+60-133006176
Email Address .....	mszamosport@gmail.com
Address .....	3 DICKSON ROAD HOTEL 81
Address complement .....	-
Postcode .....	209530
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 .....	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) .....	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 .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210131/2018;

#### 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 .....	SHB4959C
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	HYUNDAI / AE IONIQ HEV FL 1.6 DCT
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MOHD SAIFULLAH BIN ZAINAL ABIDIN
Gender .....	Male
Phone No .....	(Phone) +60-133006176
Address .....	3 DICKSON ROAD HOTEL 81
Address Complement .....	-
Post Code .....	209530
Approximate Age Years Old .....	33
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBB4066A
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
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

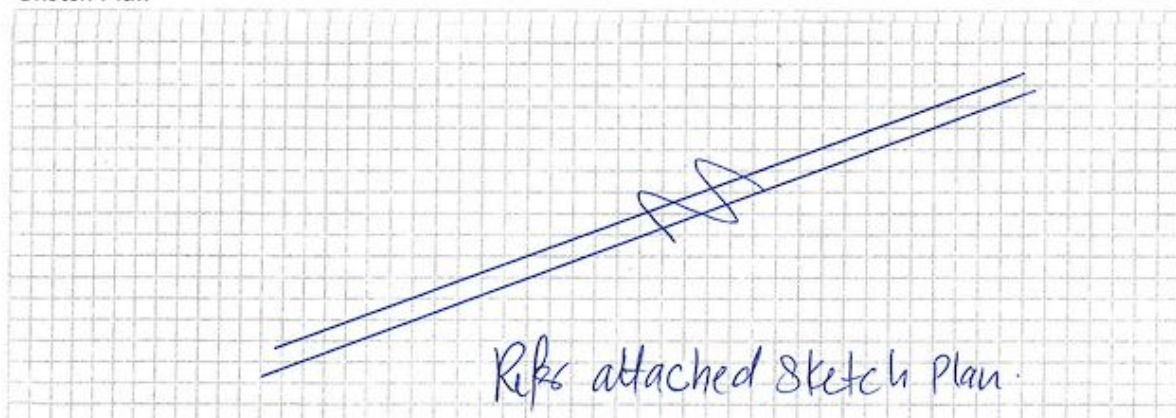
Driver's Signature (If driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

**Sketch Plan**

16 FEB 2021

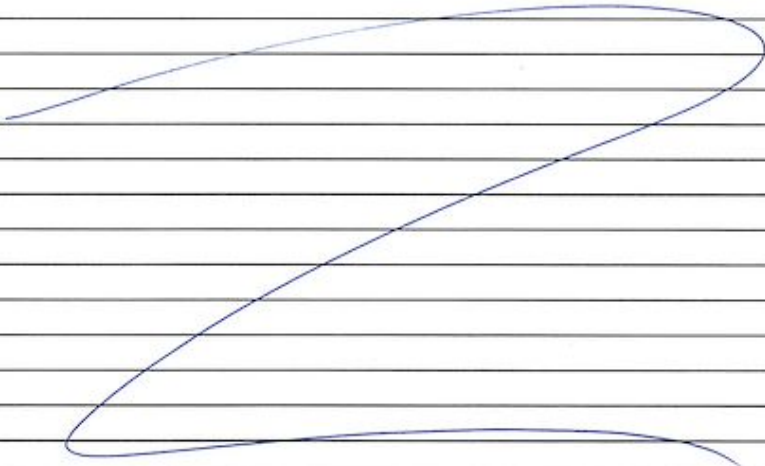


RFB attached Sketch Plan

(FBB 4066A)

**Describe Circumstances of the Accident**

Ref  
To Police Report.



**Declaration**

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

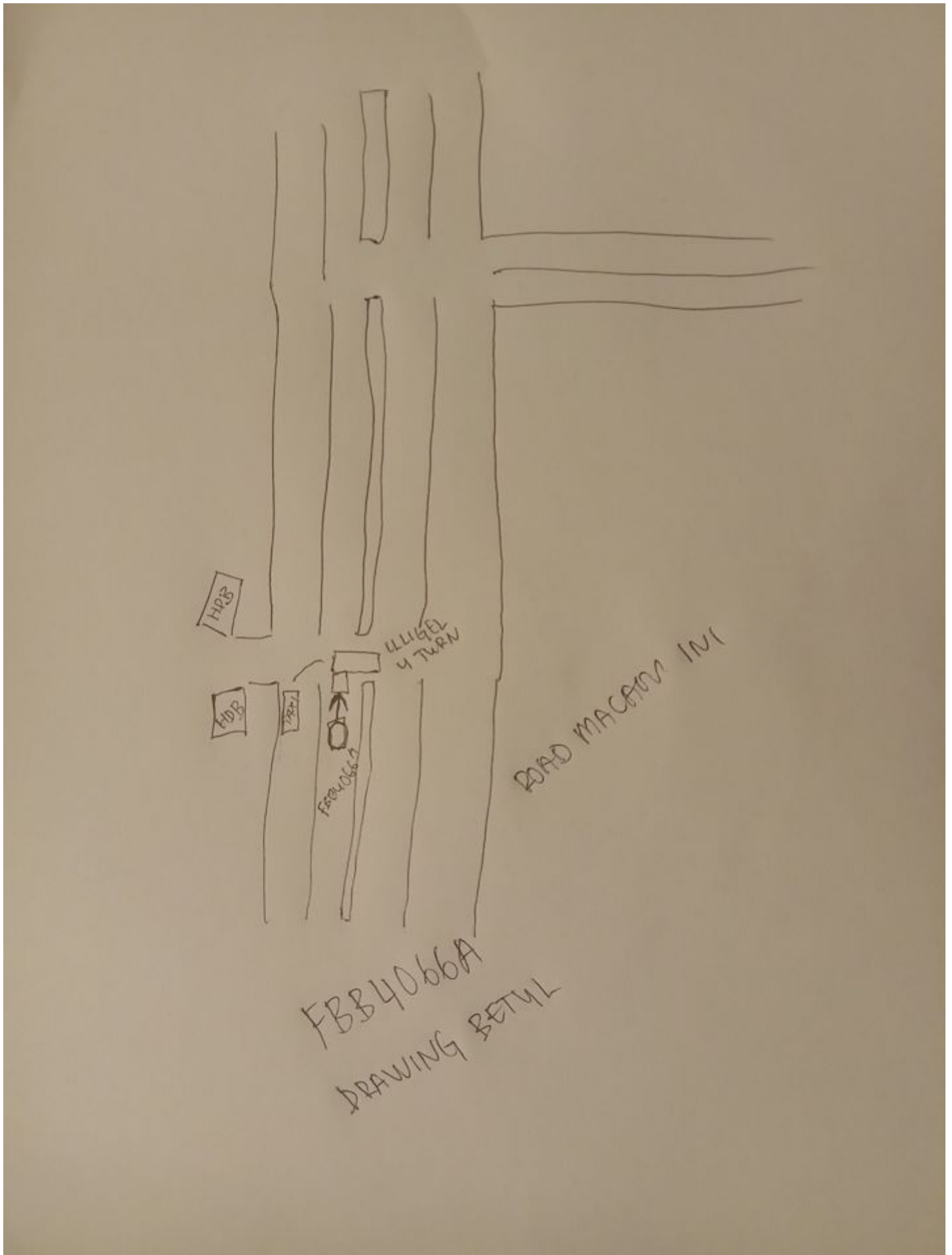
  
Policyholder's Signature / Date & Time

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre  
Personnel

16 FEB 2021







**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: 566550020G / 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 : SV0L212G000D Vehicle Registration No: FBB4066A  
Name (as shown in NRIC) : MOHD SAIFULLAH BIN ZAINAL ABIDIN NRIC/FIN/Passport No : G8666236T  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 3 DICKSON ROAD HOTEL 81 Singapore ( 209530 )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 82330723  
Email Address : mszamosport@gmail.com  
Date of Accident : 29/01/2021 Time of Accident : 23:00  
Place of Accident : BUANGKOK CRESCENT  
Insurance Company: NTUC

**(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:

**UPDATE; THIRD PARTY PLATE NUMBER AND NEW SKETCH PLAN**

FILE BY SITI

Policyholder / Driver's Signature  
Date: 16.02.2021

IDAC VICOM KAKI BUKIT

Reporting Centre Personnel's Signature  
Name: SITI  
NRIC/FIN No.: \_\_\_\_\_  
Date: 16.02.2021

GIAIDMC addendumform\_V3

























**SINGAPORE  
POLICE FORCE**



T/20210131/2018

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapor Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 3

Report No. T/20210131/2018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/01/2021 09:26		Vide Report No.: F/20210129/0219		Station Diary No.: 21
<b>Informant's Particulars</b>				
Name of Informant: MOHD SAIFULLAH BIN ZAINAL ABIDIN		Address: APT BLK 3 Dickson Road Hotel 81 SINGAPORE		
ID Type / ID No.: FIN NO / G8666236T		Contact No.: Home/Office: Mobile: 60133006176		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 33	Date of Birth: 15/02/1987	Type of Informant: Rider	
Race: Malay		Language:	Institution / School Name:	
Occupation: DELIVERY RIDER		Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/01/2021 23:00	Type of Location: T-Junction
Location:  BUANGKOK CRESCENT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB4066A	Motorcycle	HONDA	ANF 125MSS A	Blue	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB4066A	NTUC Income Insurance Co-Operative Limited	5113763942-01	31/10/2020	30/10/2021





**SINGAPORE  
POLICE FORCE**



T/20210131/2018

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

2 of 3

Report No. T/20210131/2018

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHD SAIFULLAH BIN ZAINAL ABIDIN	ID No.	G8666236T
Related Vehicle	NIL	Contact No.	60133006176
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/01/2021	Date Discharge	30/01/2021
No. of Days granted Medical Leave	14	Degree of Injury	NIL

**Brief Details.**

On 29/01/2021 at about 2300hrs, I was riding and on my way back home on a 1 lane road along Buangkok Crescent near Blk 986D. As I was riding straight, there was one taxi that was driving on lane 2. It was a 2 lane road. Without notice he made an illegal U-turn, which caused me to hit him on his driver side and I fell on the ground which caused me injuries. The injuries I sustained were lacerations on my forehead, fracture on my left arm, swelling on the left knee and two broken tooth on the lower jaw. The damages to the bike were broken headlight, front fork, mudguard and some other damages to the front of the bike which I can't recall. The damages to the taxi were dents on the driver side door.



**SINGAPORE  
POLICE FORCE**



T/20210131/2018

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

3 of 3

Report No. T/20210131/2018

**CONTINUATION OF REPORT**


**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: A / Sgt 2 MOHAMED RAFHAN BIN MOHAMED ABDUL KADER	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/01/2021 09:26
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:
Authentication Stamp NP168	



Sengkang General Hospital SingHealth		Reg No : 201220357K EMD202113094
ORIGINAL		MEDICAL CERTIFICATE
Name MOHD SAIFULLAH BIN ZAINAL, ABIDIN		NRIC No. G8866236T
This is to certify that the above-named is unfit for duty for a period of <u>14</u> days from <u>30-Jan-2021</u> to <u>12-Feb-2021</u>		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave <input type="checkbox"/> Outpatient Sick Leave		
Admitted on : <u>30-Jan-2021</u> <input type="checkbox"/> Maternity Leave         Delivered on : _____		
Discharged on : _____ <input type="checkbox"/> Sterilization Leave         Operated on : _____		
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic Emergency Medicine Sengkang General Hospital		Ward No. SKH-EM DIAGNOSTICS & TRMT Unit Date 30-Jan-2021 Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  TEE JOHN EE , 61979E




Reg No : 201220357K

ORIGINAL

## MEDICAL CERTIFICATE

HND202118633

Name MOHD SAIFULLAH BIN ZAINAL, ABIDIN		NRIC No. G8666236T
This is to certify that the above-named is unfit for duty for a period of <u>21</u> days from <u>11-Feb-2021</u> to <u>03-Mar-2021</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic  Hand Surgery  Sengkang General Hospital	Ward No. SKH-MC-L3 CLINIC  Date 11-Feb-2021	Signature, Name (In BLOCK LETTERS) and Designation/MGR No.    MUNTASIR MANNAN CHOUDHURY , 13474J




Reg No : 201220357K

ORIGINAL

## MEDICAL CERTIFICATE

HND202115038

Name MOHD SAIFULLAH BIN ZAINAL, ABIDIN		NRIC No. G8666236T
This is to certify that the above-named is unfit for duty for a period of <u>9</u> days from <u>03-Feb-2021</u> to <u>11-Feb-2021</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic  Hand Surgery  Sengkang General Hospital	Ward No. SKH-MC-L3 CLINIC  Date 03-Feb-2021	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.    MUNTASIR MANNAN CHOUDHURY, 13474J



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
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FILE BY SITI

Policyholder / Driver's Signature  
Date: 16.02.2021

IDAC VICOM KAKI BUKIT

Reporting Centre Personnel's Signature  
Name: SITI  
NRIC/FIN No.: \_\_\_\_\_  
Date: 16.02.2021