

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 First Submission	06/06/2023 11:34 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/06/2023 18:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC3335A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD ZAIHAN BIN RADWAN
NRIC No	S9444127G
Email Address	zaihanrad@gmail.com
Mobile Phone No	(Phone) +65-92317747
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SUPER TENERE
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	1200

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133578001

DRIVER

Name of Driver	MUHAMMAD ZAIHAN BIN RADWAN
NRIC No	S9444127G
Date Of Birth	01/12/1994
Occupation	Indoor

Date Of Driving Pass	24/02/2022
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92317747
Alt. Phone Number	-
Email Address	zaihanrad@gmail.com
Address	636B TAMPINES NORTH DRIVE 2 #05-363
Address complement	-
Postcode	522636
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 - Change/cross lane
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	LEIA V VILLAMAYOR
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 TO 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	YP6877S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	VURKAVALAN PERUMAL
Passport No/FIN	G2195725P
Contact Number	(Phone) +65-98587096
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	8

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Male

PASSENGER 3

Name	-
Gender	Male

PASSENGER 4

Name	-
Gender	Male

PASSENGER 5

Name	-
Gender	Male

PASSENGER 6

Name	-
Gender	Male

PASSENGER 7

Name	-
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD ZAIHAN BIN RADWAN
Gender	Male
Phone No	(Phone) +65-92317747
Address	636B TAMPINES NORTH DRIVE 2 #05-363
Address Complement	-
Post Code	522636
Approximate Age Years Old	28
Injuries Sustained	SPRAIN RIGHT HAND BRUISES ON RIGHT ARM, LEFT KNEE AND CHEST
Injured person in which vehicle?	FBC3335A
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LEIA SALIC V VILLAMAYOR
Gender	Female

Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBC3335A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

2 of 2

Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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



Policyholder's Signature / Date & Time

06/06/2023 1120HRS

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

TIEN TOH KIAT HENRY

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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

06/06/2023 1120HRS

TIEN TOH KIAT HENRY

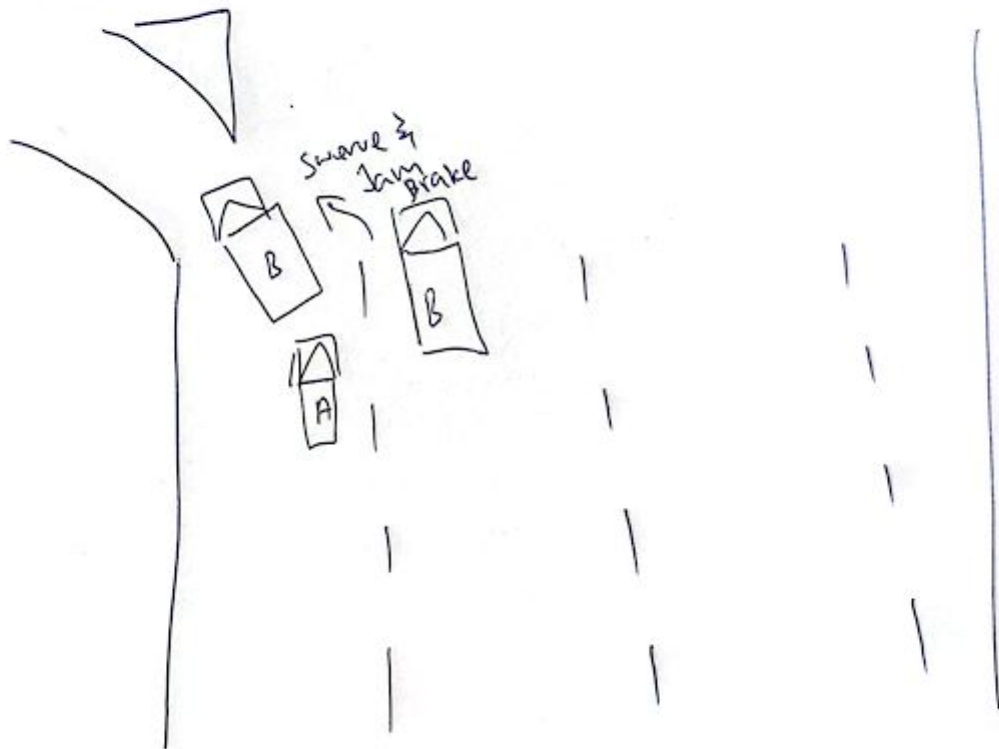
Policyholder's Signature / Date & Time

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

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

Sketch Plan

A-FBC3335A
B-YH6877S























**SINGAPORE
POLICE FORCE**



T/20230604/7001

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

3 of 3

Report No. T/20230604/7001

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

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

Date/Time:
04/06/2023 10:11

Classification Of Case:

NP168



SINGAPORE POLICE FORCE



T/20230604/7001

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

2 of 3

Report No. T/20230604/7001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ZAIHAN BIN RADWAN	ID No.	S9444127G
Related Vehicle	FBC3335A (Motorcycle)	Contact No.	92317747
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2 Date of Expiry: NIL
Date	03/06/2023	Date	03/06/2023
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

Accident happen at Tampines Ave 10, right after Tampines retail park main entrance traffic light. After the entrance, I have signalled into the lane and maintained speed to 50-60km/h when the lorry, YH6877S, swerved in and jammed brake to turn left. Without much reaction time and distance, collided with the right side of the lorry and sustained injuries with my pillion, who is my wife.



SINGAPORE POLICE FORCE

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



T/20230604/7001

1 of 3

Report No. T/20230604/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
04/06/2023 10:11

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant: MUHAMMAD ZAIHAN BIN RADWAN			Address: APT BLK 636B TAMPINES NORTH DRIVE 2 #05-363 SINGAPORE 522636		
ID Type / ID No.: NRIC NO / S9444127G			Contact No.: Home/Office: Mobile: 92317747		
Nationality: SINGAPORE CITIZEN			Email: zaihanrad@gmail.com		
Sex: Male	Age: 28	Date of Birth: 01/12/1994	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Producer (stage/film/television/game/commercial/video/radio)			Driving Licence Information: Class: 2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/06/2023 18:15	Type of Location: T-Junction
Location: TAMPINES LINK				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: Dual Carriage 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
FBC3335A	Motorcycle	YAMAHA	SUPER TENERE	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC3335A	NTUC Income Insurance Co-Operative Limited	5133578001	26/01/2023	25/01/2024


**SINGAPORE
POLICE FORCE**


T/20230606/2045

1 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20230606/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2023 13:45		Vide Report No.: T/20230604/7001		Station Diary No.: 66
Informant's Particulars				
Name of Informant: MUHAMMAD ZAIHAN BIN RADWAN		Address: APT BLK 636B TAMPINES NORTH DRIVE 2 #05-363 SINGAPORE 522636		
ID Type / ID No.: NRIC NO / S9444127G		Contact No.: Home/Office: Mobile: 92317747		
Nationality: SINGAPORE CITIZEN		Email: zaihanrad@gmail.com		
Sex: Male	Age: 28	Date of Birth: 01/12/1994	Type of Informant: Rider	
Race: Malay		Language:		
Occupation: Producer (stage/film/television/game/commercial/video/radio)		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/06/2023 18:15	Type of Location:
Location: TAMPINES LINK				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: Dual Carriage 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
FBC3335A	Motorcycle	YAMAHA	SUPER TENERE	Grey		1
YP6877S	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230606/2045

2 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20230606/2045

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC3335A	NTUC Income Insurance Co-Operative Limited	5133578001	26/01/2023	25/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	LEIA SALIC V VILLAMAYOR	ID No.	S8911585Z
Related Vehicle	FBC3335A (Motorcycle)	Contact No.	98580007
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/06/2023	Date Discharge	03/06/2023
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Rider			
Name	MUHAMMAD ZAIHAN BIN RADWAN	ID No.	S9444127G
Related Vehicle	FBC3335A (Motorcycle)	Contact No.	92317747
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/06/2023	Date Discharge	03/06/2023
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	VURKAVALAN PERUMAL	ID No.	G2195725P
Related Vehicle	YP6877S (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20230606/2045

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Report No. T/20230606/2045

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Brief Details.

I wish to amend my report T/20230604/7001, as the vehicle is YP6877S instead of YH6877S.
Furthermore I would like to add my pillion's particulars and MC details which she also has a 4 days MC from Changi General hospital.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20230606/2045

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Report No. T/20230606/2045

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 3 NG JUNJIE, EDWIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:

Date/Time:
06/06/2023 13:45

Classification Of Case:

NP168



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0723660008 Vehicle Registration No: FBC3335A

Name (as shown in NRIC): MUHAMMAD ZAIHAN BIN RADWAN NRIC/FIN/Passport No: S9444127G

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: 636B TAMPINES NORTH DRIVE 2 #05-363 Singapore (522636)

Contact (Tel): _____ Mobile No.: 92317747

Email Address: zaihanrad@gmail.com

Date of Accident: 3 June 2023 Time of Accident: 1815

Place of Accident: Tampines Link

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:

Details in the report of wrong plate number, the correct lorry number is YP6877S. Please see attached for updated police report.

Also page 5 sketch plan drawing doesn't show properly the incident, please see also attached a better drawing depiction.

Zaihan Radwan Digitally signed by Zaihan Radwan
Date: 2023.06.06 15:26:47 +08'00'

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: