

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	28/07/2023 15:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/07/2023 13:20 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	TOWARDS TAMPINES EXIT 2B (PIE TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN5789C
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD ASLI BIN MUHAMMAD AFANDI
NRIC No	SXXXX326H
Email Address	md_ash@hotmail.com
Mobile Phone No	(Phone) +65-90032966
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb150r
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	149

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTMC01005993

DRIVER

Name of Driver	MUHAMMAD ASLI BIN MUHAMMAD AFANDI
NRIC No	SXXXX326H
Date Of Birth	12/11/1988
Occupation	Outdoor

Date Of Driving Pass	09/10/2018
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90032966
Alt. Phone Number	-
Email Address	md_ash@hotmail.com
Address	BLK 656B PUNGGOL EAST #16-816
Address complement	-
Postcode	822656
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	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)	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	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/20230714/7074

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	SHB3263H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	KOH PUNG CHOR
NRIC No	SXXXX879Z
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 ASLI BIN MUHAMMAD AFANDI
Gender	Male
Phone No	(Phone) +65-90032966
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBN5789C
Were seat belts worn?	No
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 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 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.

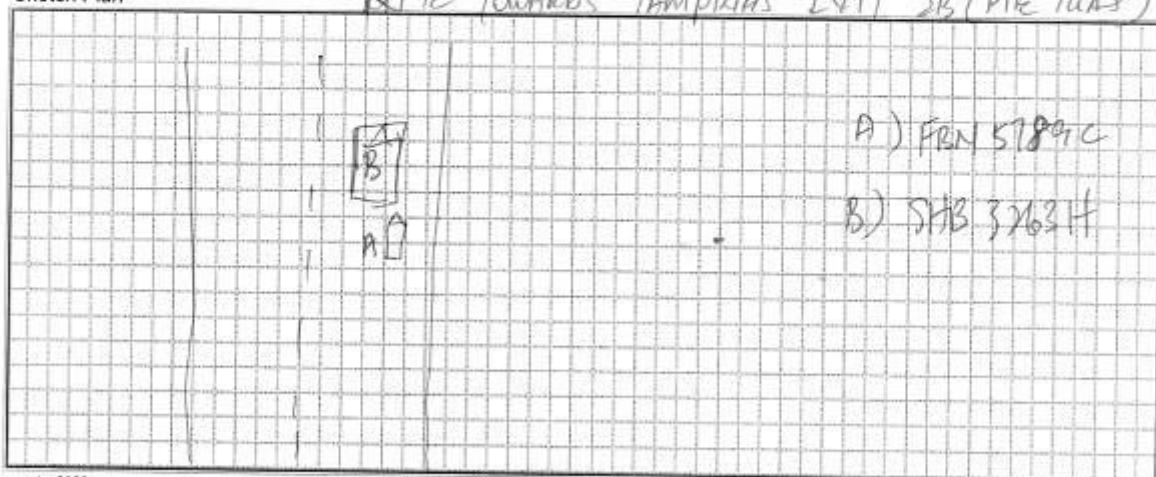
Qasli 28/7/23 1357
Policyholder's Signature / Date & Time

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

28/07/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

KPE TOWARDS TAMPINES EXIT 2B (PIE TUA)



vJun2022

1

Describe Circumstance of the Accident

REFER to Police Report 1/20230714/2014

Declaration

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

Driver 28/7/23
1357

Policyholder's Signature / Date & Time

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

Witness 28/07/2023

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





























Singapore

2 months ago · [See more dates](#) >



Singapore

2 months ago · [See more dates](#) >



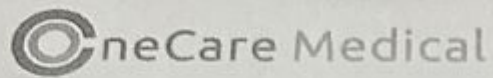
Singapore

2 months ago · [See more dates](#) >



Singapore

2 months ago · [See more dates](#) >

**OneCare Clinic Punggol Plaza**

168 Punggol Field, Punggol Plaza
#02-09A S(820168)
Reg No.: 201837259M
Tel: +65 6904 3511

MEDICAL CERTIFICATE

MC No: MC-OCPP-
000843

NAME: MUHAMMAD ASLI BIN MUHAMMAD
AFANDI

NRIC: S8844326H

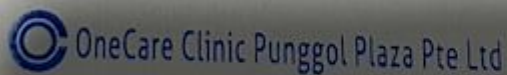
This is to certify that the above patient name is Unfit for Duty for a period of
3 day

from 15-07-2023 to 17-07-2023 inclusive.

Note:

This certificate is not valid for absence from court.

This certificate is electronically generated. No signature is required.



168 Punggol Field #02-09A TEL 6904 3511
Punggol Plaza, S'pore 820168 FAX 6904 3512

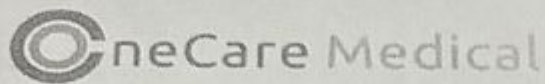
Chew An-Ning (M65055B)

14-07-2023

Issued By

Date

Printed on 14-07-2023 17:25:53



OneCare Clinic Punggol Plaza
168 Punggol Field, Punggol Plaza #02-
09A S(820168)
Reg No.: 201837259M
Tel: +65 6904 3511

Subject: memo re accident

MUHAMMAD ASLI BIN MUHAMMAD AFANDI
S8844326H

To whom it may concern,

The above patient was involved in a road traffic accident on 14/7/23 around 1:18pm. He has suffered some whiplash injury to his lower back and minor abrasions to his left hand. Please kindly assist.

Regards,
Dr Chew An-Ning
M65055B

A handwritten signature in black ink, appearing to be 'Dr Chew An-Ning'.

OneCare Clinic Punggol Plaza Pte Ltd

168 Punggol Field #02-09A TEL 6904 3511
Punggol Plaza, S'pore 820168 FAX 6904 3512



**SINGAPORE
POLICE FORCE**



T/20230714/7074

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

1 of 3

Report No. T/20230714/7074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2023 20:54	Video Report No.:	Station Diary No.:
--	-------------------	--------------------

Informant's Particulars

Name of Informant: MUHAMMAD ASLI BIN MUHAMMAD AFANDI			Address: 656B PUNGGOL EAST #16-816 SINGAPORE 822656		
ID Type / ID No.: NRIC NO / S8844326H			Contact No.: Home/Office: Mobile: 90032966		
Nationality: SINGAPORE CITIZEN			Email: MD_ASH@HOTMAIL.SG		
Sex: Male	Age: 34	Date of Birth: 12/11/1988	Type of Informant: Rider		
Race: Indian			Language: English		
Occupation: Air-conditioning/Refrigeration engineering technician			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/07/2023 13:20	Type of Location: Gradient
Location: GEYLANG BAHRU				
Weather: Raining	Road Surface: Wet			
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN5789C	Motorcycle	HONDA	CB150R MANUAL	Green		0
SHB3263H	Car	TOYOTA		Yellow	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20230714/7074

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

2 of 3

Report No. T/20230714/7074

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN5789C	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC01005993	13/11/2022	12/11/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD ASLI BIN MUHAMMAD AFANDI		ID No.	S8844326H
Related Vehicle	FBN5789C (Motorcycle)		Contact No.	90032966
Hospital/Clinic	ONECARE CLINIC BOON LAY		Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	14/07/2023		Date	14/07/2023
No. of Days granted Medical Leave		03	Degree of	Slight
Driver				
Name	KOH PUNG CHOR		ID No.	S1424879Z
Related Vehicle	SHB3263H (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

I (FBN5789C) was riding along KPE tampines, took the exit 2B PIE tuas. It was 1.18pm, road condition is wet, weather raining, traffic is light. The accident took place in between lamp post number 43S26F and 43S27. I notice the taxi (SHB2363H, driver Mr Koh Pung Chor) in front of me was slowing down to the traffic ahead. I slowed down following the traffic. Shortly after, the taxi did an Ebrake. I apply intermittent braking but couldn't be avoided and collide with the taxi at the rear right of the bumper. I was traveling at about 30km/h, the road is wet and the weather is raining as its a gradient downward slope. The driver exited the vehicle and assist me with the recovery of my vehicle and also exchange our particulars. There is a cctv operating at lamp post number 43S28.



**SINGAPORE
POLICE FORCE**



T/20230714/7074

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

3 of 3

Report No. T/20230714/7074

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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

Date/Time:
14/07/2023 20:54

Classification Of Case:

NP168