

# 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 .....	10/05/2023 08:19 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	20/04/2023 17:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JALAN EUNOS & JALAN ISMAIL JUNCTION
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FF77B

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD KHAIRULANWAR BIN MOHD ROSLI
NRIC No .....	S8833450G
Email Address .....	KHAIRULANWARANDII@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-91777411
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 .....	5131752956

### DRIVER

Name of Driver .....	MUHAMMAD KHAIRULANWAR BIN MOHD ROSLI
NRIC No .....	S8833450G
Date Of Birth .....	06/09/1988
Occupation .....	Indoor

Date Of Driving Pass .....	14/10/2008
Driving experience .....	14 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91777411
Alt. Phone Number .....	-
Email Address .....	KHAIRULANWARANDII@HOTMAIL.COM
Address .....	BLK 331 WOODLANDS AVENUE 1
Address complement .....	#08-413
Postcode .....	730331
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver .....	AR8896Y
Insurance Company of Other Vehicle Owned by Driver .....	Income Insurance Limited

#### 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? .....	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 .....	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 .....	SFE3828L
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ZOLENE
Contact Number .....	(Phone) +65-92302701
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	MUHAMMAD KHAIRULANWAR BIN MOHD ROSLI
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BROKEN RIGHT LAST FEET FINGER.
Injured person in which vehicle? .....	FF77B
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

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**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

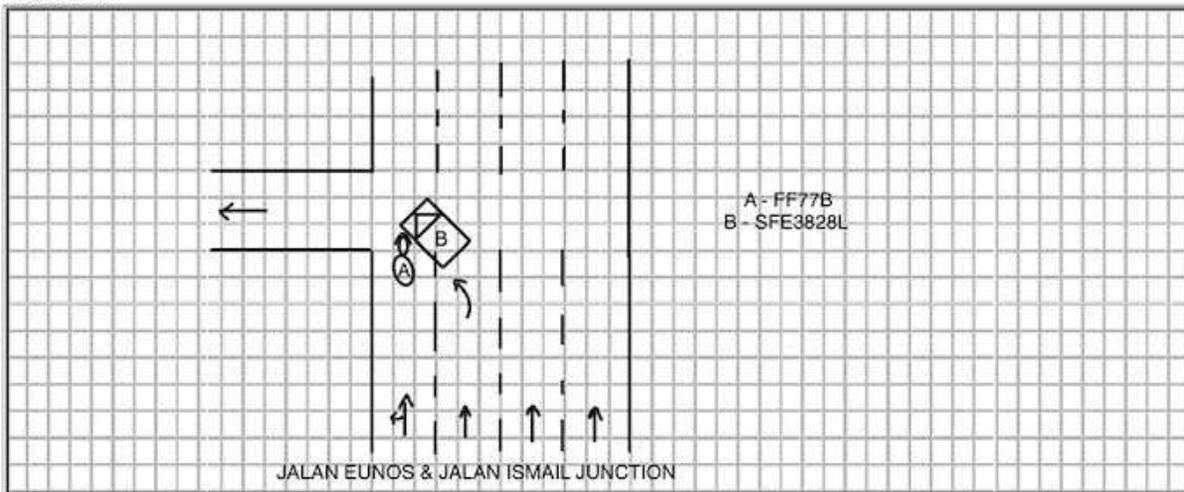
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 10/05/2023  
 Policyholder's Signature / Date & Time

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

  
 MUAMMAR GADDAFI BIN MARZUKI  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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

  
10/05/2023  
Policyholder's Signature / Date & Time

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

  
MUAMMAR GADDAFI BIN MARZUKI  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





















**SINGAPORE  
POLICE FORCE**



T/20230429/7034

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

1 of 3

Report No. T/20230429/7034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/04/2023 15:24	Vide Report No.: G/20230420/0141	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MUHAMMAD KHAIRULANWAR BIN MOHD ROSLI		Address: 331 WOODLANDS AVENUE 1 #08-413 SINGAPORE 730331	
ID Type / ID No.: NRIC NO / S8833450G		Contact No.: Home/Office: Mobile: 91777411	
Nationality: SINGAPORE CITIZEN		Email: KHAIRULANWARANDII@HOTMAIL.COM	
Sex: Male	Age: 34	Date of Birth: 06/09/1988	Type of Informant: Rider
Race: Malay		Language: English	
Occupation: Event manager		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/04/2023 17:25	Type of Location: Straight Road
Location: JALAN EUNOS still rd . jln ismail				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FF77B	Motorcycle	YAMAHA	x max	Grey	Slightly Damaged	0
SFE3828L	Car	MITSUBISHI	evo	Blue	Slightly Damaged	1



**SINGAPORE  
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T/20230429/7034

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

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Report No. T/20230429/7034

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD KHAIRULANWAR BIN MOHD ROSLI	ID No.	S8833450G
Related Vehicle	FF77B (Motorcycle)	Contact No.	91777411
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	20/04/2023	Date	29/04/2023
No. of Days granted Medical Leave	51	Degree of	Serious
Driver			
Name	ZOLENE	ID No.	NIL
Related Vehicle	SFE3828L (Car)	Contact No.	92302701
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

i just exit the expressway and i was going straight towards jalan eunos , i was on the fourth lane . i just checked my side mirror and about to change to third lane because the lane that i was on was the bus lane . then when i looked in front , it was clear . then suddenly a car on my front right just turned into jalan ismail, i had no time to brake because the car didnt signal at all. the lane i was on the left turn or go straight lane .  
the car was from the third lane which is only to go straight lane . the car made the left turn and side swiped me . i was going 30 - 40 km per hour .



**SINGAPORE  
POLICE FORCE**



T/20230429/7034

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

3 of 3  
Report No. T/20230429/7034

CONTINUATION OF REPORT

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:  
29/04/2023 15:24

Officer In Charge Of Case:  
TP / TPIB /  
TAN JEOK LENG LESLIE  
Contact No.: 65476151

Classification Of Case:

This report is lodged at Woodlands West NPC Kiosk 3  
NP168