

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 22/07/2023 15:11 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 20/07/2023 01:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG YISHUN RING ROAD BEFORE YISHUN AVE 4
JUNCTION.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBT2132K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NUR HIDAYAH BINTE ABDULLAH
NRIC No T0017954F
Email Address DAYAHHKATTECHI619@GMAIL.COM
Mobile Phone No (Phone) +65-88662148
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model XSR155
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 160

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5124928842-01

DRIVER

Name of Driver NUR HIDAYAH BINTE ABDULLAH
NRIC No T0017954F
Date Of Birth 21/05/2000

Occupation	Outdoor
Date Of Driving Pass	15/10/2021
Driving experience	1 YEAR AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88662148
Alt. Phone Number	-
Email Address	DAYAHHKATTECHI619@GMAIL.COM
Address	BLK 675A #02-746
Address complement	YISHUN AVENUE 4
Postcode	761675
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?	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	RYAN RAFIZZY
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND SKETCH PLAN.

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	SHA3939Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	KHAMIS BIN ALI
NRIC No	S1146249I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NUR HIDAYAH BINTE ABDULLAH
Gender	Female
Phone No	(Phone) +65-88662148
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBT2132K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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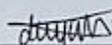
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

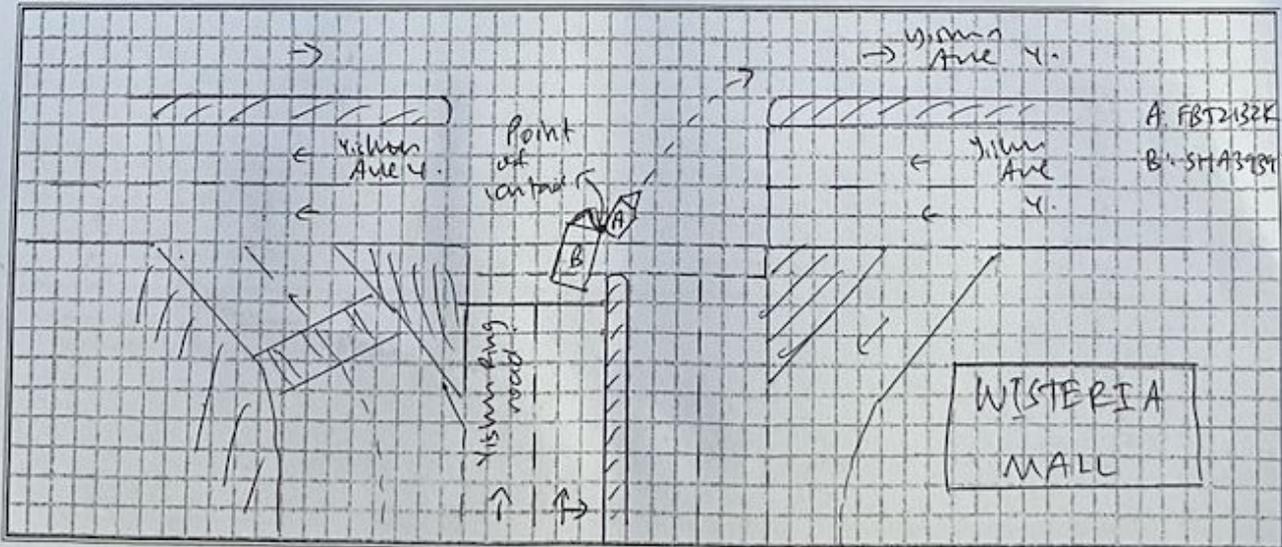
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 22/7/2023 e1500w.	 22/7/2023 e1500w.	 Muhammad Muan Bin Alias 5993525
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

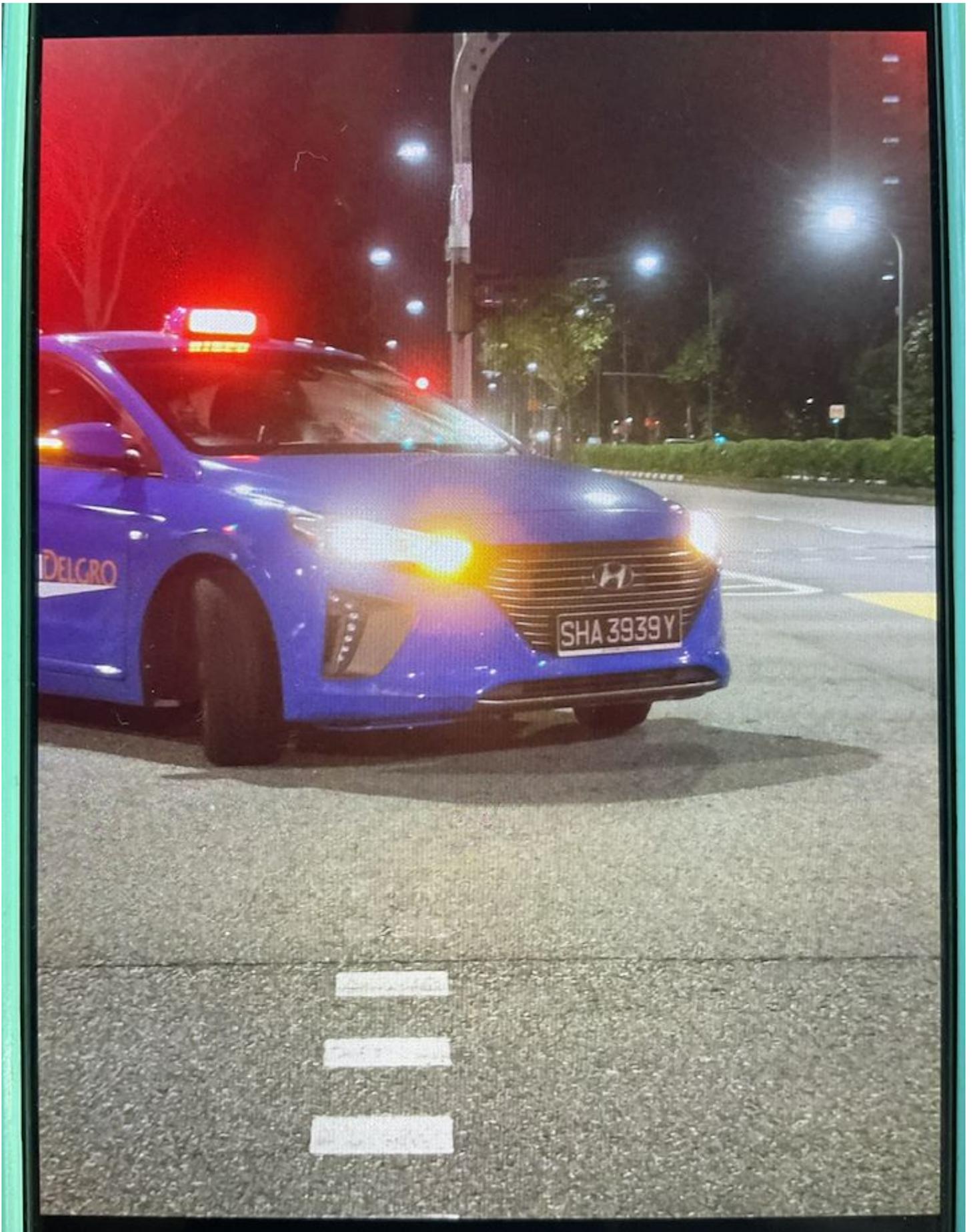













**SINGAPORE
POLICE FORCE**


T/20230720/2119

1 of 3

Report No. T/20230720/2119

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2023 20:48	Vide Report No.:	Station Diary No.: 94
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Informant's Particulars

Name of Informant: NUR HIDAYAH BINTE ABDULLAH		Address: APT BLK 675A YISHUN AVENUE 4 #02-746 SINGAPORE 761675	
ID Type / ID No.: NRIC NO / T0017954F		Contact No.:	Mobile: 88662148
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 23	Date of Birth: 21/05/2000	Type of Informant: Rider
Race: Malay		Language:	
Occupation: Grab Delivery		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: 20/07/2023 01:20	Type of Location: X-Junction
Location: YISHUN RING ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Traffic Light - Working	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	Condition	No of Passenger
FBT2132K	Motorcycle	YAMAHA	XSR155 MANUAL	Black	Slightly Damaged	1
SHA3939Y	Car					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT2132K	NTUC Income Insurance Co-Operative Limited	5124928842-01	07/12/2022	06/12/2023



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2 of 3

Report No. T/20230720/2119

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NUR HIDAYAH BINTE ABDULLAH	ID No.	T0017954F
Related Vehicle	FBT2132K (Motorcycle)	Contact No.	88662148
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	20/07/2023	Date Discharge	20/07/2023
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Driver			
Name	KHAMIS BIN ALI	ID No.	S1146249I
Related Vehicle	SHA3939Y (Car)	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

Brief Details.

On 20th July 2023 at around 0120hrs I was riding my motorcycle FBT2132K with one pillion along Yishun Ring Road from Yishun Avenue 11 side towards Yishun Avenue 4. Ahead of me there was a taxi SHA3939Y which was swerving between the lanes of the 2 lane road. I then high beamed it once and the taxi remained in its lane. At the cross junction of Yishun Ring Road and Yishun Avenue 4 I wanted to turn right onto Yishun Avenue 4 towards Yishun Central, so I signaled my intention and remained in the right lane. The taxi which was ahead of me, did not have any signal lights on so I assumed that it was going straight. Suddenly as I was making the right turn onto Yishun Avenue 4, the taxi made a sudden U-Turn in the junction. The taxi then hit the rear left side of my motorcycle. We exchanged our particulars before we went on our way.

Later on as I was feeling pain in my left arm, I went to Khoo Teck Puat Hospital. I was given 14 days of MC and doctors informed me that I suffered a fracture to my left forearm and abrasions to my left leg due to the accident.



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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20230720/2119

3 of 3

Report No. T/20230720/2119

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

L/
SGT 3 ANGELO MARCEL
THOMAS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/07/2023 20:48

Officer In Charge Of Case:

TP / AEIT /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476204

Classification Of Case:

NP168