

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	16/09/2024 15:39 (SGT)
Reported by	Actual Driver
Date of Accident	15/09/2024 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ROAD OUTSIDE CENTURY SQUARE DROP-OFF
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN4580T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD HAZIQ BIN AZMI
NRIC No	S9329564A
Email Address	HAZIQAZM@GMAIL.COM
Mobile Phone No	(Phone) +65-81862831
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	MXI T150 SNIPER
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	0
Vehicle Fuel	Petrol
First Registration Date	08/10/2018
Chassis no	MH3UG0740J0125626
Effective Date/Time of Ownership	08/10/2018 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNMC2024-00000872

DRIVER

Name of Driver	MUHAMMAD HAZIM BIN AZMI
NRIC No	T0512095G
Date Of Birth	12/05/2005
Occupation	Indoor
Driving Pass Date	03/01/2024
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94596634
Alt. Phone Number	-
Email Address	HAZIMBAAAPMI@GMAIL.COM
Address	APT BLK 124 TAMPINES STREET 11 #02-416
Address complement	-
Postcode	521124
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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 on collision
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)	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 ATTACHED

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	SNJ8006M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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	MUHAMMAD HAZIM BIN AZMI
Gender	Male
Phone No	(Phone) +65-94596634
Address	APT BLK 124 TAMPINES STREET 11 #02-416
Address Complement	-
Post Code	521124
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBN4580T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

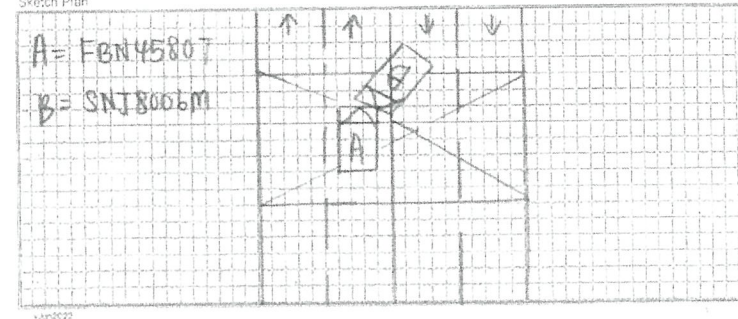
SKETCH PLAN

IMPORTANT NOTICE

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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 insurer to the GIA Reports 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 a/foresaid.
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 Insurers who have insured vehicle(s) involved in this accident (all insurers 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 Insurers 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/are 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) _____
 Actual Driver's Signature (if driver is not the policyholder) (Date & Time) _____
 LOH _____
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) _____

Sketch Plan



Describe Circumstance of the Accident

Refer to the police report

Declaration
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time Actual Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Garda Personnel (Name as in NRIC/D card)

[Signature] LOH

v. 1/2022



SINGAPORE POLICE FORCE



T/20240915/7079

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

1 of 3

Report No. T/20240915/7079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2024 21:48	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD HAZIM BIN AZMI			Address: 124 TAMPINES STREET 11 #02-416 SINGAPORE 521124		
ID Type / ID No.: NRIC NO / T0512095G			Contact No.: Home/Office: Mobile: 94596634		
Nationality: SINGAPORE CITIZEN			Email: HAZIMBAAAPMI@GMAIL.COM		
Sex: Male	Age: 19	Date of Birth: 12/05/2005	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Unemployed			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: 15/09/2024 18:05	Type of Location: Straight Road
Location: TAMPINES CENTRAL 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBN4580T	Motorcycle	YAMAHA	Mxi T150 Sniper	Black	Slightly Damaged	1
SNJ8006M	Motor car	NISSAN	SERENA	Grey	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBN4580T	FWD SINGAPORE PTE. LTD.	564A1993	16/02/2024	15/02/2025



SINGAPORE POLICE FORCE



T/20240915/7079

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

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Report No. T/20240915/7079

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HAZIM BIN AZMI	ID No.	T0512095G
Related Vehicle	FBN4580T (Motorcycle)	Contact No.	94596634
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	15/09/2024	Date Discharge	15/09/2024
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight
Driver			
Name	ISKANDAR BIN JAMALUDIN	ID No.	S7916947A
Related Vehicle	SNJ8006M (Motor car)	Contact No.	85438535
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

I was travelling straight, due to heavy traffic on the road, I was lane splitting. as i approached the yellow box a car from the opposite lane turned in to enter century squares taxi stand/drop off location. i was hit on my right side causing abrasions on my right leg. was able to exchange information with the driver. car plate SNJ8006M. i have pictures of the damage and location of incident. driver has a dashcam with video footage of the accident.



**SINGAPORE
POLICE FORCE**



T/20240915/7079

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

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Report No. T/20240915/7079

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

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

Date/Time:
15/09/2024 21:48

Classification Of Case:

NP168