

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	24/10/2024 16:47 (SGT)
Reported by	Owner
Date of Accident	13/09/2024 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPP THOMSON RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC7023Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LUA SHUN QIANG
NRIC No	S9510892Z
Email Address	seanlua95@hotmail.com
Mobile Phone No	(Phone) +65-87784707
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Drz400sm
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	398
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNMC2024-00001499

DRIVER

Name of Driver	ISA BIN MOHAMED SAID
NRIC No	S9532306E
Date Of Birth	28/07/1995
Occupation	Indoor
Driving Pass Date	02/09/2024
Driving License Pass Class	2A
Driving License Validity	Valid
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-89496019
Alt. Phone Number	-
Email Address	isa95said@gmail.com
Address	621 ANG MO KIO ST 61 #04-50
Address complement	-
Postcode	560621
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	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 SKETCH AND POLICE REPORT 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	SHC466D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	ISA BIN MOHAMED SAID
Gender	Male
Phone No	(Phone) +65-89496019
Address	621 ANG MO KIO ST 61 #04-50
Address Complement	-
Post Code	560621
Approximate Age Years Old	29
Injuries Sustained	REFER TO DRIVER
Injured person in which vehicle?	FBC7023Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

VEHICLE NO: FBC 70232
DATE OF ACCIDENT: 13/9/24

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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 shall be collectively referred to as the "Insurer", 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.

24/09/24

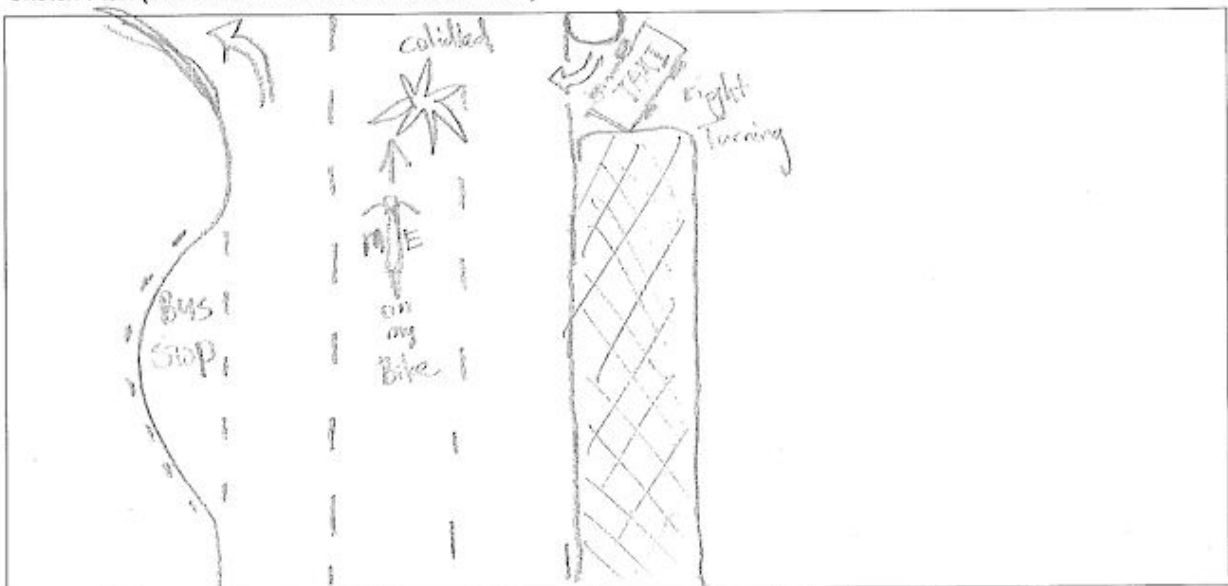
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ ID card)
CHARN'S CUSTOMCRAFT



Sketch Plan (DRAWING- SCENE OF ACCIDENT)



VEHICLE NO: FBC 7023Z

DATE OF ACCIDENT: 13/09/24

Describe Circumstances of the Accident

On 13/09/2024 at 8.30am, I was travelling on my motorbike (model DRZ-400SM), licence plate FBC 7023Z on Macritchie Viaduct going towards Upper Thomson Road.

I was riding my bike in the second lane from the left when a City cab from the opposite lane ~~made~~ made an abrupt U-turn and headed towards my motorbike. I could not remember the Citycab car plate as the taxi driver made an abrupt U-turn without stopping to check for other motorists.

REPORTING ONLY ()

OWN DAMAGE ()

THIRD PARTY ()

OWN WORKSHOP ()

Declaration

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

NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. KINDLY REFER TO YOUR POLICY FOR MORE INFORMATION.

 24/09/24

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ ID card)
CHARN'S CUSTOMCRAFT





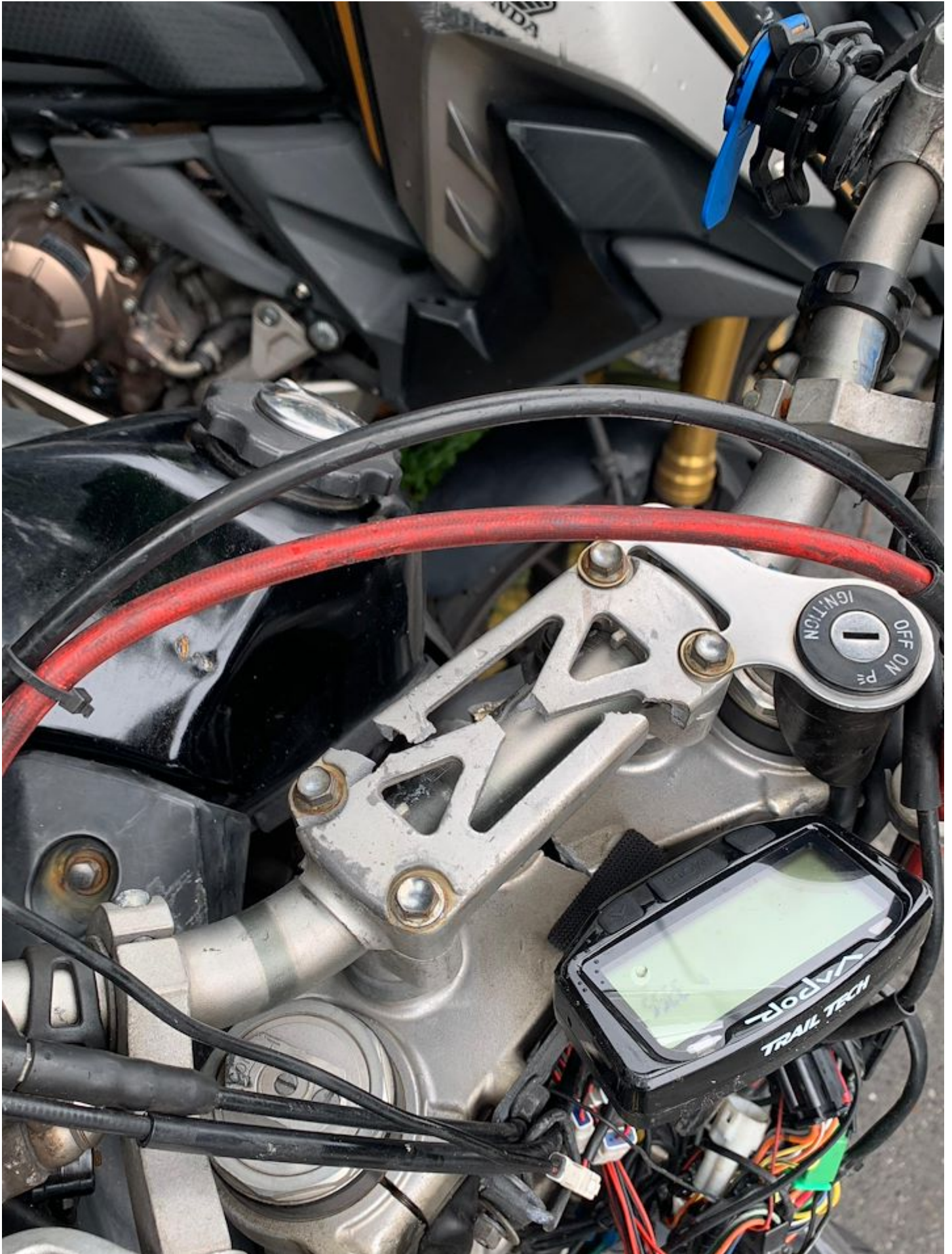


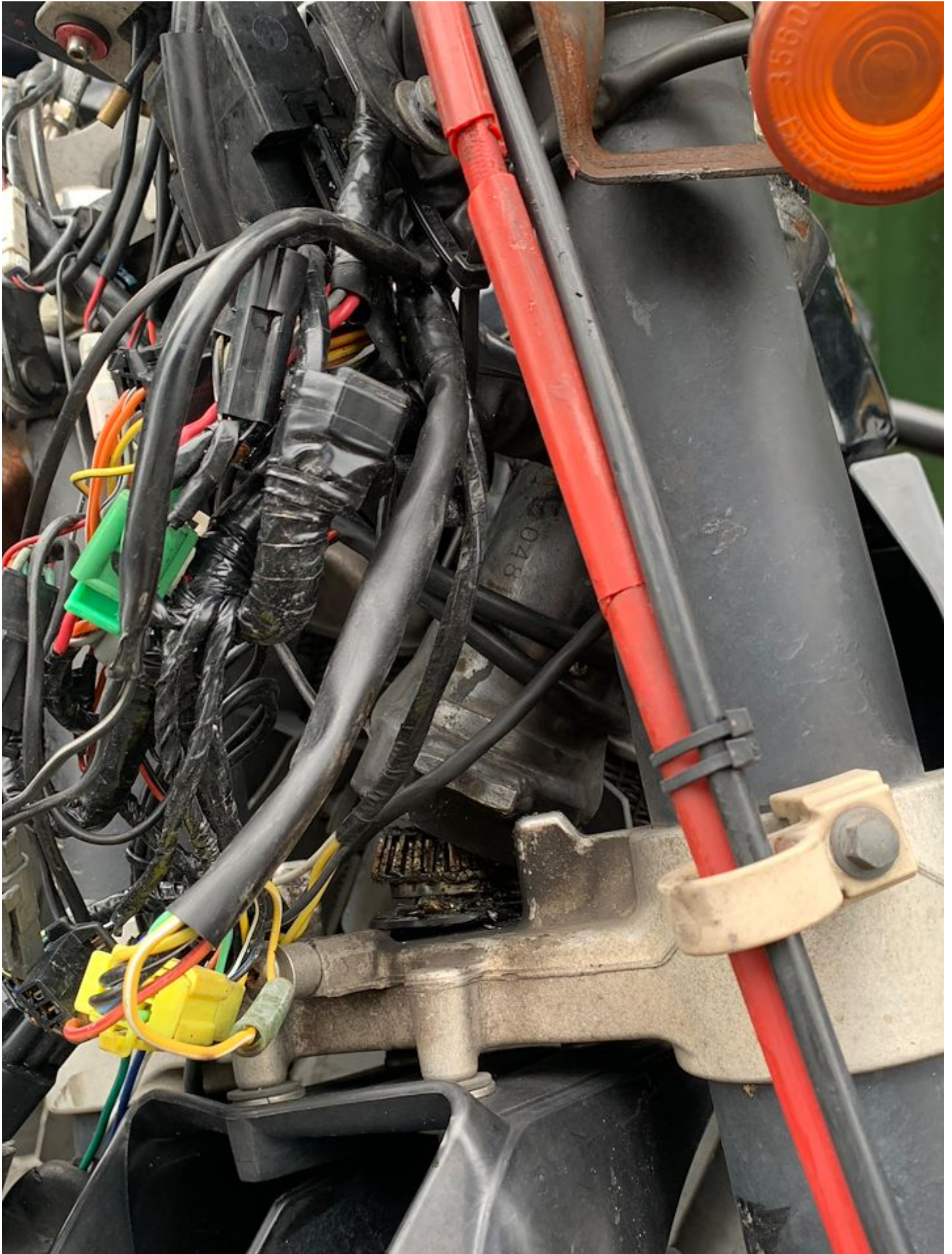














**SINGAPORE
POLICE FORCE**



T/20241002/7099

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

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Report No. T/20241002/7099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2024 17:46		Vide Report No.: T/20240924/7066		Station Diary No.:
Informant's Particulars				
Name of Informant: Isa Bin Mohamed Said		Address: 621 Ang Mo Kio Street 61 #04-50 HDB SINGAPORE 560621		
ID Type / ID No.: NRIC NO / S9532306E		Contact No.: Home/Office: Mobile: 89496019		
Nationality: SINGAPORE CITIZEN		Email: isa95said@gmail.com		
Sex: Male	Age: 29	Date of Birth: 28/07/1995	Type of Informant: Rider	
Race: Javanese		Language: English		
Occupation: Other related planners		Driving Licence Information: Class: 2A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/09/2024 08:30	Type of Location: Thomson Ridge Lamp Post 62A
Location: UPPER THOMSON ROAD				
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: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC7023Z	Motorcycle	A-BIKE	Suzuki DRZ400SM	Black	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBC7023Z	FWD SINGAPORE PTE. LTD.	PNMC2024- 00001499	20/03/2024	19/03/2025



**SINGAPORE
POLICE FORCE**



T/20241002/7099

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

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Report No. T/20241002/7099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ISA BIN MOHAMED SAID	ID No.	S9532306E
Related Vehicle	FBC7023Z (Motorcycle)	Contact No.	89496019
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2A Date of Expiry: NIL
Date Treatment	13/09/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Serious

Brief Details.

Reference Case number: T/20240924/7066

Name of victim: Isa Bin Mohamed Said
Date of incident: 13/09/2024
Time of incident: 8.30 am
Location of incident: Thomson Rd junction, Thomson Ridge lamp post 62A

Paragraph 1-

On 13/09/2024 at 8.30am, I was travelling on my motorbike (model DRZ-400SM), licence plate FBC7023Z on Macritchie Viaduct going towards Upper Thomson Road.

Paragraph 2-

I was riding my motorbike in the second lane from the left when a City cab taxi from the opposite lane made an abrupt U-turn and headed towards my motorbike. I could not remember the Citycab car plate as the taxi driver made an abrupt U-turn without stopping to check for other motorists.

Paragraph 3-

As I was in the second lane, the taxi driver did not check his surroundings to see if it was safe and I wanted to avoid the taxi when our vehicles collided. While the city cab driving recklessly, and making U-turn without checking, the taxi driver had the ability, opportunity and the intent to cause serious harm to me.

Paragraph 4-

When our vehicles collided, I was thrown out of my motorbike, and I landed on the hard surface at lane 3. It happened so fast that I could not see the taxi driver's car plate, as I was in alot of pain. I could not move my body as both my legs and hands were severely fractured.

Paragraph 5-

Some other motorists and pedestrians stopped by and offered assistance I could stay conscious until the ambulance arrived. They assisted me to call the police. I am thankful that they helped me as I was too weak and in tremendous pain, I did not have the ability to call police and ambulance in my own. Before the ambulance moved off, the Traffic Police asked for my particulars. Then after, the ambulance took me to Tan Tock Seng Hospital. The Police took over the investigation of the accident.

Paragraph 6-

Injuries I accumulated as a result of the taxi driver's reckless U-turn;



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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T/20241002/7099

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Report No. T/20241002/7099

CONTINUATION OF REPORT

- 1) My right eye was fractured and had stitches due to the result of the accident's impact.
- 2) Due to the accident, my right wrist is fractured, and my right hand's fourth finger has been amputated from my hands. The Surgeon from Tan Tock Seng mentioned that I need two months to heal my right hand. My left hand is also fractured, and my right elbow had abrasions and stitches.
- 3) My right hip pelvis is broken. Due to this injury, I am not able to sit correctly and comfortably as I could before the accident.
- 4) My right thigh bone is broken up till my right calf. My right knee encountered a Posterior Cruciate Ligament tear(PCL).
- 5) I encountered an abrasion on my left knee. My left foot is currently fractured.

**SINGAPORE
POLICE FORCE**

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T/20241002/7099

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Report No. T/20241002/7099

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
AHMAD SYAFIQ BIN HARRIS
Contact No.: 65476201

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

Date/Time:
02/10/2024 17:46

Classification Of Case:

NP168

ADDENDUM

Original Report No: SC1E24AO0002 Vehicle Registration No: FBC7023Z

Name (as shown in NRIC): LUA SHUN QIANG NRIC/FIN/Passport No: SXXXX892Z

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

Address: Singapore ()

Contact (Tel): Mobile No.: 87784707


Email Address: scanlua95@hotmail.com

Date of Accident: 13.09.2024 Time of Accident: 08:30HRS

Place of Accident: UPPER THOMSON ROAD

Insurance Company: FWD SINGAPORE PTE LTD

TO INPUT THIRD PARTY'S VEHICLE NO (SHC466D)



Name:
NRIC/FIN No.:
Date:
CHARN'S CUST