

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	27/11/2024 10:19 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/11/2024 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Mccallum Street
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM3943S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SAEED HASHIM AJMAL
NRIC No	SXXXX414D
Email Address	AJMALSAEEDHASHIM@GMAIL.COM
Mobile Phone No	(Phone) +65-90353842
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	XABRE TFX150
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	150
Vehicle Fuel	Petrol
First Registration Date	31/10/2017
Chassis no	MH3RG3710HK026728
Effective Date/Time of Ownership	28/06/2024 11:06 (SGT)

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNMC2024-00002887

DRIVER

Name of Driver	SAEED HASHIM AJMAL
NRIC No	SXXXX414D
Date Of Birth	03/07/1997
Occupation	Indoor
Driving Pass Date	05/06/2024
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90353842
Alt. Phone Number	-
Email Address	AJMALSAEEDHASHIM@GMAIL.COM
Address	BLK 6 BEACH ROAD 11-4885 SINGAPORE 190006
Address complement	-
Postcode	-
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

Refer to 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	SHC1299M
Vehicle Manufacturer	Hyundai
Vehicle Model	Ioniq
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	Cheng Hian Kwang
NRIC No	SXXXX608C
Contact Number	(Phone) +65-97229339
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	Saeed Hashim Ajmal
Gender	Male
Phone No	(Phone) +65-90353842
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Lower back pain.
Injured person in which vehicle?	FBM3943S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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Describe Circumstance of the Accident

Refer to Police Report T/20041127/7012

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

books

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

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

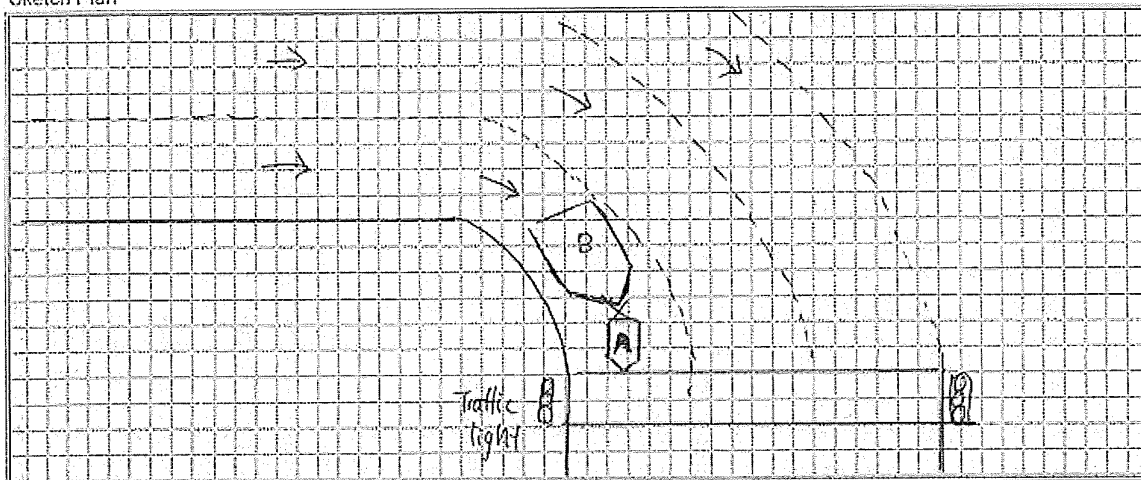
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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**

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



T/20241127/7012

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Report No. T/20241127/7012

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

NP168

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

Date/Time:
27/11/2024 02:52

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20241127/7012

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

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Report No. T/20241127/7012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Saeed Hashim Ajmal	ID No.	S9775414D
Related Vehicle	FBM3943S (Motorcycle)	Contact No.	90353842
Hospital/Clinic	THOMSON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Driver			
Name	CHENG HIAN KWANG	ID No.	S1572608C
Related Vehicle	SHC1299M (Taxi)	Contact No.	97229339
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

-Accident occurred 26 Nov 2024 around 6pm. I was in my motorcycle stopped at the first traffic light after turning right from Shenton Way to McCallum Street as traffic light was red. I was in McCallum Street. Then a Blue ComfortDelgro taxi hit me from behind and my bike dropped. I am not sure how many passengers were inside the taxi but one lady came out of the Taxi to talk to the taxi driver.
-I am unsure of how seriously my motorcycle is damaged.
-As I had work stuff at CapitaSky / 79 Robinson Road I did not attend clinic immediately. After work I went to Thomson 24-HR urgent care centre and I was given 3 days MC 27 Nov 2024 to 29 Nov 2024.
-The taxi details, Hyundai Ionic Hybrid SHC1299M, Taxi driver name Cheng Hian Kwang, S1572608C.
-My details, Yamaha Xebre FBM3943S. My name is Saeed Hashim Ajmal, S9775414D.
-Was only able to upload 3 attachment if need more photos I can provide / email



**SINGAPORE
POLICE FORCE**



T/20241127/7012

1 of 3

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

Report No. T/20241127/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2024 02:52		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: Saeed Hashim Ajmal		Address: 6 Beach Road #11-4885 SINGAPORE 190006		
ID Type / ID No.: NRIC NO / S9775414D		Contact No.: Home/Office: Mobile: 90353842		
Nationality: SINGAPORE CITIZEN		Email: ajmalsaeedhashim@gmail.com		
Sex: Male	Age: 27	Date of Birth: 03/07/1997	Type of Informant: Rider	
Race: Indian		Language: English		
Occupation: Data centre engineer		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/11/2024 18:00	Type of Location: X-Junction
Location: SHENTON WAY				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: I got hit from the rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM3943S	Motorcycle	YAMAHA	Xabre TFX150	Green	Slightly Damaged	0
SHC1299M	Taxi	HYUNDAI	Ioniq Hybrid	Blue		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBM3943S	FWD SINGAPORE PTE. LTD.	PNMC2024-00002887	28/06/2024	27/06/2025