

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	10/07/2024 19:43 (SGT)
Reported by	Actual Driver
Date of Accident	09/07/2024 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG UPPER CHANGI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR7370S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHAARI BIN SURIYAP
NRIC No	S1802327Z
Email Address	Muhdshukry5@gmail.com
Mobile Phone No	(Phone) +65-83574633
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	WINNER X 150
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

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNMC2022-00004358-01

DRIVER

Name of Driver	MUHAMMAD SHUKRY BIN SHA'ARI
NRIC No	T0114105D
Date Of Birth	03/05/2001
Occupation	Indoor

Driving Pass Date	28/08/2020
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91568413
Alt. Phone Number	-
Email Address	Muhdshukry5@gmail.com
Address	303, CANBERRA ROAD
Address complement	#05-35
Postcode	S750303
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Major/Minor Rd
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)	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	FATHIN AMIRA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER ATTACHED POLICE REPORT POLICE REPORT LODGED AT SEMBAWANG NPC. VIDE REPORT NO T/20240710/2004. On 09.07.2024 at about 1900hrs, I was riding my motorcycle, FBR7370S with one pillion along Upper Changi Road towards Geylang Road. I wanted to filter to the right which was the 2/3 lane. As I was filtering, there was a taxi, SHB821S hit my vehicle from the right. My pillion and I fell off from the motorcycle. When I was making the lane switch, there was no oncoming vehicle, and there was no traffic.

Subsequently, the driver came down and apologies to me. I did not observe any damages on his taxi. The damages of my motorcycle were scratches on pillion bar, right side mirror broken, top box came off and one of the signal lights broken. Traffic Police and Ambulance came down to scene. My pillion and I were conveyed to Changi General Hospital.

I wished to state that my motorcycle and insurance are under my father's name, Sha'ari (hp 83574633).

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 SHB821S
Vehicle Manufacturer Toyota
Vehicle Model Prius
Vehicle Variant -
Vehicle Colour Brown
Vehicle Category Taxi
Name of Driver LEE CHOW MENG
Contact Number (Phone) +65-96928575
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 SHUKRY BIN SHA'ARI
Gender Male
Phone No (Phone) +65-91568413
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? FBR7370S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLANIMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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.
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 Officer
Hashim Bin Kamari

Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

AS PER ATTACHED POLICE REPORT POLICE REPORT LODGED AT SEMBAWANG NPC.
VIDE REPORT NO T/20240710/2004

Declaration

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

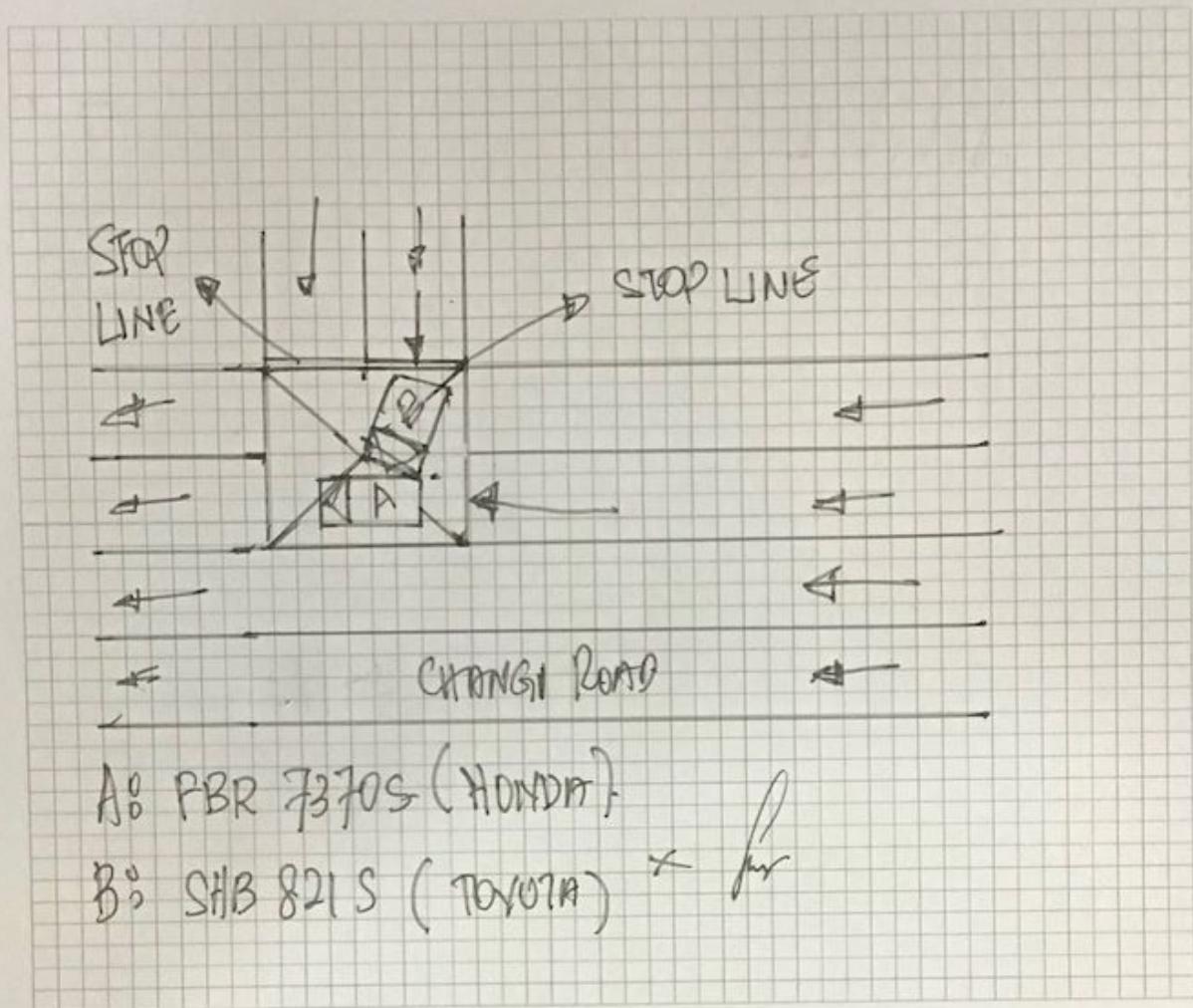
Policyholder's Signature / Date &
Time

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

Witnessed By Reporting Officer
Hashim Bin Kamari

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM



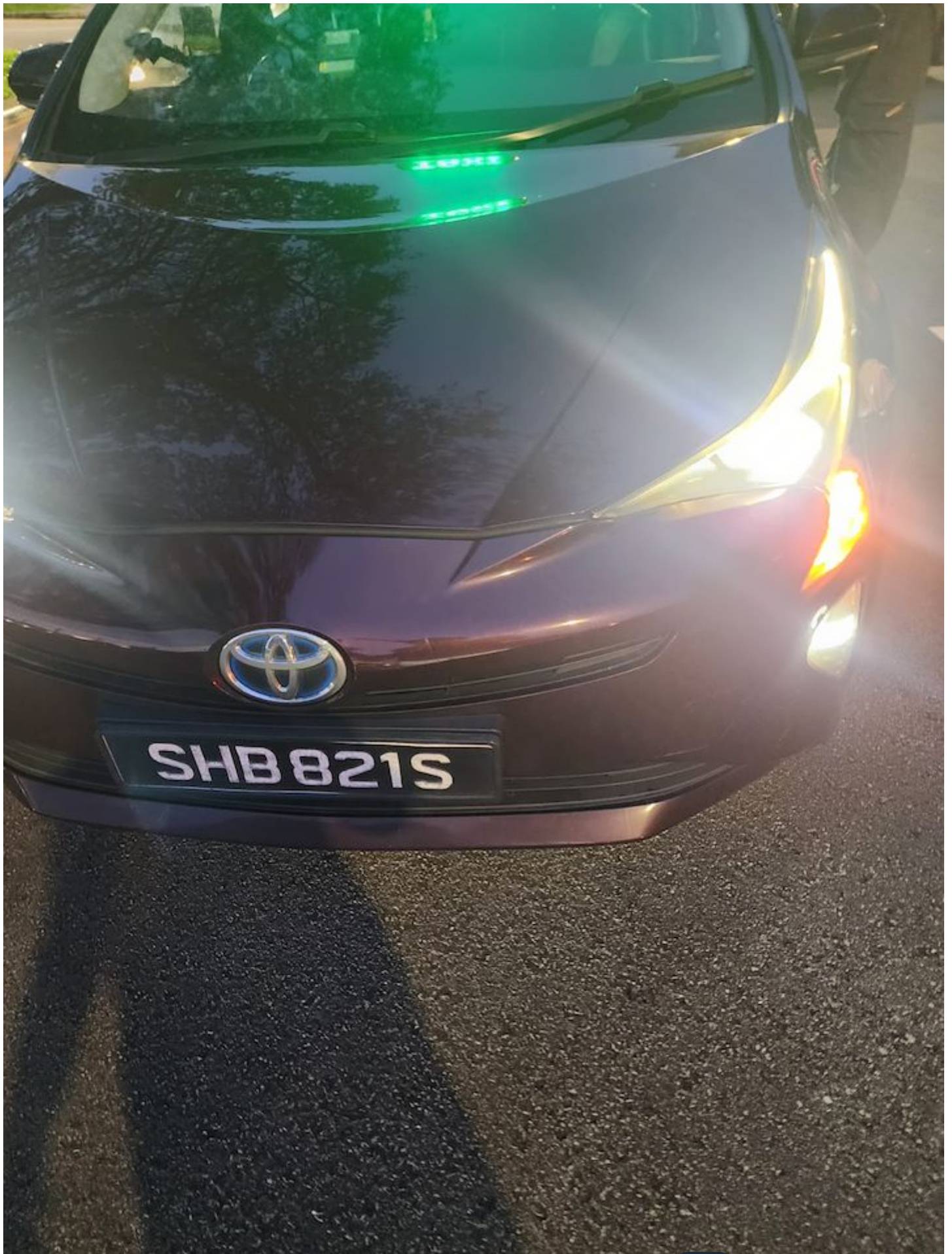
Policyholder's Signature
 Date & Time:

x
 hr
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

VERIFIED BY AJAX MARS (ARC)
 REPORTING OFFICER
 HASHIM BIN KAMARI

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:







SINGAPORE POLICE FORCE



T/20240710/2004

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20240710/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2024 03:25	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars			
Name of Informant: MUHAMMAD SHUKRY BIN SHA'ARI		Address: 303 CANBERRA ROAD #05-35 SINGAPORE 750303	
ID Type / ID No.: NRIC NO / T0114105D		Contact No.: Home/Office: Mobile: 91568413	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 03/05/2001	Type of Informant: Rider
Race: Javanese		Language:	
Occupation: FOOD PANDA RIDER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/07/2024 19:00	Type of Location:
Location: UPPER CHANGI ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR7370S	Motorcycle				Seriously Damaged	1
SHB821S	Motor car				No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240710/2004

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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Report No. T/20240710/2004

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD SHUKRY BIN SHA'ARI	ID No.	T0114105D
Related Vehicle	FBR7370S (Motorcycle)	Contact No.	91568413
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	09/07/2024	Date Discharge	10/07/2024
No. of Days granted Medical Leave	02	Degree of	NIL
Driver			
Name	LEE CHOW MENG	ID No.	S6820221C
Related Vehicle	SHB821S (Motor car)	Contact No.	96928575
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 09.07.2024 at about 1900hrs, I was riding my motorcycle, FBR7370S with one pillion along Upper Changi Road towards Geylang Road. I wanted to filter to the right which was the 2/3 lane. As I was filtering, there was a taxi, SHB821S hit my vehicle from the right. My pillion and I fell off from the motorcycle. When I was making the lane switch, there was no oncoming vehicle, and there was no traffic.

Subsequently, the driver came down and apologies to me. I did not observe any damages on his taxi. The damages of my motorcycle were scratches on pillion bar, right side mirror broken, top box came off and one of the signal lights broken. Traffic Police and Ambulance came down to scene. My pillion and I were conveyed to Changi General Hospital.

I wished to state that my motorcycle and insurance are under my father's name, Sha'ari (hp 83574633).

**SINGAPORE
POLICE FORCE**

T/20240710/2004

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20240710/2004

CONTINUATION OF REPORT

Signature of Officer Recording The
L /
SGT 3 WAN FARAH DINA BINTE
SAIFULLIZAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD KHAIRI SUFRIE BIN
SUHAIMI
Contact No.: 96207105

NP168

Signature Of Informant:

Date/Time:
10/07/2024 03:25

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1D247A0003 Vehicle Registration No: FBR7370S
 Name (as shown in NRIC): MUHAMMAD SHUKRY BIN SHA'ARI NRIC/FIN/Passport No: TXXXX105D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 09/07/2024 Time of Accident: 19:00
 Place of Accident: ALONG UPPER CHANGI ROAD
 Insurance Company: FWD Singapore Pte. Ltd.


(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1. AMEND SKETCH PLAN.

2. ATTACH CERTIFICATE OF INSURANCE.

 Policyholder / Driver's Signature
 Date:



 Reporting Centre Personnel's Signature
 Name: MEERA
 NRIC/FIN No.:
 Date: 10/07/2024

FWD
insurance

Celebrate living
fwd.com.sg

Certificate of Insurance

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Motorcycle breaks down or is involved in an accident.
All accidents must be reported within 24 hours or by the next working day of the incident
regardless of whether it will lead to a claim.

Policy number: PNMC2022-00004358-01

Plan name: Third Party Fire & Theft

Motorcycle plate number: FBR7370S

Your name (As the policyholder): Shaari Bin Suriyap

Coverage start date: 03/10/2023

Coverage end date: 02/10/2024

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle

Finance company:


Important things to know:
Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by us. These documents should be read together as one. You must make sure that any person you give permission to ride Your Motorcycle understands your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with your contract.

This Policy does not cover use for hire or reward, delivery of goods, and any renting or leasing purposes.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 02/09/2023



Adrian Vincent
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888
or email us at contact.sg@fwd.com if any details in
this Certificate of Insurance needs to be changed.

FWD Singapore Pte. Ltd. 6 Temasek Boulevard, # 18-01 Suntec Tower 4, Singapore 038988 T (65) 6820 8888. Registration No. 200501737H