

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 Authorised 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 ability.
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 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 Report	07/12/2017 11:08
Date Of Accident	07/12/2017 08:20
Exact Location Of Accident	ALONG UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD1507D
Insured/Policyholder	
Name Of Registered Owner	RASHEED FIAZ AHAMED
Passport No/FIN	G0414426R
Email Address	FR_AHAMED@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91192791
Alternative Phone No	OTHERS-91192791

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR-150CC DTS-I (M)
Exact Purpose for which vehicle was being used at time of accident	GOING TO OFFICE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2017-00000095
Cover Note Number	

Driver

Name of Driver	RASHEED FIAZ AHAMED
Passport No/FIN	G0414426R
Date Of Birth	15/08/1972
Occupation	INDOOR
Date Of Driving Pass	05/07/2016
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91192791
Fax Number	
Contact Number	OTHERS-91192791
EMail Address	FR_AHAMED@YAHOO.COM

Address	BLK 567 HOUGANG STREET 51 #07-69
Postcode	530567
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC6762E
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Name of Driver	NG TZE LIANG
NRIC/Passport Number	S7126500E
Contact Number	97366065
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 10 AM

Driver's Signature

(If driver is not the policyholder)

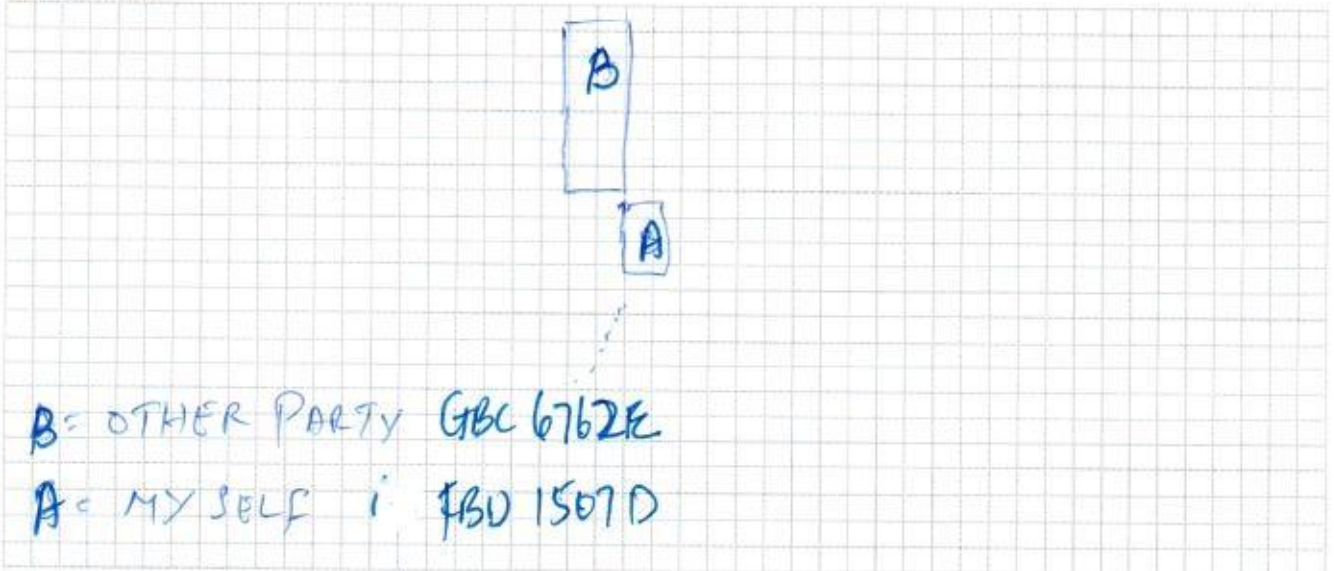
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

IN FRONT VAN PUT THE BRAKE DUE TO TRAFFIC LIGHT.
MY BIKE HIT RIGHT BACK CORNER OF THIS VAN.
THERE WAS SOME SCRATCHES ON THE VAN

DECLARATION

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


Policyholder's Signature
Date & Time: 7/12/17
10 AM

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

 07/12/2017
Reporting Centre Personnel's Signature
Name: KOSLI WATERS
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 07/12/2017 (DD/MM/YYYY), TIME: 20:20 (HH:MM)

LOCATION: UPPER SERANGOON ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD 1507D
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PNM C2017-00020095
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BASAT PULSAR, 2000 DTS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL, Goto office
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: RASHEED FIAT AHAMED (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G0414426R CONTACT: 9119 2791
 c) ADDRESS: 567 HOUGHAN STREET S1, #07-69
SINGAPORE - 530567

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: RASHEED FIAT AHAMED (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G0414426R CONTACT: 9119 2791
 c) ADDRESS: 567 HOUGHAN STREET S1, #07-69
SINGAPORE - 530567

* d) DATE OF BIRTH: 15/08/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: 05-07-2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. c) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBC 6762E MODEL: Van
 b) DRIVER'S NAME: NG TZE LIAN
 c) NRIC/FIN/PASSPORT: S712 6500E CONTACT: 97366065

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: GBC 6762E MODEL: Van
 e) DRIVER'S NAME: NG TZE LIAN
 f) NRIC/FIN/PASSPORT: S712 6500E CONTACT: 97366065

* No of passengers
 (including driver)
(1)

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

Email: raf-ahamed@yahoo.com
 pf

fax =

VIBED

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
TOSHIBA ASIA PACIFIC PTE. LTD.



Name
RASHEED FIAZ AHAMED
Occupation
ASSISTANT MANAGER

FIN
G0414426R

Date of Application
09-02-2017
Date of Issue
21-02-2017
Date of Expiry
02-04-2018



L7654754

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **G0414426R**

RASHEED FIAZ AHAMED

Birth Date: **15 Aug 1972**
Issue Date: **05 Jul 2016**
Valid Till **04/07/2021**

002585382B

VISIT PASS
Immigration Regulations

Name
RASHEED FIAZ AHAMED



Date of Birth	Sex	Nationality
15-08-1972	M	INDIAN
FIN	Date of Issue	Date of Expiry
G0414426R	21-02-2017	02-04-2018

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE

05 Jul 2016

NP 428A





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 of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNMC2017-00000095

Plan Name: Third Party

Motorcycle plate number: FBD1507D

Your name (As the policyholder): Rasheed Fiaz Ahamed

Coverage start date: 09/07/2017

Coverage end date: 08/07/2018

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

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 drive 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.

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

Issued on: 10/05/2017

Abhishek Bhatia
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 need to be changed.