

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 14:31
Date Of Accident	29/11/2017 06:40
Exact Location Of Accident	ALONG CLEMENTI AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH4026J
Insured/Policyholder	
Name Of Registered Owner	HASRUL BIN SUHIRI
NRIC No	S8934466B
Email Address	AISAHSUPAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97847053
Alternative Phone No	OTHERS-91878659

Vehicle Particulars

Manufacturer	GILERA
Model	RUNNER ST200-198CC
Exact Purpose for which vehicle was being used at time of accident	TRAVEL TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2017-00000259
Cover Note Number	

Driver

Name of Driver	MOHAMMAD FARID FAIZAL BIN ISMAIL
NRIC No	S8018207D
Date Of Birth	29/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	03/01/2002
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97847053
Fax Number	
Contact Number	OTHERS-91878659
EEmail Address	AISAHSUPAR@GMAIL.COM

Address	BLK 316 WOODLANDS STREET 31 #04-118
Postcode	730316
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171205/2128 (TYPE OF COLLISION IS HEAD TO SIDE)

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	GZ3629Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	YOGESH KUMAR
NRIC/Passport Number	G8270094W
Contact Number	90578867
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
------	--

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name MOHAMMAD FARID FAIZAL BIN ISMAIL

Approximate Age

Injuries Sustain SERIOUS INJURIES

Injured person in which vehicle? FBH4026J

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name WAGINO

Approximate Age

Injuries Sustain SERIOUS INJURIES

Injured person in which vehicle? FBH4026J

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 lodgment 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.
- (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.

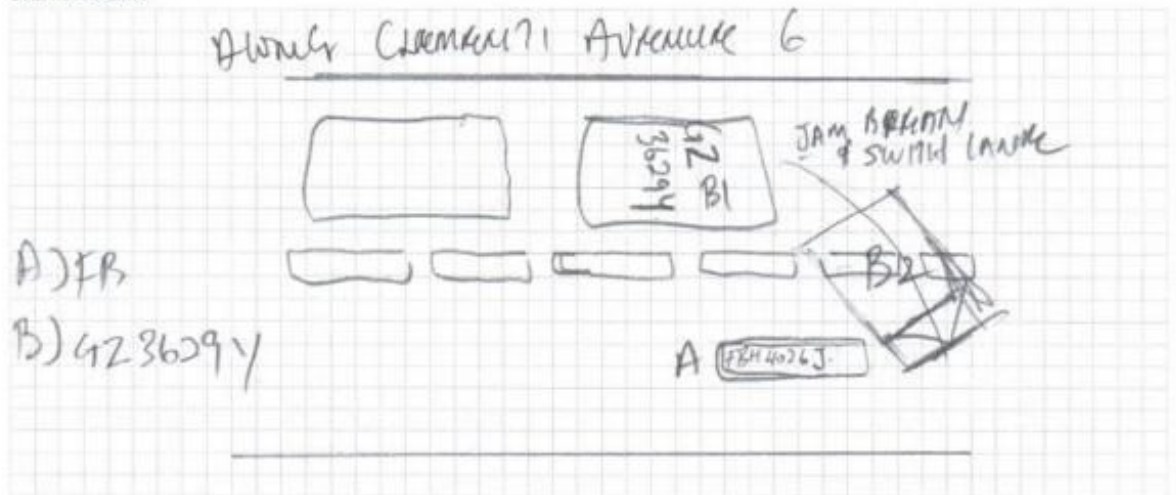
Policyholder's Signature
Date & Time: 07/12/17

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07/12/17

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20/17/205/2/28

DECLARATION

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

Policyholder's Signature
Date & Time: 07/12/17

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07/12/17

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

Copyright: Berach/Barclay x3

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171205/2128

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

Report No. T/20171205/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2017 17:56		Vide Report No.: D/20171129/0035		Station Diary No.: 44	
Informant's Particulars					
Name of Informant: MOHAMMAD FARID FAIZAL BIN ISMAIL			Address: APT BLK 316 WOODLANDS STREET 31 #04-118 SINGAPORE 730316		
ID Type / ID No.: NRIC NO / S8018207D			Contact No.: Home/Office: Mobile: 91878659		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 29/06/1980	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: PRIME MOVER DRIVER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/11/2017 06:40	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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
FBH4026J	Motorcycle					1

Details of Person Involved

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171205/2128

2 of 3

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

Report No. T/20171205/2128

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD FARID FAIZAL BIN ISMAIL		ID No. S8018207D
Related Vehicle	FBH4026J (Motorcycle)		Contact No. 91878659
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/11/2017	Date Discharge	30/11/2017
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Pillion			
Name	WAGINO		ID No. NIL
Related Vehicle	FBH4026J (Motorcycle)		Contact No. 91073224
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2017	Date Discharge	01/12/2017
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

On the 29/11/2017 at about 0640hrs, I was travelling on the right lane of a two lane road along Clementi Ave 6 and was going straight to AYE. All of a sudden, a lorry at the left lane swerved to my lane abruptly and I could not brake in time, hence I collided against the side of the lorry. After which, I lose conscious and I did not know what happened afterwards. I only felt someone tapping my face and after a few minutes, I heard the siren of ambulance and I was then conveyed to NUH together with my pillion. I suffered abrasions on my face, fracture on the bone below my right eyeball and a misaligned nose bridge. As for my pillion, I only know that he had a fractured right pinky finger. I was discharged on the 30/11/2017 and given 14 days hospitalization leave, whereas my pillion was discharged on the 01/12/2017 but I am unsure how many days MC was he given. I was then instructed by TP IO Esmond to lodge an accident report. (vide D/20171129/0035 under TP IO Esmond) I am not sure how is the damage of my motorcycle, however I had gotten my motorcycle workshop to tow back my motorcycle from TP HQ. I do not have the particulars or vehicle number of the other party.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20171205/2128

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

3 of 3

Report No. T/20171205/2128

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/

Sgt 3 GERALDINE TAN HUI JIE

Signature Of Informant:

Date/Time:

05/12/2017 17:56

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S863300200 / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MAA417161295 Vehicle Registration No: FAT 4026 J
Name (as shown in NRIC): MOHAMMAD FARIZAL BIN ISMAIL NRIC/FIN/Passport No: S80182070
☒ Vehicle Driver ☐ Vehicle Owner (*) Please delete as appropriate

Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 91877053
Email Address: _____
Date of Accident: 29/11/2017 Time of Accident: 06:40
Place of Accident: Along Clementi Avenue 6
Insurance Company: FWD Siphok

(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:

To Insure Injured Person.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Keshi W. HARRIS
NRIC/FIN No: _____
Date: 07/12/2017