

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 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	09/05/2018 18:28
Date Of Accident	09/05/2018 07:50
Exact Location Of Accident	CTE TOWARDS CITY BEFORE BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ8624P
Insured/Policyholder	
Name Of Registered Owner	KHAIRUL AKID BIN KAMARULZAMAN
NRIC No	S9245662E
Email Address	SYAFIQ.FAS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96446638
Alternative Phone No	OTHERS-97310698

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-125CC
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
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	PNMC2018-00000445
Cover Note Number	

Driver

Name of Driver	MOHAMMAD SYAFIQ BIN MOHD RADEAF
NRIC No	S9201276Z
Date Of Birth	19/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	02/04/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96446638
Fax Number	
Contact Number	OTHERS-97310698
Email Address	SYAFIQ.FAS@GMAIL.COM

Address	BLK 122 YISHUN STREET 11 #10-481
Postcode	760122
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180509/2014

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF4691Z
Vehicle Make/Model/Colour	NISSAN NV200
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD FATHURRAZI BIN ADNAN
NRIC/Passport Number	S9029651E
Contact Number	90230449
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJR3894D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAMMAD SYAFIQ BIN MOHD RADEAF

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FZ8624P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN


IMPORTANT NOTICE

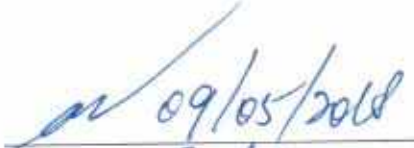
1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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7. By the lodgment of this report 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:

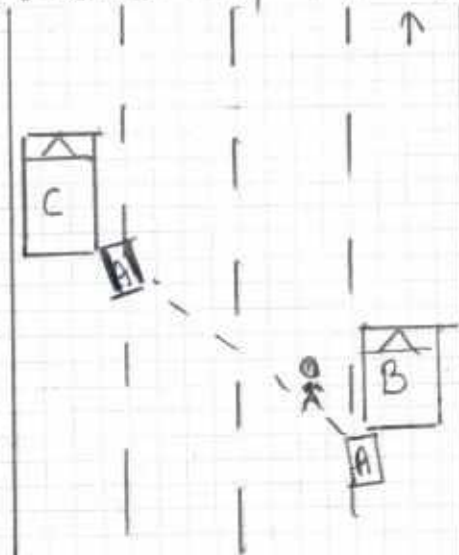
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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


Reporting Centre Personnel's Signature
Name: **Resh**
NRIC/FIN No. **201101010101**

CTR TOWARD CITY B/F B1 TIMAH EXIT



B) SJR 3894D

c) GBF4691Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT
T/20180509/2014

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



Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

09/05/2018

Centre Personnel's Signature
Rishi Wadhwa



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2018 09:39		Vide Report No.:		Station Diary No.: 84	
Informant's Particulars					
Name of Informant: MOHAMMAD SYAFIQ BIN MOHD RADEAF			Address: APT BLK 122 YISHUN STREET 11 #10-481 SINGAPORE 760122		
ID Type / ID No.: NRIC NO / S9201276Z			Contact No.: Home/Office: Mobile: 97310698		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 19/01/1992	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: dispatch rider			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/05/2018 07:45	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY ALONG CTE TOWARDS CTE BEFORE BT TIMAH EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ8624P	Motorcycle	HONDA	WAVE	Blue	Totally Damaged	0
GBF4691Z	Van	NISSAN	NV 200	Grey	Slightly Damaged	0

Details of Person Involved

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



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20180509/2014

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD SYAFIQ BIN MOHD RADEAF	ID No.	S9201276Z
Related Vehicle	FZ8624P (Motorcycle)	Contact No.	97310698
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	MUHAMMAD FATHURRAZI BIN ADNAN	ID No.	S9029651E
Related Vehicle	GBF4691Z (Van)	Contact No.	90230449
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	NIL	Degree of Injury	NIL

Brief Details.

On 9/5/2018 at about 0745hrs, I was travelling on the most right lane along CTE towards city. I noticed there was a motorbike on the second lane next time mine honking the car(VRN: SJR3894D) in front of me. At one point, the driver of the car ahead of me did a sudden brake. I swerved to my left but to avoid collision. However, I was thrown forward and my motorcycle skidded. Subsequently it hit a vehicle VRN GBF4691Z on the forth lane. The driver did not stop and left.

The left side of my vehicle VRN FZ8624P was badly damaged. The headlight cracked and the left side of the body was dislodged. The vehicle GBF4691Z had scratches and dented on the driver and passenger car door.

I've yet to seek medical treatment however I felt pain on the left side of my body. I have abrasion on my right palm, cuts on my right arm and my right leg.

There is an inbuilt camera in the vehicle GBF4691Z and my witness's vehicle SLE8756G. The incident was recorded on both their in built camera.



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 3

Report No. T/20180509/2014

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:

E /

Staff Sgt NUR AMIRAH BINTE ABDULLAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/05/2018 09:39

Officer In Charge Of Case:

TP / HRT /

→ Sr Staff Sgt ESTHER CHONG

→ Contact No.: 65476368

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (09 / 05 / 2018) (DD/MM/YYYY), TIME: (7 : 50) (HH:MM)

LOCATION: Towards CTE before bulit timah exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FZ 8624D
b) INSURANCE COMPANY: FWD
c) POLICY NUMBER: PNMC018-00000445
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda wave
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private use
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: Muhammad Syafiq Bin Mohd Radeef (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9201276Z CONTACT: 9731 0698
c) ADDRESS: Blk 122 Yishun St 11 #10-401 Singapore 760122

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KHAIRUL AID BIN KAMARUZAMAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9245162E CONTACT: 9644 6638
c) ADDRESS: 639 Yishun Street 61 #01-162 Singapore 760639

* d) DATE OF BIRTH: (04 / 12 / 1992) (DD/MM/YYYY) 19 / 01 / 1992

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02 April 2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friend

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Kampung Jawa NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STR 3894D MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: GBF 4691Z MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email = Syafiq.Fas@gmail.com

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9201276Z



Name

MOHAMMAD SYAFIQ BIN MOHD
RADEAF

Race

MALAY

Date of birth

19-01-1992

Sex

M

Country of birth

SINGAPORE

S9201276Z

3995284



NRIC No. S9201276Z

Date of issue

29-01-2007

Address

APT BLK 122 YISHUN STREET 11
#10-481
SINGAPORE 760122

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

Licence Number: **S9201276Z**
Name: **MOHAMMAD SYAFIQ BIN MOHD RADEAF**
Birth Date: **19 Jan 1992**
Issue Date: **02 Apr 2015**

002412522E

SG 50

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

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE
02 Apr 2015

NP 428A

Licence No: S9201276Z



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: PNMC2018-00000445

Plan Name: Third Party

Motorcycle plate number: FZ8624P

Your name (As the policyholder): Khairul Akid Bin Kamarulzaman

Coverage start date: 01/02/2018

Coverage end date: 31/01/2019

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

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: 15/02/2018

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.

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 : MA418060687 Vehicle Registration No: FZ 8624P
Name (as shown in NRIC) MOHAMMAD SYAFIQ BIN MOHD RAUF NRIC/FIN/Passport No : 89201276Z
☒ Vehicle Driver ☐ Vehicle Owner (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97310698
Email Address : _____
Date of Accident : 09/05/2018 Time of Accident : 07:50
Place of Accident : CRK TOWARDS CITY BLF BT TMAH Exit
Insurance Company : FWD

(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:

Insured Vehicle Number To FZ 8624P

Policyholder / Driver's Signature
Date:

 11/05/2018
Reporting Centre Personnel's Signature
Name: Paul WATSON
NRIC/FIN No.:
Date: