

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	30/05/2018 11:24
Date Of Accident	29/05/2018 11:40
Exact Location Of Accident	HAVELOCK ROAD TURNING LEFT INTO NEW MARKET ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT4601M
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RAFIUDDIN BIN ABDUL WAHAB
NRIC No	S9720924C
Email Address	RAFIUDDINWAHAB04@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98514531
Alternative Phone No	OTHERS-98514531

Vehicle Particulars

Manufacturer	KAWASAKI
Model	KRR ZX150-148CC (M)
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	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	PNMC2018-00001917
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RAFIUDDIN BIN ABDUL WAHAB
NRIC No	S9720924C
Date Of Birth	22/06/1997
Occupation	OUTDOOR
Date Of Driving Pass	04/02/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98514531
Fax Number	
Contact Number	OTHERS-98514531
Email Address	RAFIUDDINWAHAB04@GMAIL.COM

Address	BLK 48 LOWER DELTA ROAD #07-15
Postcode	160048
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
Number of vehicles involved in the accident	2
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	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180529/2096

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	FBH5629M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	GOH JIE WEI , JEREMY
NRIC/Passport Number	S98906471
Contact Number	88264338
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD RAFIUDDIN BIN ABDUL WAHAB
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FT4601M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

IMPORTANT NOTICE


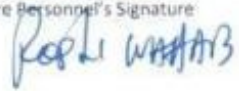
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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. 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.

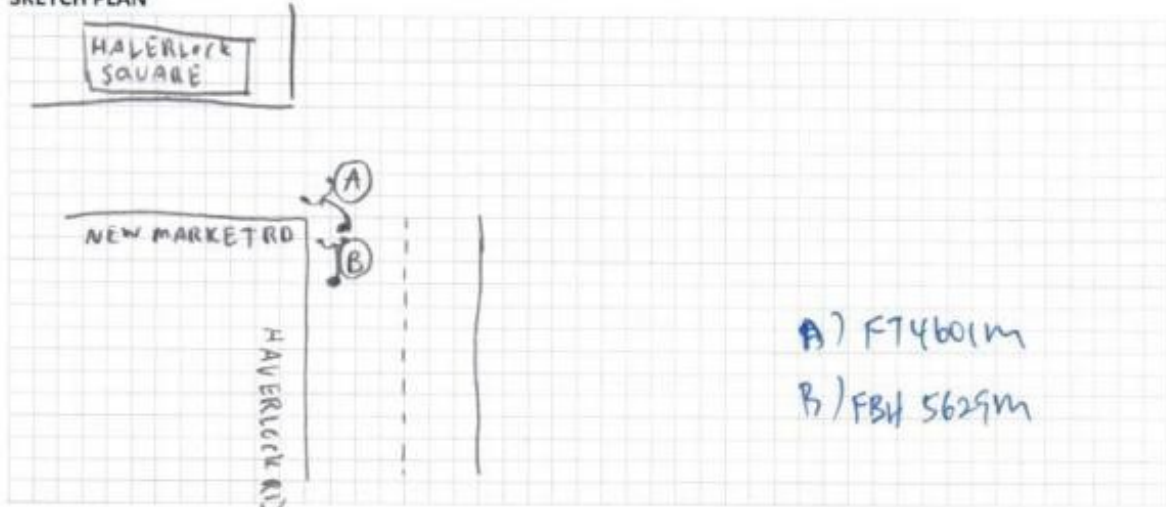

Policyholder's Signature
Date & Time: 30 May 2018

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

 30/5/2018
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS Refer to Police Report
7/20180529/2096*

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 30 May 2018

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

[Signature] 30/05/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.: *[Signature]*

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180529/2096

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

1 of 3

Report No. T/20180529/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/05/2018 20:22		Vide Report No.:		Station Diary No.: 55	
Informant's Particulars					
Name of Informant: MUHAMMAD RAFIUDDIN BIN ABDUL WAHAB			Address: APT BLK 48 LOWER DELTA ROAD #07-15 SINGAPORE 160048		
ID Type / ID No.: NRIC NO / S9720924C			Contact No.: Home/Office: Mobile: 98514531		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 20	Date of Birth: 22/06/1997	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Dispatch Rider			Driving Licence Information: Class: 2B,2A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/05/2018 11:40	Type of Location: Straight Road
Location: Along Road 1 HAVELOCK ROAD NEW MARKET ROAD Havelock Road turning left into new market road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
FBH5629M	Motorcycle				Slightly Damaged	0
FT4601M	Motorcycle	KAWASAKI	KRR-ZX150	Green	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT4601M	FWD Singapore Pte. Ltd	PNMC2018-00001917	16/05/2018	15/05/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180529/2096

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

2 of 3

Report No. T/20180529/2096

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Goh Jia Wei , Jeremy	ID No.	S98906471
Related Vehicle	FBH5629M (Motorcycle)	Contact No.	88264338
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Rider			
Name	MUHAMMAD RAFIUDDIN BIN ABDUL WAHAB	ID No.	S9720924C
Related Vehicle	FT4601M (Motorcycle)	Contact No.	98514531
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the 29/05/2018 at about 1140hrs I was travelling along Havelock rd turning left into new market road with my vehicle bearing plate number FT4601M I had made a check and had signaled before turning left when another motorcycle FBH5629M had collided into the rear of my vehicle.

The said rider then fell from his bike and suffered some injuries such as abrasion on the left knee and he complained of pain on his wrist whilst myself I suffered some pain and swollen on my left thigh. I assisted to move the other rider's vehicle and exchanged particulars. No government property damage, no police attended to us and no one was conveyed via ambulance.

For my vehicle the rear seat cracked upon whilst the other rider left side part of the vehicle had some scratches. I am lodging this report for insurance claims.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180529/2096

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

3 of 3

Report No. T/20180529/2096

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 /
Sgt 2 MUHAMMAD KHAIRUDIN BIN KASSIM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/05/2018 20:22

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 069

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

