

## 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 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 Report	10/12/2018 19:53
Date Of Accident	11/07/2018 07:30
Exact Location Of Accident	ALONG PUNGGOL RD NEAR TO LRT TRACK PUNGGOL FIELD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL3293P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RASMAN BIN SEMAWI
NRIC No	S1817904J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94594416
Alternative Phone No	Office-94594416

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNMC2017-00000882-01
Cover Note Number	

### Driver

Name of Driver	ZUHRI BIN JUMAIN
NRIC No	S8905377C
Date Of Birth	11/02/1989
Occupation	INDOOR
Date Of Driving Pass	06/06/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94594416

Fax Number	
Contact Number	
E-Mail Address	ZIX_16@HOTMAIL.COM
Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

**General Information of the Accident**

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

**Other Information**

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	Name: : Nur Hanisah Binte Mohamed Noor Gender: : Female

**Details of Police Action**

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	ANG MO KIO POLICE DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

REFER TO POLICE REPORT - F/20180724/7032 LODGED AT ANG MO KIO POLICE DIVISION HQ. ACCIDENT HAPPENED AT AROUND 7.30AM WHILE ON THE WAY TO SEND MY WIFE TO WORK. I WAS RIDING ON THE THIRD LANE TOWARD PUNGGOL ROAD AND THE TRAFFIC LIGHT WAS IN MY FAVOUR. I AM AWARE THAT FEW CARS WERE STOPPING / QUEUEING TO TURN RIGHT TO PUNGGOL FIELD ON THE OPPOSITE DIRECTION. AS I GOT NEARER TO THE TRAFFIC LIGHT, I SLOWED DOWN AND SWITCHED THE HIGH BEAM ON AND OFF A FEW TIMES AS TO "INFORM" THE CARS THAT I AM APPROACHING AND OF MY INTENTION OF GOING STRAIGHT. SURPRISINGLY, A CAR JUST TURNED RIGHT AND I HIT THE LEFT SIDE OF THE CAR. I SAW MY WIFE FLUNG AND I FELL FROM THE MOTORCYCLE AND UNABLE TO MOVE UNTIL HELP ARRIVED.

**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	UNKNOWN
Vehicle Make/Model/Colour	UNKNOWN

## Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN DRIVER

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

## DETAILS OF INJURED PERSON 1

Name

ZUHRI BIN JUMAIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBL3293P

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

## DETAILS OF INJURED PERSON 2

Name

NUR HANISAH BINTE MOHAMED NOOR

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBL3293P

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

## Sketch Plan

## SKETCH PLAN

## IMPORTANT NOTICE

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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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER

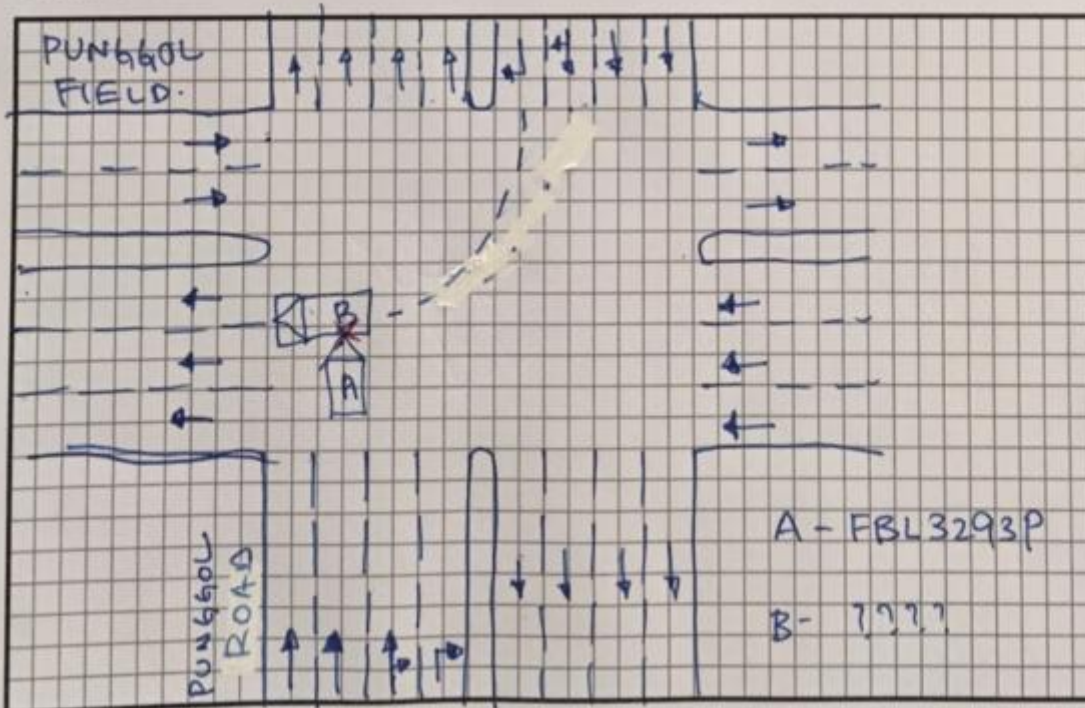
Mohammad Azaly Bin Abdullah

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

## Sketch Plan



## Police Report



**SINGAPORE  
POLICE FORCE**



F/20180724/7032

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20180724/7032

Police Station Of Origin  
Ang Mo Kio Police Divisional HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 24/07/2018 14:50	Vide Report No.	Station Diary No.
Name Of Informant ZUHRI BIN JUMAIN	Address APT BLK 82 BEDOK NORTH ROAD #14-310 SINGAPORE 460082	
ID Type / ID No. NRIC NO / S8905377C	Contact No. Home/Office:	Mobile: 94594416
Nationality SINGAPORE CITIZEN	Email Address zix_16@hotmail.com	
Occupation Assistant electronics engineer	Sex Male	Age 29
Institution/School Name	Date of Birth 11/02/1989	Race Javanese
Date/Time Of Incident 11/07/2018 07:30 - 11/07/2018 07:30	Location Of Incident PUNGGOL FIELD	

**Brief details.**

Accident happened at around 7.30am while on the way to send my wife to work. I was riding on the third lane towards Punggol road and the traffic light was in my favour. I am aware that few cars were stopping / queueing to turn right to Punggol field on the opposite direction. As I got nearer to the traffic light, I slowed down and switched the high beam on and off a few times as to "inform" the cars that I am approaching and of my intention of going straight. Surprisingly, a car just turned right and I hit the left side of the car. I saw my wife flung and I fell from the motorcycle and unable to move until help arrived.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/07/2018 14:50
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

**Police Report**





F/20180724/7032

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180724/7032

Subjects Involved			
<b>Victim</b>			
Person Name	ZUHRI BIN JUMAIN		
ID Type	NRIC NO	ID No	S8905377C
Gender	Male	Age	29
Race	Javanese	Language	English
Occupation	Assistant electronics engineer		
Address	APT BLK 82 BEDOK NORTH ROAD #14-310 SINGAPORE 460082		Mobile No
Is Informant A Victim?	Yes		
<b>Informant</b>			
Person Name	Nur Hanisah Binte Mohamed Noor		
ID Type	NRIC NO	ID No	S9118752C
Gender	Female	Age	27
Race	Malay	Language	English
Occupation	Dental nurse	Address	487B Tampines Street 45 #05-133 SINGAPORE 521487
Mobile No	82222455	Relation To Informant	Spouse
<b>Other Informant</b>			
Person Name	ZUHRI BIN JUMAIN (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	24/07/2018 14:50
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

**Accident Photo**





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



**Accident Photo**





Accident Photo





**Accident Photo**



Accident Photo



Identification Card





Identification Card



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: S66SS0020G / 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 : MBHH18159616 Vehicle Registration No: FBL3293P

Name(as shownin NRIC) : ZUHRI BIN JUMAIN NRIC/FIN/Passport No : S8905377C

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No.: 94594416

Email Address : zix\_16@hotmail.com

Date of Accident : 11/07/2018 Time of Accident : 07:30 HRS

Place of Accident : ALONG PUNGGOL RD NEAR TO LRT TRACK PUNGGOL field

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:

ATTACHED PICS.

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Elizabeth  
NRIC/FIN No.:  
Date: 27/12/2018