





## 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	19/10/2018 17:16
Date Of Accident	18/10/2018 22:20
Exact Location Of Accident	KANG CHING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBD840Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NIZAMUDDIN BIN SHAH MOHAMED
NRIC No	S9034773Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93823975
Alternative Phone No	OTHERS-93823975
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	-
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
<b>Insurance Company</b>	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2018-00004235
Cover Note Number	
<b>Driver</b>	
Name of Driver	NIZAMUDDIN BIN SHAH MOHAMED
NRIC No	S9034773Z
Date Of Birth	23/09/1990
Occupation	INDOOR
Date Of Driving Pass	12/03/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93823975
Fax Number	
Contact Number	OTHERS-93823975
Email Address	NOEMAIL

Address	BLK 182 YUNG SHENG ROAD #06-51
Postcode	610182
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	SIDE SWIPE
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	JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : J/20181019/7018

#### 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	SHB4341J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	FOO KHEE MENG
NRIC/Passport Number	S1176283B
Contact Number	96916363
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	NIZAMUDDIN BIN SHAH MOHAMED
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBD840Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	



## 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:

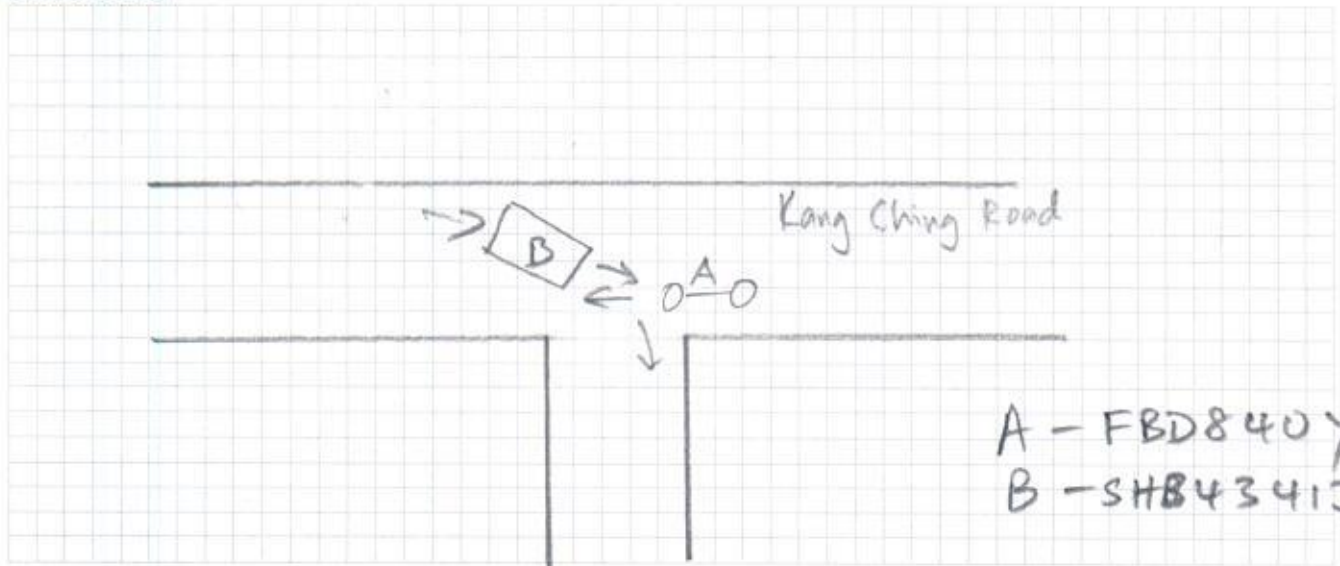
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

  
19/10/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


pls Refer to the Police Report  
5/2018/019/17018

## DECLARATION

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

  
Policyholder's Signature  
Date & Time:

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

 19/10/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



J/20181019/7018

1 of 2

## POLICE REPORT (NP299)

Report No. J/20181019/7018

Police Station Of Origin  
Jurong Police Divisional HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 19/10/2018 13:08	Vide Report No.	Station Diary No.
Name Of Informant NIZAMUDDIN BIN SHAH MOHAMED	Address APT BLK 182 YUNG SHENG ROAD #06-51 SINGAPORE 610182	
ID Type / ID No. NRIC NO / S9034773Z	Contact No. Home/Office:	Mobile: 93823975
Nationality SINGAPORE CITIZEN	Email Address nizam_09@hotmail.com	
Occupation Other transport operations supervisors	Sex Male	Age 28
Institution/School Name	Date of Birth 23/09/1990	Race Pakistani
Date/Time Of Incident 18/10/2018 22:20 - 18/10/2018 22:20	Location Of Incident - KANG CHING ROAD - SINGAPORE 610354	

### Brief details.

I was riding my motorcycle FBD840Y along Kang Ching Road towards Yuan Ching Road at about 1020pm on 18October2018. The road was dry and the traffic was clear. When I was nearing Block 345-355 Carpark Entrance, a Comfort Delgro Taxi SHB4341J which was from the opposite direction suddenly turn in to the Carpark entrance. I swerved to my left to avoid colliding onto the taxi and lost control of my motorcycle. I ended up falling forward on the pavement near the zebra crossing ahead and my motorcycle hit my lower back as soon as I came into contact to the ground. The taxi driver did not render any assistance to me. He proceed to alight his passenger and turn back out to tell me that He was not at

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: 19/10/2018 13:08
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20181019/7018

fault. This was when we exchanged particulars. There were 3 to 4 passer by who came and assisted me. The particulars of the Taxi Driver are as follows; Name: FOO KEE MENG, NRIC No:S1176283B.

I went to Ng Teng Fong General Hospital at about 1230am on 19Oct2018 to seek treatment to the injuries sustained. I suffered some abrasions on my right and left hands and injured my tail bone. I have difficulty walking and lifting myself up from sitting to standing and vice versa. I was given 3 days Medical Leave from 19Oct2018-21Oct2018.

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	NIZAMUDDIN BIN SHAH MOHAMED		
ID Type	NRIC NO	ID No	S9034773Z
Gender	Male	Age	28
Race	Pakistani	Language	English
Occupation	Other transport operations supervisors	Address Type	
Address	APT BLK 182 YUNG SHENG ROAD #06-51 SINGAPORE 610182	Mobile No	93823975
Is Informant A Victim?	Yes		
Person Name	NIZAMUDDIN BIN SHAH MOHAMED (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:  
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
19/10/2018 13:08

Classification Of Case:



Reported on 19/10/2018 @ 1630 HRS.

## ACCIDENT STATEMENT

ACCIDENT DATE: 18/10/2018 (DD/MM/YYYY), TIME: 22:20 (HH:MM)

LOCATION: Kang Ching Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD 8404  
b) INSURANCE COMPANY:  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL:  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME:  
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: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 93823975  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 93823975  
c) ADDRESS:

\* d) DATE OF BIRTH: (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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

IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHB 4341J MODEL:  
b) DRIVER'S NAME: FOO KHEE MENG  
c) NRIC/FIN/PASSPORT: 91176283B CONTACT: 96916363

### 9. THIRD PARTY VEHICLE

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

No of passenger  
(including driver)  
(1)

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

email =

fax =

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9034773Z



Name  
NIZAMUDDIN BIN SHAH  
MOHAMED  
نظامالدين بن شاه محمد

Race  
PAKISTANI

Date of birth  
23-09-1990

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9034773Z

Name  
NIZAMUDDIN BIN SHAH  
MOHAMED

Birth Date 23 Sep 1990

Issue Date 31 Jul 2009

001769237E

3776961



NRIC No S9034773Z



Date of issue  
04-10-2005

BLK 182 YUNG SHENG ROAD #06-51  
SINGAPORE 610182

NRIC No: S9034773Z Date: 31/05/2008 No: 6006681

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid Until
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	12 Mar 2014
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	11 Mar 2014
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	31 Jul 2009
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	16 Mar 2012

S / No. 9000260753

Licence No: S9034773Z

HP 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: PNMC2018-00004235**

Plan Name: Third Party

Motorcycle plate number: FBD840Y

Your name (As the policyholder): Nizamuddin Bin Shah Mohamed

Coverage start date: 16/10/2018

Coverage end date: 15/10/2019

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.

Finance company: N.A.

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

Issued on: 28/09/2018

**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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.