#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	17/01/2019 15:41
Date Of Accident	15/01/2019 20:00
Exact Location Of Accident	ALONG DUNEARN ROAD NEAR TAN KAH KEE MRT STATION
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBA3527Z
Insured/Policyholder	
Name Of Registered Owner	MAISARAH BINTE AHMAD ZAINI
Co Reg No	_
Email Address	MTBMH@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-93557627
Alternative Phone No	OFFICE-93557627
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SPARK-135CC
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	PNMC2018-00005246
Cover Note Number	
Driver	
Name of Driver	MOHAMED TAUFIQ BIN MOHAMED HAIRI
NRIC No	S8938070G
D-4- Of Distle	00/40/4000

 NRIC No
 \$89380706

 Date Of Birth
 29/10/1989

 Occupation
 OUTDOOR

 Date Of Driving Pass
 06/10/2008

Driving Experience 10 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93557627

Fax Number

Contact Number OFFICE-93557627

EMail Address MTBMH@OUTLOOK.COM

Address BLK 246 BANGKIT ROAD

#02-286

Postcode 670246

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - NEIGHBOUR

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?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

YES

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

\_\_\_\_

Police Station Address

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

If Yes, against whom?

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

QUEENSTOWN N.P.C

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190117/2077

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 GW5647Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

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#### **DETAILS OF INJURED PERSON 1**

Name MOHAMED TAUFIQ BIN MOHAMED HAIRI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBA3527Z

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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 Pers

NRIC/FIN No.

#### **Accident Sketch Plan**

SKETCH PLAN	Along	DUNEARN	loto	NEAR	Thu	KOU	KEE	ML7	STATUTA
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DECLARATION I/We declare the fo	regoing particulars	are true in every respec	et.		سية		rloil	2019	
Policyholder's Signat Date & Time:	ture	Driver's Signature (If driver is not the poli Date & Time:	cyholder)		Reportin Name: NRIC/FIN			's Signature	

#### **POLICE REPORT**





1 of 3

Report No. T/20190117/2077

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

REPORT O	F A TRAFFIC	ACCIDENT			
Date/Time Report Made: 17/01/2019 12:55			Vide Report No.: E/20190115/0124	Station Diary No.: 25	
Informa	nt's Particu	lars			
Name of	Informant:	BIN MOHAMED	Address: APT BLK 246 BANGKI	T ROAD #02-286 SINGAPORE 670246	
ID Type / ID No.: NRIC NO / S8938070G		Contact No.: Home/Office:	Mobile: 93557627		
National			Email:		
Sex: Male	Age:	Date of Birth: 29/10/1989	Type of Informant: Rider		
Race: Malay		Language:	Institution / School Name:		
Occupation: SAILOR		Driving Licence Inform Class: 2B,2A,2	ation: Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 15/01/2019 14:30	Type of Location Straight Road
Weather:	rn Road near Tan Kah Kee	MRT station Road Surface: Dry		Road Speed Limit:
Clear Traffic Flow: One Way	-	Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis	sion: ving Vehicles - Head To Side			Anyone conveyed by ambulance:

Details of V	ehicle Involve	d	THE PARTY OF THE P	STATE OF THE REAL PROPERTY.		I CONTRACTOR OF THE PARTY OF TH
Vehicle No.	A PROGRAMMENT OF THE PARTY OF T	Make	Model	Color	Condition	No of Passenger
FBA3527Z	Motorcycle					0

Details of Person Involved	
Any Pedestrian Involved: No	- 1
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

#### POLICE REPORT





2 of 3

Report No. T/20190117/2077

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Rider		THE RESERVE	- MOSAL - NOV	Market Company		
Name	MOHAMED TAUFIQ BIN MOHAMED HAIRI			ID No	*	S8938070G
Related Vehicle	FBA3527Z (Motorcycle)			Conta	ct No.	93557627
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licend Expiry	g	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	15/01/2019 Date D			charge	16/01	/2019
No. of Days granted Medical Leave 16			Degree o	of Injury	NIL	

#### Brief Details.

On the 15/01/2018 at about 1430hrs to 1445hrs I was riding on my motorcycle with reg. number FBA3527Z on the second lane of the three lane road along Dunearn Road. There was also a lorry on the third lane of the same road. When I was travelling outside of Tan Kah Kee MRT, the lorry swerved into my lane and I could not stop in time and therefore collided onto the right side of the lorry. A few moments later, there were some SOC officers who came forward and assisted me in getting the CCTV numbers from the SMRT staff. The cameras are as follows:

Location: Tan Kah Kee MRT exit B Camera: Cam G64, G50, G49

I was then conveyed to Tan Tock Seng hospital by ambulance and I did not manage to take the particulars or photos of the scene and the other party.

#### POLICE REPORT





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999 3 of 3 Report No. T/20190117/2077

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: D / Sgt 3 KWONG KAI LI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2019 12:55
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437	Classification Of Case:
Authentication Stamp	<u> </u>
> GWATURE	















































