

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	08/11/2019 17:13
Date Of Accident	13/04/2019 09:20
Exact Location Of Accident	ALG WOODLAND STREET 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA5324D
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SYADIQIN BIN ZULKEFLI
NRIC No	S9730513G
Email Address	QINZLKFLI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84989240
Alternative Phone No	OFFICE-84989240

Vehicle Particulars

Manufacturer	YAMAHA
Model	TW200
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	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	PNMC2019-00000816
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SYADIQIN BIN ZULKEFLI
NRIC No	S9730513G
Date Of Birth	12/09/1997
Occupation	INDOOR
Date Of Driving Pass	15/09/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84989240
Fax Number	
Contact Number	OFFICE-84989240
Email Address	QINZLKFLI@GMAIL.COM

Address	NA
Postcode	
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 (including own vehicle) 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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I was riding straight on the extreme left lane. Veh b wanted to filter left, but the filter lane was on construction. Veh b suddenly knock against my rear. I lose control and fell off my bike, i suffer minor abrasion and damages to my bike

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	SHD4302L
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Vehicle Category	TAXI
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	MUHAMMAD SYADIQIN BIN ZULKEFLI
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBA5324D

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan

SKETCH PLAN

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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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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

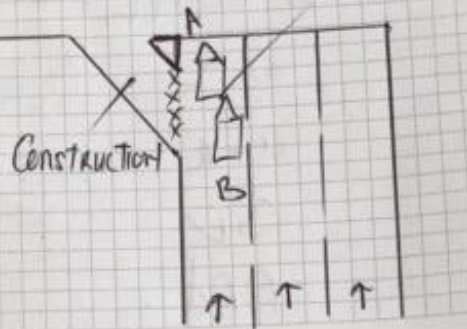
Sketch Plan #2

SKETCH PLAN

A-FBAS324D

B-SHD4302L

Woodland ST 4.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Di

Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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

Sketch Plan #3

ACCIDENT STATEMENT (2000 characters)

I was riding straight on the extreme left lane. Veh b wanted to filter left, but the filter lane was on construction. Veh b suddenly knock against my rear. I lose control and fell off my bike, i suffer minor abrasion and damages to my bike

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

8 November 2019 at 3:14 PM

Date/Time:

8 November 2019 at 3:14 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE **DRIVING LICENCE**


Licence Number: **S9730513G**
Name: **MUHAMMAD SYADIQIN BIN ZULKEFLI**

Birth Date: **12 Sep 1997**
Issue Date: **15 Sep 2016**



 002609878D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9730513G






Name: **MUHAMMAD SYADIQIN BIN ZULKEFLI**

Race: **MALAY**

Date of birth: **12-09-1997** Sex: **M**

Country of birth: **SINGAPORE**



Driving License

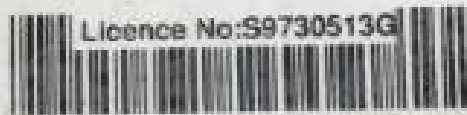
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles \leq 200 cc

15 Sep 2016

NP 428A



Licence No: S9730513G



NRIC No. S9730513G



Date of Issue

18-05-2012

Address

APT BLK 456 TAMPINES STREET 42
#12-284
SINGAPORE 520456