

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	02/07/2019 17:47
Date Of Accident	30/06/2019 00:30
Exact Location Of Accident	TAMPINES AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG2555S
Insured/Policyholder	
Name Of Registered Owner	MOHAMMED FAIZAL BIN ADNAN
NRIC No	S8504978Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87497058
Alternative Phone No	OFFICE-87497058

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R1
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	PNMC2017-00001602-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HAIDI ' AKIFF BIN MUSTAFFA
NRIC No	S9242316F
Date Of Birth	17/11/1992
Occupation	INDOOR
Date Of Driving Pass	09/03/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92265496
Fax Number	
Contact Number	OFFICE-92265496
Email Address	NOEMAIL

Address	BLK 308 TAMPINES STREET 32 #12-108
Postcode	520308
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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: : MOHAMMAD KASYFUL AZZEEM BIN MOHD YUSOFF GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190701/2152.

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	SHC2381B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHIANG KOK HOONG
NRIC/Passport Number	S1657510J
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD HAIDI ' AKIFF BIN MUSTAFFA
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? FBG2555S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MOHAMMAD KASYFUL AZZEEM BIN MOHD YUSOFF
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? FBG2555S
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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- 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 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

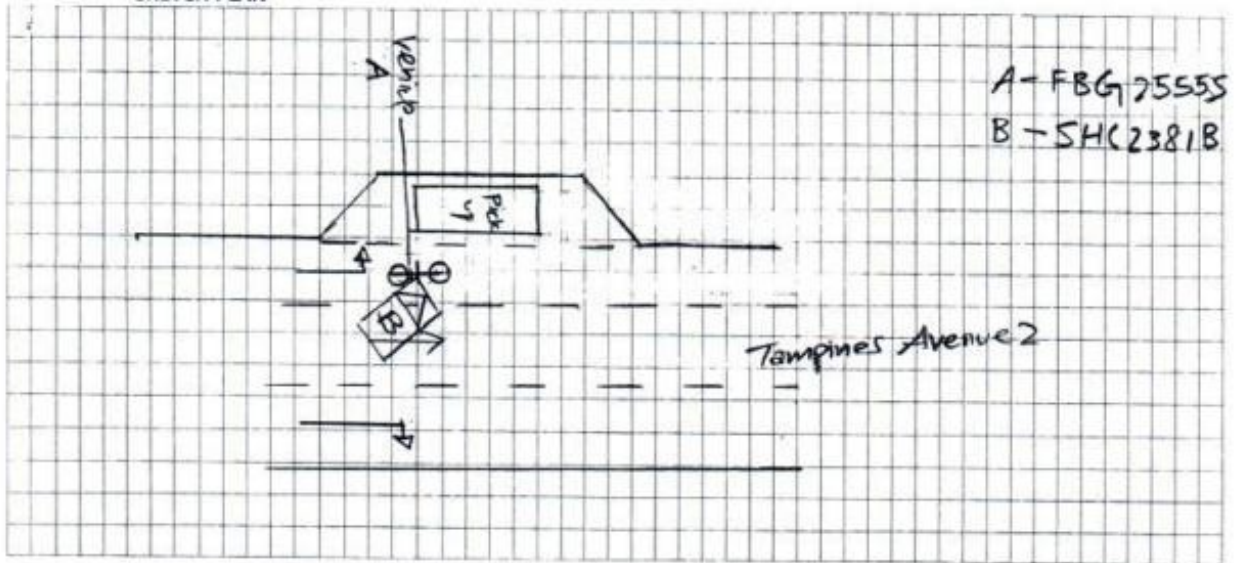
Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190701/2152

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20190701/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2019 17:49	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD HAIDI ' AKIFF BIN MUSTAFA	Address: APT BLK 308 TAMPINES STREET 32 #12-108 SINGAPORE 520308
ID Type / ID No.: NRIC NO / S9242316F	Contact No.: Home/Office: Mobile: 92265496
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 26 Date of Birth: 17/11/1992	Type of Informant: Rider
Race: Malay	Language: Institution / School Name:
Occupation: OTHERS	Driving Licence Information: Class: 2B Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/06/2019 00:30	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG2555S	Motorcycle				Seriously Damaged	1
SHC2381B	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

Police Report



**SINGAPORE
POLICE FORCE**



T/20190701/2152

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Report No. T/20190701/2152

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Pillion			
Name	MOHAMMAD KASYFUL AZZEEM BIN MOHD YUSOFF		ID No. T0132033A
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	30/06/2019	Date Discharge	30/06/2019
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Rider			
Name	MUHAMMAD HAIDI ' AKIFF BIN MUSTAFFA		ID No. S9242316F
Related Vehicle	NIL		Contact No. 92265496
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL
Date Treatment	30/06/2019	Date Discharge	01/07/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	CHIANG KOK HOONG		ID No. S1657510J
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION,

I WAS RIDING MY BIKE WITH MY PILLION ON THE EXTREME LEFT. THE TAXI WAS ON THE MIDDLE LANE.
I WAS GOING TWDS AVE 7.

THE TAXI SIGNALLED LAST MINUTE AND SUDDENLY MOVED TOWARDS MY DIRECTION QUICKLY TO PICK UP A CUSTOMER ON THE LEFT LANE.

THE TAXI COLLIDED ON MY BIKE AND MY PILLION AND I FELL OFF FROM MY VEHICLE .

Police Report



**SINGAPORE
POLICE FORCE**



T/20190701/2152

3 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190701/2152

CONTINUATION OF REPORT

I SUSTAINED INJURY AND WAS BROUGHT OVER TO THE HOSPITAL.

THATS ALL

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20190701/2152

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Report No. T/20190701/2152

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: TP / YOGENDRAN S/O RAJASAKARAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/07/2019 17:49
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MA JUNXIANG Contact No.: 65476251	Classification Of Case:  SINGAPORE POLICE FORCE
Authentication Stamp NP168	Signature: 

Accident Photo



Accident Photo



Accident Photo



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