#### 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.

	ACCIDENT STATEMENT
Date Of Report	09/07/2019 09:38
Date Of Accident	01/07/2019 15:15
Exact Location Of Accident	BLK 127 BUKIT MERAH LANE 1 (MOTORCYCLE LOT NO : 6)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBP7609R
Insured/Policyholder	
Name Of Registered Owner	ISMAIL BIN ALI
NRIC No	S1189379A
Email Address	ALIWAAYNE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93703098
Alternative Phone No	OTHERS-91819994
Vehicle Particulars	
Manufacturer	YAMAHA
Model	XMAX 400
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	PNMC2019-00002763
Cover Note Number	
Driver	

Name of Driver MUHAMMAD ALI BIN SUHAIL AHMAD BASHEER WAAYNE

NRIC No S9344814F
Date Of Birth 02/12/1993
Occupation INDOOR
Date Of Driving Pass 19/07/2016

Driving Experience 2 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93703098

Fax Number

Contact Number OTHERS-91819994

EMail Address ALIWAAYNE@GMAIL.COM

BLK 930 TAMPINES STREET 91 Address

#04-469

Postcode 520930

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - SON IN LAW

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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?

NO

Was any injured conveyed to hospital by

NO

ambulance? 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)

0

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT T/20190702/2005

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GBF5371R Vehicle Make/Model/Colour **TOYOTA** 

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Page 2 of 30

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

#### 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. 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:

- 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)
  - (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.
- 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: 08 | 07 | 20 19

NRIC/FIN No

# Accident Sketch Plan

ETCH PLAN			
V	MKNOWN	PAKER	VIDEO PARIC
SCRIBE CIRCUMSTANCES C		2.00	
RAFFIL %	Pallen	Rupers	7/20196702/2005
			1
			)
		_/_	
ECLARATION We declare the foregoing particu	ars are true in every rest	pect.	/
	AMum	Q.	al platas
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the p		Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

#### **POLICE REPORT**





Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

1 of 3 Report No. T/20190702/2005

REPORT	OF A TRAFFIC	CACCIDENT		
Date/Time Report Made: 02/07/2019 02:07			Vide Report No.;	Station Diary No.: 9
Informa	nt's Partic	ulars		
MUHAM AHMAD ID Type NRIC N National	BASHEER / ID No.: O / S93448	IN SUHAIL WAAYNE	Address: APT BLK 930 TAMPINES STI 520930 Contact No.: Home/Office: Email:	REET 91 #04-469 SINGAPORE Mobile: 91819994
Sex: Male	Age:	Date of Birth: 02/12/1993	Type of Informant:	
Race: Malay-Pakistani		0271271000	Language: English	Institution / School Name:
Occupation:			Driving Licence Information:	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/07/2019 15:15	Type of Location: Car Park	
STREET, SQUARE STREET, SQUARE,	t Merah Lane 1, Motore	cycle lot no. 6		Road Speed Limit:	
Weather: Clear		Dry		Road Speed Limit.	
Traffic Flow: Traff		Traffic Control:		Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBP7609R	Motorcycle	YAMAHA		Blue	Slightly Damaged	0
GBF5371R	Lorry	TOYOTA		Silver	7.0000000000000000000000000000000000000	0

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

#### POLICE REPORT



T/20190702/2005

Police Station Of Origin: Bedok North N.P.C 2 of 3 Report No. T/20190702/2005

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

CONTINUATION OF REPORT

Rider	TAXABLE PARTY OF	- SURPRISE	SAME SALE	Labour .	I Black	
Name	MUHAMMAD ALI BIN SUHAIL AHMAD BASHEER WAAYNE			ID No	l.	S9344814F
Related Vehicle	FBP7609R (Motorcycle)		Conta	ct No.	91819994	
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL Date Dis		charge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree		NIL	

#### Brief Details.

On 01/07/2019 at about 8.45am, I had parked my motorcycle FBP7609R at Blk 127 Bukit Merah Lane 1 carpark, at motorcycle lot number 6. After securing my bike, I headed over to my office AIA Building which is just across the road.

On the same day at about 3.15pm, I went back to the carpark to retrieve my bike but I discovered it was already lying on the ground. There is a car registration number SLU428Y near to where my bike was lying and I observed there was a slight dent on the front portion of the said car. I believed the dent could have been caused when my bike fell down and my rear helmet box could have hit on it. There are scratches on the left portion of my bike, left side mirror and left and top part of the helmet box. I had placed my helmet unsecured on the box and it was also scratched.

I checked around the carpark for vehicle with in-car cameras and managed to get a few. I spoke to the driver of the vehicle behind car SLU428Y and he let me see the footage of his recording. The footage showed at about 2.23pm or so a lorry reversing and it stopped for awhile suddenly. I believed at this juncture, the lorry had hit onto my bike and I observed the car SLU428Y jerked momentarily at this point. The view of the bike being hit was blocked by vehicle SLU428Y. However, the footage showed something dropped onto the ground near to the left of the car, believed to be the side view mirror of my bike.

Another car's In-Car recording captured the lorry passing by and captures its vehicle plate as GBF5371R.

I have both footages with me. I did spoke to the vehicle owner of car SLU428Y and exchanged contact numbers. He mentioned that he will claim against the vehicle at fault for the damages to his car should I obtain the footage of said vehicle hitting my bike.

#### **POLICE REPORT**





3 of 3

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999 Report No. T/20190702/2005

CONTINUATION OF REPORT

# Sketch Plan

NP168

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: G / Sr Staff Sgt MUHAMMAD SUFFIAN BIN ABDUL RAHIM	Signature Of Informant:			
Signature Of Interpreter: Not applicable	Date/Time: 02/07/2019 02:07			
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476074	Classification Of Case:			
Authentication Stamp				











































