

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	30/08/2019 17:22
Date Of Accident	30/08/2019 12:10
Exact Location Of Accident	T JUNCTION OF ANG MO KIO AVE 9 & ANG MO KIO ST 63
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FP923G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ASWAN BIN ANDI A'SHIKIN
NRIC No	S9444235D
Email Address	ASWAN1994@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94569485
Alternative Phone No	OFFICE-94569485

Vehicle Particulars

Manufacturer	SUZUKI
Model	DRZ400SM
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	PNMC2018-00004644
Cover Note Number	24/11/2018 -23/11/2019

Driver

Name of Driver	MUHAMMAD ASWAN BIN ANDI A'SHIKIN
NRIC No	S9444235D
Date Of Birth	04/12/1994
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2013
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94569485
Fax Number	
Contact Number	OFFICE-94569485
Email Address	ASWAN1994@GMAIL.COM

Address	BLK 430B YISHUN AVENUE 11 #10-404
Postcode	S762430
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 (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?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT ATTACHED.

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	SFX6885B
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA
	NA
Postcode	NA
Insurance Company Name	

Nature Of Damage

NA

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD ASWAN BIN ANDI A'SHIKIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FP923G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

BLK 430B YISHUN AVENUE 11
#10-404

Postcode

S762430

Accident 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

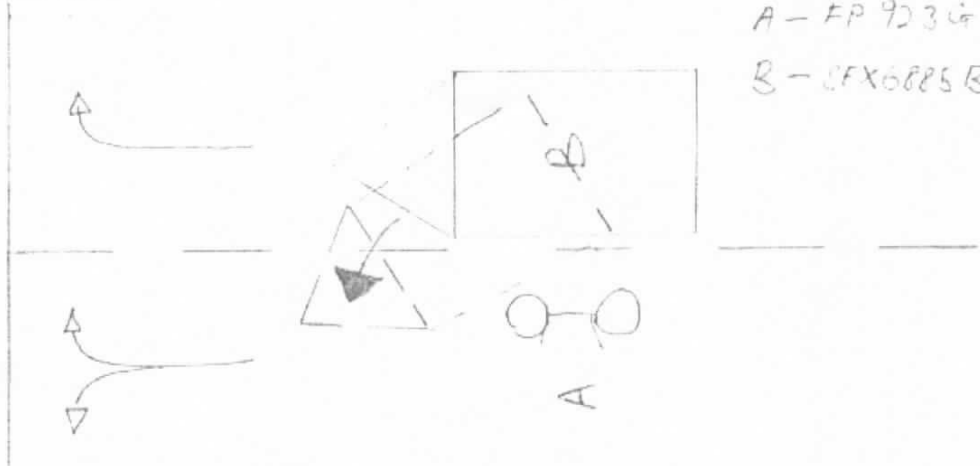
20/02/19
17:15

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

Reporting Centre Personnel's Signature
Name
NRIC/IN No.

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report- attached.

Insurance Co. FW D
 Vehicle No. FP 923G Date of Accident 30/8/2019
☐ Reporting Only
☐ Own Damage Claim
☒ Third Party Claim

Worleup Benefit Motor

DECLARATION

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

Policyholder's Signature
 Date & Time 30/08/19
1715

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

Reporting Centre Personnel's Signature
 Name
 NRIC/FIN No



SINGAPORE POLICE FORCE



T/20190830/2107

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Report No. T/20190830/2107

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
30/08/2019 14:42

Vide Report No.:

Station Diary No.:
110

Informant's Particulars

Name of Informant:
MUHAMMAD ASWAN BIN ANDI
A'SHIKIN

Address:
APT BLK 430B YISHUN AVENUE 11 #10-404 SINGAPORE
762430

ID Type / ID No.:
NRIC NO / S9444235D

Contact No.:
Home/Office: Mobile: 94569485

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 24 04/12/1994

Type of Informant:
Rider

Race:
Bugis

Language:

Institution / School Name:

Occupation:
DELIVEROO

Driving Licence Information:
Class: 2B,2A,3

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/08/2019 12:10	Type of Location: T-Junction
Location: Along Road 1 ANG MO KIO AVENUE 9				
T junction of ang mo kio ave 9 and ang mo kio st 63				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FP923G	Motorcycle	SUZUKI	DRZ400SMK 8	Black	Slightly Damaged	0
SFX6885B	Car	MAZDA	MAZDA3 HATCHBAC K 1.5 AT DELUXE EU6	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190830/2107

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Report No. T/20190830/2107

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	PNMC2018-00004644	24/11/2018	23/11/2019
FP923G	FWD Singapore Pte. Ltd			

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	MUHAMMAD ASWAN BIN ANDI A'SHIKIN	ID No.	S9444235D
Related Vehicle	FP923G (Motorcycle)	Contact No.	94569485
Hospital/Clinic	DOCTORS INC. MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	30/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 30/08/2019 at about 1210hrs, I was driving my motorcycle bearing plate number FP923G along the T junction of ang mo kio ave 9 and street 63. At that point of time, I am riding on the left lane of a 2-lane road. Suddenly, one vehicle bearing plate number SFX6885B who was stationary at the right lane drove out towards the left lane without signalling or checking. As a result, the vehicle knocked onto the right portion of my motorcycle. I then fell together with my motorcycle. The handle bar, side mirror, engine casing and both side body portion of my motorcycle were damaged.

Subsequently, I suffered some bleeding on my left knee and left shin. I also felt pain at my back area and my right toe suffered swelling. I went to see a doctor at DOCTORS INC.MEDICAL GROUP and was issued 4 days of medical leave from 30/8/19 to 02/09/2019.

Details of the driver:

Chua Saw Hui
S7508731D
HP:97525288



**SINGAPORE
POLICE FORCE**



T/20190830/2107

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93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 3

Report No. T/20190830/2107

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:
E /
Sgt 3 LIM BRANDON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/08/2019 14:42

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Classification Of Case:
SN 168

Authentication Stamp
NP168