

## 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	11/10/2019 12:33
Date Of Accident	10/10/2019 15:00
Exact Location Of Accident	SERANGOON ROAD BEFORE BIRCH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM661A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMAD FARHAN BIN MOHAMED AMIN
NRIC No	S9013587B
Email Address	FARHANAMINHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87489440
Alternative Phone No	OTHERS-87489440

### Vehicle Particulars

Manufacturer	HONDA
Model	400X-399CC
Exact Purpose for which vehicle was being used at time of accident	
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P2302947
Cover Note Number	

### Driver

Name of Driver	MOHAMAD FARHAN BIN MOHAMED AMIN
NRIC No	S9013587B
Date Of Birth	20/04/1990
Occupation	INDOOR
Date Of Driving Pass	28/09/2010
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87489440
Fax Number	
Contact Number	OTHERS-87489440
Email Address	FARHANAMINHAN@GMAIL.COM

Address	BLK 146 BEDOK RESERVOIR ROAD #12-1637 SINGAPORE
Postcode	470146
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 - 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?	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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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	GW9318X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MOHAMAD FARHAN BIN MOHAMED AMIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBM661A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
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:

11/10/19

12:30 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN

Vehicle

A - FBM661 A .

B - GW9318 X .

  

Legend

Vehicle

Motorcycle

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report .

### DECLARATION

I/We declare the foregoing particulars are true in every respect.  
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time: 11/10/19

12:30 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

pemen



# Common Statement

## ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident Time 10/10/19 1:500		2 Exact location of accident Serangoon road by Birch Road		To be signed by BOTH drivers	
3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> *		4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	
				Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. **FBM 661A**  
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)  
Name (capital letters) **Mohamad Farhan Amin**  
Address **146 Bodok Reservoir Rd**  
NRIC / Passport no. **S9013587B**  
Tel no. (from 9am till 5pm) **87489440**  
HP **87489440**

7 Vehicle **Honda 400X**  
Make, type

8 Insurance company **AAA** ☐ C ☒ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☒ Yes ☐  
Policy No. **P2302947**

9 Driver ☒ Same as Owner  
Name (capital letters)  
NRIC / Passport no.  
Class of licence **3**  
HP  
Gender Male ☒ Female ☐

12 CIRCUMSTANCES  
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Object
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

Registration No. **FW9318X**  
(VEHICLE B)

6 Insured / policyholder (see insurance cert.)  
Name (capital letters)  
Address  
NRIC / Passport no.  
Tel no. (from 9am till 5pm)  
HP

7 Vehicle  
Make, type

8 Insurance company ☐ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle B?  
No ☐ Yes ☐  
Policy No. (if available)

9 Driver (See driving licence) (if different from Insured B above)  
Name (capital letters)  
NRIC / Passport no.  
Class of licence  
HP  
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of six sketches on page 4:

15 Signatures of drivers

A

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

B

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

## Individual Statement

<b>INDIVIDUAL STATEMENT (Part II)</b> <span style="float: right; font-size: small;">Own Workshop Email / Fax (if any):</span>																
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)																
Insured      Of which vehicle are you the owner?  <input checked="" type="checkbox"/> A  <input type="checkbox"/> B	1 Occupation (if more than one, state all) _____ Email: <u>Farhanaminhan@gmail.com</u>															
	2 Vehicle registration no. _____ C.C. _____		If commercial vehicle, state permissible carrying capacity _____													
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner _____ state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____															
	4 Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____															
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present _____ Tel no. _____															
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)															
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth <u>20/4/90</u>		Occupation <u>Indoor</u> <u>Outdoor</u>		Date of license pass <u>28/9/2010</u>											
	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____															
	9 Full details of all driving convictions including pending prosecutions in the last 36 months															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Date</th> <th style="width: 50%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Date	Offence	Penalty										10 Name(s), address(es) and approximate age(s) _____		
Date	Offence	Penalty														
Injuries sustained _____		If vehicle occupants, state in which vehicle _____		Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>												
Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>												
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>												
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>												
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s) _____		Vehicle registration no. or details of property _____		Nature of damage _____											
	Insurer's name and address (if known) _____		_____													
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u>Eunos NPP</u>															
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____															
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____															
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____															
	16 Speed of vehicles A _____ km/hr B _____ km/hr															
	17 What warnings were given by driver or other party? _____															
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>															
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____															
20 If your vehicle is commercial, state weight of load carried at time of accident _____																
21 State how accident happened, width of roads, speed limits, etc (Refer to attached) _____																
22 State number of Passengers (Including Driver) <u>0</u>																
Declaration	I/We declare the foregoing particulars are true in every respect															
	Policyholder's signature _____ Date _____															
	Driver's signature (if driver is not the policyholder) _____ Date _____															



POLICE REPORT PAGE 1



**SINGAPORE  
POLICE FORCE**



T/20191010/2158

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 3

Report No. T/20191010/2158

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/10/2019 19:48	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars			
Name of Informant: MOHAMAD FARHAN BIN MOHAMED AMIN		Address: APT BLK 146 BEDOK RESERVOIR ROAD #12-1637 SINGAPORE 470146	
ID Type / ID No.: NRIC NO / S9013587B		Contact No.: Home/Office: Mobile: 87489440	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 20/04/1990	Type of Informant: Vehicle Owner
Race: Malay		Language: English	Institution / School Name:
Occupation: ENGINEER		Driving Licence Information: Class: 2B,2A,2,3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/10/2019 15:00	Type of Location: Straight Road
Location: Along Road 1 SERANGOON ROAD before Birch Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: contactless			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM661A	Motorcycle				Slightly Damaged	0
GW9318X	Van				No Damage	0

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



POLICE REPORT PAGE 2



**SINGAPORE  
POLICE FORCE**



T/20191010/2158

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

2 of 3

Report No. T/20191010/2158

**CONTINUATION OF REPORT**

<b>Vehicle Owner</b>			
Name	MOHAMAD FARHAN BIN MOHAMED AMIN	ID No.	S9013587B
Related Vehicle	FBM661A (Motorcycle)	Contact No.	87489440
Hospital/Clinic	PHOON CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3A Date of Expiry: NIL
Date Treatment	10/10/2019	Date Discharge	10/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	WOON WEE SON	ID No.	0
Related Vehicle	GW9318X (Van)	Contact No.	84230579
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 10/10/2019 at about 1500hrs, I was riding my white Honda motorcycle, FBM661A at the third lane of 4 lane road along Serangoon road before Birch Road. While going straight, one white van, GW9318X suddenly swerved into my lane in front of me without signalling. Thus, I applied emergency break and lost of my vehicle before landing on the road on my right with my right elbow first. At that point of time, I realized that my shoulder was dislocated but I managed to pull it back in place.

After the collision, I stood up and immediately confronted the driver who apologized to me. He admitted that it was his fault as he assumed the traffic was clear. Subsequently, we proceeded to the road shoulder to discuss about the issue and the van driver called for police assistance. My motorcycle does not have any vehicle cam and so far, I do not have any witness. After the accident, I felt unwell and proceeded to seek medical treatment at Phoon Clinic & Surgery. I was given 3 days MC from 10/10/2019 to 12/10/2019 by Dr Phoon Chiong Fook. Due to my fall, my motorcycle was observed to have several scratch marks on the right portion.



**SINGAPORE  
POLICE FORCE**



T/20191010/2158

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629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

3 of 3

Report No. T/20191010/2158

**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:

G /

Staff Sgt HEAP ZHI YONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No.:

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:

10/10/2019 19:48

Classification Of Case:

SIGNATURE

# Identification Card & DL





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

