

## 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	18/10/2019 09:34
Date Of Accident	15/10/2019 23:20
Exact Location Of Accident	BLK 865 TAMPINES ST 83 DRIVEWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB2811D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NOR HISHAM BIN DOL RANI
NRIC No	S8810940F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81386110
Alternative Phone No	OTHERS-82683587

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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	PNMC2019-00003211
Cover Note Number	

### Driver

Name of Driver	SHAHRL IDHAM KHIFLI BIN MOHAMAD YASSIN
NRIC No	T0035555G
Date Of Birth	11/10/2000
Occupation	INDOOR
Date Of Driving Pass	19/08/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82683587
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 134 EDGEDALE PLAINS #10-66
Postcode	820134
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 - 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?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191016/2020

#### 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	SKW6939B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	SHAHRUL IDHAM KHIFLI BIN MOHAMAD YASSIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKW6939B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

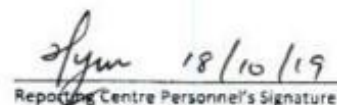
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

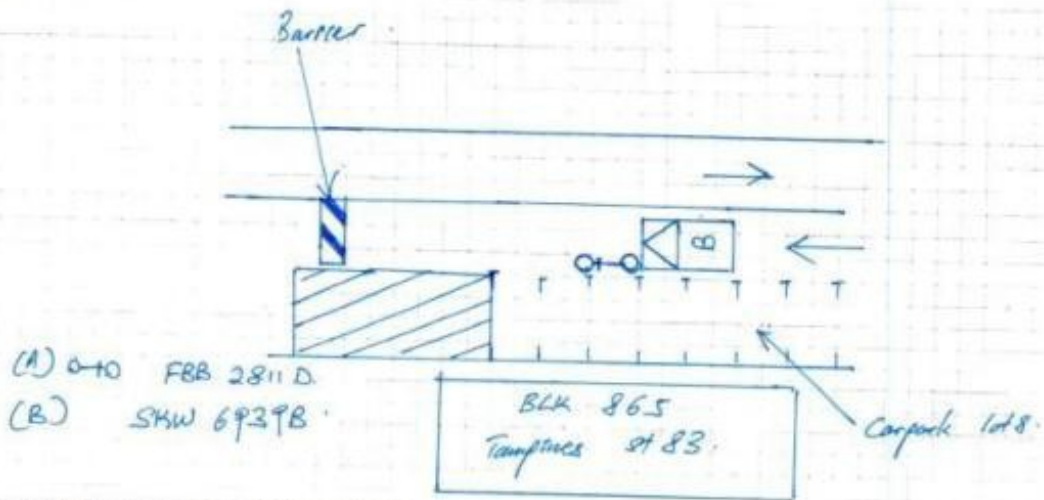
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Pls refer To Police Report

No : T/20191016/2020

## DECLARATION

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

  
Policyholder's Signature  
Date & Time:

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

 18/10/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20191016/2020

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

2 of 4

Report No. T/20191016/2020

### CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SHAH RUL IDHAM KHIFLI BIN MOHAMAD YASSIN	ID No.	T0035555G
Related Vehicle	FBB2811D (Motorcycle)	Contact No.	82683587
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	16/10/2019	Date Discharge	16/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 15/10/19 at about 2320hrs, I stop my one blue coloured Yamaha T135 motorcycle with bearing registration number FBB2811D at the side (near to the kerb) along the service road of Blk 865 Tampines Street 83 to double check on my delivery invoice address (Pizza Hut) while I was still sat on my motorcycle.

Suddenly, one car with bearing registration number SKW6939B hit on my motorcycle's back.

I spoke to the driver who alleged it was my fault which caused him for the collision which was untrue. Nevertheless, I did not caused any obstruction and there's room for driveway along the said service road.

Particulars of the driver are as follows:

- Name: Syed Omar Qayyum Bin Syed Abdul Rahman Alkaff
- NRIC: S8507052E
- Address: Blk 868C Tampines Avenue 8 #14-556
- Hp: 98800491

After which, I went to Sengkang General Hospital and was given 03 days of MC dated from 16/10/19 - 18/10/19.

Injuries sustained as follows:

- Strained on right leg
- Pain on the back

Damages of my motorcycle as listed:

- Rear coverset
- Taillight
- Rear registration plate number

I wish to state that I am the sub-rider for the motorcycle. The owner's mobile phone (Hp: 81386110).

This is the first time happened.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191018/2020

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 4

Report No: T/20191018/2020

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2019 05:38		Vide Report No.:		Station Diary No.: 28	
<b>Informant's Particulars</b>					
Name of Informant: SHAHIRUL IDHAM KHIFLI BIN MOHAMAD YASSIN			Address: APT BLK 134 EDGEDALE PLAINS #10-08 SINGAPORE 820134		
ID Type / ID No.: NRIC NO / T0035555G			Contact No.: Home/Office: Mobile: 82683587		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 18	Date of Birth: 11/10/2000	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/10/2019 23:20	Type of Location: Service Road
Location: Along Road 1 TAMPINES AVENUE 8				
Service Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB2811D	Motorcycle	YAMAHA	T135	Blue	Seriously Damaged	0
SKW6939B	Car	HONDA	JAZZ 1.3 CVT ABS D/AIRBAG 2WD	Black		0

## Police Report



**SINGAPORE  
POLICE FORCE**



T20191016/2020

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Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

2 of 4

Report No. T20191016/2020

### CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SHAHROL IDHAM KHIFLI BIN MOHAMAD YASSIN	ID No.	T0035555G
Related Vehicle	FB82811D (Motorcycle)	Contact No.	82683587
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**Police Report**



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T/2019/016/2020

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3 of 4

Report No. T/2019/016/2020

CONTINUATION OF REPORT

## Police Report



**SINGAPORE  
POLICE FORCE**



T/2019/016/2020

Police Station Of Origin:  
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2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No: T/2019/016/2020

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:

F /

Sgt 2 MOHAMAD ADAM BIN ROSLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/10/2019 05:38

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

SV-158:

Authentication Stamp

NP168

