MSME20004200 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 10/01/2020 09:17 SUBMITTED BY: Chia Pei Ying

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

	aloresalu.	
		ACCIDENT STATEMENT
	Date Of Report	10/01/2020 09:17
	Date Of Accident	27/05/2019 22:05
	Exact Location Of Accident	CHOA CHU KANG WAY & CHOA CHU KANG AVE 4
	Country/State of Loss	SINGAPORE
	D	DETAILS OF OWN VEHICLE
	Vehicle Registration Number	FV8060L
	Insured/Policyholder	
	Name Of Registered Owner	IHSAN BIN HUSSEIN
	NRIC No	SXXXX182C
	Email Address	NOEMAIL
	Mobile Phone No	(LOCAL) +65-97505608
	Alternative Phone No	OFFICE-97505608
	Vehicle Particulars	
	Manufacturer	KAWASAKI
	Model	KRR ZX150
	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	FWD SINGAPORE PTE. LTD.
	Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
	Fleet Policy	NO
	Policy Number	PNMC2019-00002029
	Cover Note Number	
	Driver	
	Name of Driver	IYLIA FIRDAUS BIN IHSAN

NRIC No SXXXX042G
Date Of Birth 28/04/1997
Occupation INDOOR
Date Of Driving Pass 15/06/2017

Driving Experience 1 YEAR AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97591973

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 485B CHOA CHU KANG AVE 5 #03-118 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

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 ON COLLISION**

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 YES

Was any body injured in the Accident?

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

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name HONG KAH NORTH NEIGHBOURHOOD POLICE POST

ROAD: BLK 370 BUKIT BATOK STREET 31, POSTCODE: 650370, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-5679999 - FAX NO: 65652508

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20190718/2079.

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 SMB65Z

Vehicle Make/Model/Colour

BUS

Details Of Properties VEHICLE B

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name IYLIA FIRDAUS BIN IHSAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FV8060L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

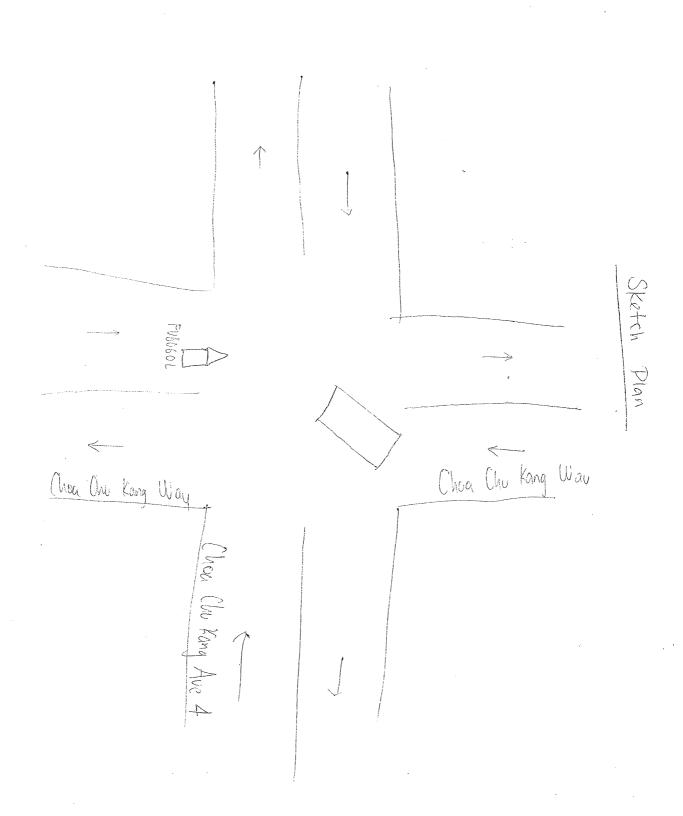
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Sketch Plan #2 Pg. 1

ETCH PLAN			
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	- KTO-10-AUTA	40/200	
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ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
REFER T	D POUCE REPORT		
reter 1	O POGE NOTO		
DECLARATION			
I/We declare the foregoing part	iculars are true in every respect.		
On way	V W		
A {\\}//	N I'm	Reporting Centre Personnel's Signature	5
Policyholder's Signature	Driver's Signature (If driver is not the policyholder)	Name:	
Date & Time:	Date & Time:	NRIC/FIN No.:	.,

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Page 5 of 19



Sketch Plan #4 Pg. 1





Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999 1 of 3 Report No. T/20190718/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2019 13:30			Vide Report No.:	Station Diary No.: 15	
Informant	s Particu	lars			
Name of Informant: IYLIA FIRDAUS BIN IHSAN			Address:		
			APT BLK 485B CHOA CHU KANG AVENUE 5 #03-118 SINGAPORE 682485		
ID Type / ID No.:			Contact No.:		
NRIC NO / S9715042G			Home/Office: Mobile: 97591973		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Age: Date of Birth: Male 22 28/04/1997			Type of Informant: Rider		
Race: Malay			Language:	Institution / School Name:	
Occupation: National Service Full Time			Driving Licence Informati	on:	
			Class: 2B,3	Date of Expiry:	

General Informat	tion of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/05/2019 22:05	Type of Location	า:
Location:					
CHOA CHU KAN	IG AVENUE 4	and Ohan Ohu kan	m Ave d		
Cross junction of Choa Chu Kang Way Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry		•	
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate	
Type of Collision	:			Anyone conveyed by ambulance: Yes	

	I - -	1	1	70.1	10	NI CD
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FV8060L	Motorcycle				Slightly	0
			1		Damaged	

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

Sketch Plan #5 Pg. 1





Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

2 of 3 Report No. T/20190718/2079

CONTINUATION OF REPORT

Rider Name	IYLIA FIRDAUS BIN IHSAN		ID No.		S9715042G	
Related Vehicle	FV8060L (Motorcycle)			Conta	ct No.	97591973
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL 27/05/2019 Date Disc		Class Drivin Licend Expir	g	Class: 2B,3 Date of Expiry: NIL	
Date Treatment						5/2019
No. of Days granted Medical Leave		NIL	Degree of			us

Brief Details.

On 27/05/2019 at around 2204hrs, I was riding my motorcycle bearing plate number V1) FV8060L along Choa Chu Kang Way towards Choa Chu Kang Rd on the first lane. As I was approaching the cross junction of Choa Chu Kang Way and Choa Chu Kang Ave 4, I noticed an SMRT bus on the opposite side of the road. I accelerated forward as the traffic light was green and in my favour. Suddenly, the bus made a right turn into Choa Chu Kang Ave 4 and collided onto the right side of my bike. Due to the collision, I flung 2 metres before hitting the ground. I was still conscious however was unaware of my surroundings. I could not remember the plate number of the bus. Traffic Police and Ambulance was at scene and I was conveyed to National University Hospital.

Due to the accident, I sustained Fracture Ribs, Punctured Lung, Lacerated Liver, Kidney Damage and multiple ligament tear on left knee. Due to my injuries, I was given MC from 27/05/2019 to 19/09/2019. My vehicle was also damaged and is currently at Traffic Police.

Sketch Plan #6 Pg. 1





Report No. T/20190718/2079

Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

CONTINUATION OF REPORT

Sketch Plan

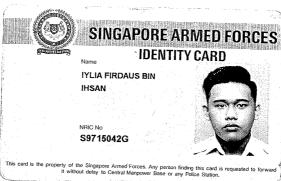
Informant is not able to provide sketch plan

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:	Signature Of Informant:
J/	
Sgt 2 MUHAMMAD SYAFIQ BIN MOHD RAFE	L.
	J *V
0:10:1-11	Data/Time:
Signature Of Interpreter:	Date/Time:
Not applicable	18/07/2019 13:30
1	
Officer In Charge Of Case:	Classification Of Case:
TP/GIT/	
Insp TAN CHIN YONG SN 116	
Contact No.: 65476178	
Authentication Stamp	
NP168 Signature:	
Singapore Police Force	
- Laine William Parker France -	

Driving License Pg. 1





DU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2A Class 2B Motorcycles between 201 CC and 400 CC 03 Oct 2019 05 Feb 2018

Class 3 Motorcycles =< 200 CC Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

\$9715042G

√P 428A

S / No.9000338078



YOUR THIRD PARTY FIRE & THEFT MOTORCYCLE INSURANCE SUMMARY

Please call +65-6322-2072 for FWD Emergency Assistance if Your Motorcycle breaks down or is involved in an accident. All accidents must be reported within 24 hours or the next working day of the incident regardless of whether it will lead to a claim.

POLICY NUMBER : PNMC2019-00002029

About this policy

Premium paid

S\$669.09

Coverage start date
Coverage end date

12/04/2019 11/04/2021

(Inclusive of GST)

Who is insured to ride:

You only and any Authorised Rider

About you (As the policyholder)

Your name

: Ihsan Bin Hussein

Address

485B Choa Chu Kang Avenue 5 03-118 Singapore 682485

Email

relitech@singnet.com.sg

NRIC/FIN

S1567182C

Current no claims discount

20%

Gender

Male

Years of riding experience

_

Mobile Number

97505608

Date of birth

>=3

10/04/1962

Certificate of merit

. .

About your motorcycle

Motorcycle make and model:

Kawasaki KRR ZX150

Motorcycle plate number

FV8060L

Year of first registration:

2002

Issued on:

: 12/04/2019

Abhishek Bhatia Chief Executive Officer

FWD Singapore Pte Ltd

Ship

Please refer to contract for specific terms, conditions and exclusions of this policy.

Please immediately inform us at +65-6820-8888 or email us to contact.sg@fwd.com if any details in this Motorcycle Insurance Summary need to be changed.



Accident Photo







Accident Photo





