

## 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	07/11/2019 10:51
Date Of Accident	04/11/2019 19:10
Exact Location Of Accident	JUNC CLEMENCEAU AVE & MERCHANT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP9799L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD AZFAR BIN AZMI
NRIC No	S9212289A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92316790
Alternative Phone No	OFFICE-92316790

### Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155A CVT ABS
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNMC2019-00003141
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD AZFAR BIN AZMI
NRIC No	S9212289A
Date Of Birth	09/04/1992
Occupation	INDOOR
Date Of Driving Pass	16/01/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92316790
Fax Number	
Contact Number	OFFICE-92316790
Email Address	NOEMAIL

Address	BLK 738 WOODLANDS CRICLE #04-385
Postcode	730738
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 - CROSS JUNCTION
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?	YES
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)	2
Passenger 1	NAME: : HELENA BTE IDRIS GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191105/2120.

#### 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	SLE6939J
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 MUHAMMAD AZFAR BIN AZMI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBP9799L  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name HELENA BTE IDRIS  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBP9799L  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Accident Sketch Plan

### 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:

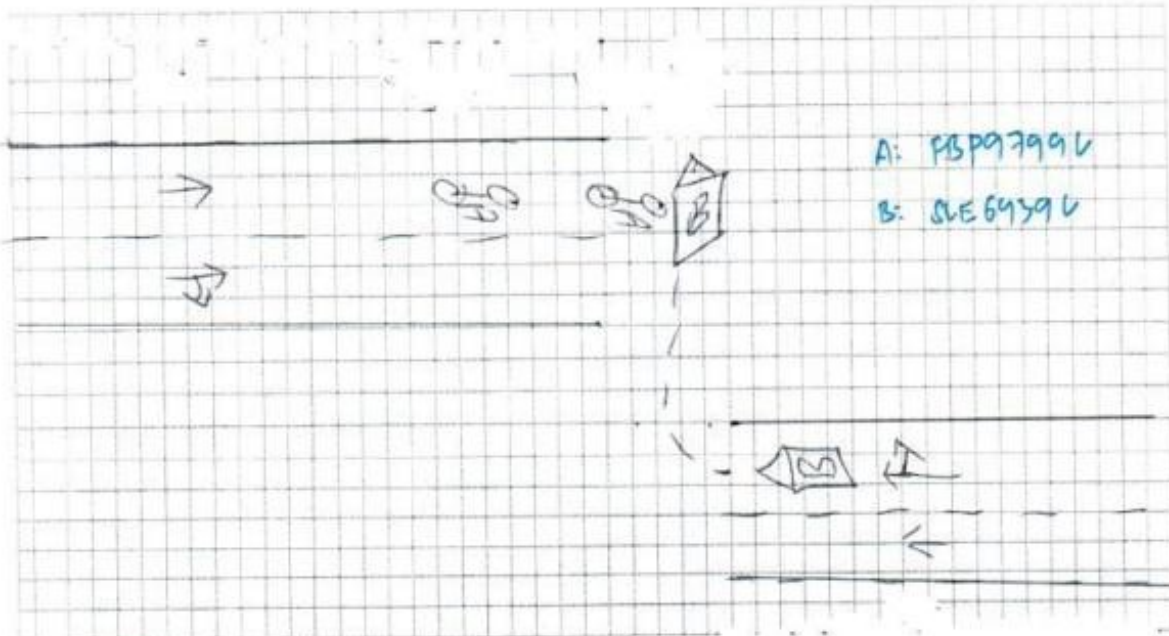
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

X   
\_\_\_\_\_  
Policyholder's Signature  
Date & Time :

X   
\_\_\_\_\_  
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

As a police Report T/2019/1105/2120

## DECLARATION

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

x *Ask*  
Policyholder's Signature Date  
& Time:

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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GUARMC SketchPlanForm\_V3

2



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191105/2120

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20191105/2120

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2019 16:51	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MUHAMMAD AZFAR BIN AZMI		Address: 738 WOODLANDS CIRCLE #04-385 SINGAPORE 730738	
ID Type / ID No.: NRIC NO / S9212289A		Contact No.: Home/Office: Mobile: 92316790	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 09/04/1992	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: PROCESS TECHNICIAN		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/11/2019 19:10	Type of Location: T-Junction
Location: Along Road 1 CLEMENCEAU AVENUE CLEMENCEAU AVE X MERCHANT RD				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP9799L	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Black		0
SLE6939J	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT			0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191105/2120

2 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20191105/2120

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP9799L	FWD Singapore Pte. Ltd	PNMC2019-00003141	08/07/2019	07/07/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHEW HENG SONG		ID No.	S6831463A
Related Vehicle	NIL		Contact No.	90041770
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
Rider				
Name	MUHAMMAD AZFAR BIN AZMI		ID No.	S9212289A
Related Vehicle	NIL		Contact No.	92316790
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/11/2019		Date Discharge	05/11/2019
No. of Days granted Medical Leave		07	Degree of Injury	NIL
Pillion				
Name	HELENA BTE IDRIS		ID No.	S9544230G
Related Vehicle	NIL		Contact No.	88213305
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/11/2019		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20191105/2120

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20191105/2120

### CONTINUATION OF REPORT

#### Brief Details.

ON STATED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG CLEMENCEAU AVE TOWARDS CTE. I WAS ON THE EXTREME LEFT LANE, SPEED AT 50KM/HR UPON APPROACHING THE T-JUNCTION OF MERCHANT RD THE LIGHT WAS IN MY FAVOUR, GREEN. SUDDENLY A CAR FROM THE OPPOSITE SIDE AT THE POCKET SAW ME APPROACHING. HE ACCELERATE. I APPLY E-BRAKE AND HORN TO WARN HIM BUT FAIL TO GET DRIVER ATTENTION AND COLLISION IS OCCURRED. I GOT MULTIPLE INJURY, HEAD SMASH ON THE LEFT WINDSHIELD OF THE CAR, RIGHT ARM, LEFT CALF, RIGHT KNEE, IMPACT TO LEFT LOWER RIB, WHITLASH OF THE NECK AND IMPACT TO THE LOWER BACK. PILLION WAS FLUNG FORWARD ON THE RIGHT SIDE OF THE CAR BOOT. THE IMPACT WAS TOO HARD THE KNEE FRACTURE, WHIPLASH OF THE NECK AND IMPACT TO THE LOWER BACK.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20191105/2120

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

Report No. T/20191105/2120

### 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:  
TP /  
MUHAMMAD SYUKRI BIN ZAINI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/11/2019 16:51

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 HO JIEKANG, IVAN  
Contact No.: 65476170

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp  
NP168

Signature:

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNR 119147368 Vehicle Registration No: FBP 9799L  
Name (as shown in NRIC) : Muhammad Azfar Bin Azmi NRIC/FIN/Passport No : S9312289A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Bic 758 Woodlands Circle #04-28E Singapore (730158)  
Contact (Tel) : 92316790 Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 4/11/2019 Time of Accident : 19:10  
Place of Accident : Junc. Clemenceau Ave & Marchant Rd.  
Insurance Company: FWD Singapore Pte Ltd

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend 3rd party car plate prefix to SLE 6939J  
according to police report

ALB  
Policyholder / Driver's Signature  
Date:

[Signature]  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: