

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	12/12/2019 12:53
Date Of Accident	11/12/2019 14:20
Exact Location Of Accident	FUNAN CARPAK ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC3742H
Insured/Policyholder	
Name Of Registered Owner	RAGAMATTHULIA S/O MEERAN GANI
NRIC No	S7814992B
Email Address	MSYAFIQFARDZIL96@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96614440
Alternative Phone No	OTHERS-81119419

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	PNMC2017-00001589-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SYAFIQ FARDZIL BIN JEFFRIN
NRIC No	S9602090B
Date Of Birth	16/01/1996
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2019
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81119419
Fax Number	
Contact Number	OTHERS-96614440
Email Address	MSYAFIQFARDZIL96@GMAIL.COM

Address	BLK 144 BEDOK RESERVOIR ROAD #02-1601
Postcode	470144
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	DRIZZLING
Road Surface	WET

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?	NO
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	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	YN5986C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PHILLIP FOO
NRIC/Passport Number	S7008343D
Contact Number	93261880
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN


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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: 12.12.2019 1200

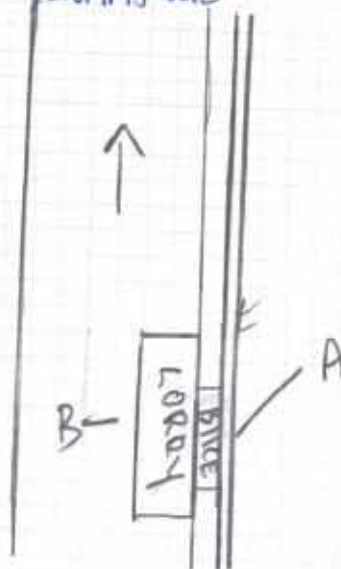

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

FUNAN CARPARK ENTRANCE

A) FBC 3742H

B) YN 5986C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my bike outside Funan Carpark Entrance as I was working as a meter reader. When I was on my way to my bike, the Lorry YN 5986C collided with my bike and my bike went in between the rear of his lorry. Driver went out and helped me get my bike out of the lorry and he exchanged numbers.

DECLARATION

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

Policyholder's Signature
Date & Time:

mb
Driver's Signature
(If driver is not the policyholder)
Date & Time: 12-12-2019
12:08pm

12/12/2019
Reporting Centre Personnel's Signature
Name: *Rosli*
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 12 / 2019 (DD/MM/YYYY), TIME: 14 : 20 (HHMM)

LOCATION: Funan Carpark Entrance

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC 3742H
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PNM2017-00001589-0
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda CB400 SRC, 3
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: Ragamattulla S/O Meeran Gani (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7814992B CONTACT: 96614440
 c) ADDRESS: 144 Bedok Reservoir Road #02-1601 Singapore 470144

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Syafiq Faridzi Bin Jeffry (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9607090B CONTACT: 81119419
 c) ADDRESS: 144 Bedok Reservoir Road #02-1601 Singapore 470144

* d) DATE OF BIRTH: 16 / 01 / 1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22/03/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Driver: Son owner: Father

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS drizzling)

b) ROAD SURFACE: (DRY / WET / OTHERS wet)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Eunos #PP NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YN 5986C MODEL: Lorry
 b) DRIVER'S NAME: Phillip Foo
 c) NRIC/FIN/PASSPORT: S7008343D CONTACT: 93261880

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: msyafiqfaridzi196@gmail.com

VIDEO

CONFIDENTIAL

Annex E

NOTICE OF REPORTING

This is to confirm that Muhammad Syafig Fardzil Bin Jeffrin, NRIC/FIN S9602090B, has reported to the police a non-injury traffic accident which occurred at Funan carpark entrance on 11/12/2019 at 2.20 pm involving the following vehicles: FBC3742H Honda CB400 Spec 3 red and white in colour and YN5986C lorry.

- 2 If this accident was reported to the Police within 24 hours of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSSgt T00221 Anwar Zainal

Date: 11/12/2019

Time: 4:50 PM

S/D Ref: 35

Bedok North NPC
30 Bedok North Road
Singapore 469676



Signature of SSSgt T00221 Anwar Zainal
11/12/2019 4:50 PM
403 12/12/2019 4:50 PM
11/12/2019 4:50 PM

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

Version as of Sep 2000



CERTIFICATE OF INSURANCE

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 of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNMC2017-00001589-01

Plan Name: Third Party Fire & Theft

Motorcycle plate number: FBC3742H

Your name (As the policyholder): Ragamatthulla S/O Meeran Gani

Coverage start date: 23/01/2019

Coverage end date: 22/01/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with Your contract.

Finance company: Yew heng

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 08/02/2019

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

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