

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 willful 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	07/01/2020 12:05
Date Of Accident	16/12/2019 07:45
Exact Location Of Accident	YISHUN AVE 8 TOWARDS YISHUN AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK193U
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD YUSRI BIN ABDUL KHALID
NRIC No	SXXXX227H
Email Address	YUSRIHOBBLE92@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90068347
Alternative Phone No	OFFICE-90068347
Vehicle Particulars	
Manufacturer	HONDA
Model	-
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
Fleet Policy	NO
Policy Number	PNMC2019-00000781
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD YUSRI BIN ABDUL KHALID
NRIC No	SXXXX227H
Date Of Birth	06/05/1992
Occupation	INDOOR
Date Of Driving Pass	12/04/2016
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90068347
Fax Number	
Contact Number	OFFICE-90068347
EEmail Address	YUSRIHOBBLE92@GMAIL.COM

Address	BLK 781 YISHUN RING RD #08-3550
Postcode	760781
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE POLICE REPORT

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	FBK6378P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	NA
Address	NA
Postcode	NA
Insurance Company Name	

Nature Of Damage NA

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD YUSRI BIN ABDUL KHALID
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBK193U
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? YES
Address BLK 781 YISHUN RING RD #08-3550
Postcode

Accident Sketch Plan Pg. 1

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:

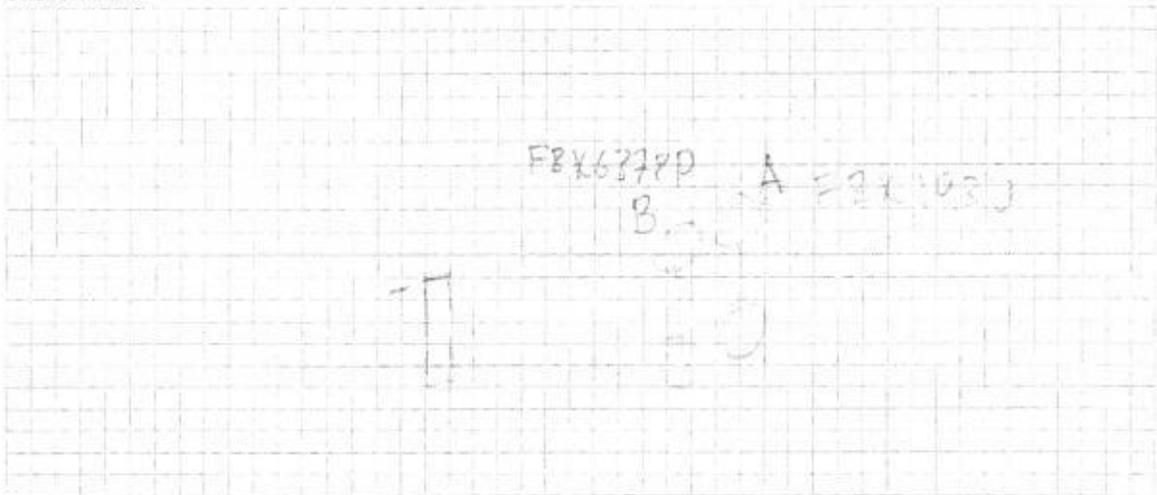

Driver's Signature
(If driver is not the policyholder)
Date & Time:

7/1/2020
11:57hrs


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

Individual Statement Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please see police report -

Vehicle No. _____	Date of Accident _____
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input checked="" type="checkbox"/> Third Party Claim	@ Eurofina .

DECLARATION

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

Policyholder's Signature
Date & Time:

JMS 7/1/2020
Driver's Signature
(if driver is not the policyholder)
Date & Time: 11:57hrs

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



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20191219/2092

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD YUSRI BIN ABDUL KHALID	ID No.	S9215227H
Related Vehicle	FBK193U (Motorcycle)	Contact No.	90068347
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	16/12/2019	Date Discharge	18/12/2019
No. of Days granted Medical Leave	12	Degree of Injury	Serious

Brief Details.

- On 16 December 2019 at about 7.45am, I was riding my motorcycle registration No: FBK193U along Yishun Avenue 8 towards Yishun Avenue 1. I am unable to recall Yishun Avenue 8 road has how many lanes but I was riding on the right extreme lane.
- Suddenly a rider (male/Indian/about 27 years old) that was riding his motorcycle registration No: FBK6378P on the left lane next to me rode into my lane and this caused a side -swipe collision between my motorcycle and his motorcycle. Both of us lost control of our respective motorcycles and I fell on the centre kerb and then slide on the road as the impact collision was hard. The said rider also fell but I am not sure in which direction he fell.
- I was injured on both my legs, my hands, my face and also my rib cage area. I was conveyed to Khoo Teck Puat hospital and was warded from 16 December 2019 to 18 December 2019. I had undergone surgical for skin and subcutaneous tissue injuries relating to wound debridement but sustained no fracture. I also sustained abrasion on my right face area, right hand (from shoulder downwards), right rib cage, left elbow and both knees. I was discharge on 18 December 2019 and given 12 days medical leave period (16 December 2019 to 27 December 2019) reference MC No: KH20191730418. The total medical bill as of date amount: \$1,256.95/-
- I am not sure of the other rider injuries sustained as the accident occurred to fast and I was conveyed. My motorcycle was towed to Traffic Police and is currently at the compound centre and I am not sure also the extend of damage I am not sure and I am also not sure of the extend of damage to the other rider motorcycle. No government property was damage and no pedestrian/cyclist was involved.



**SINGAPORE
POLICE FORCE**



T/20191219/2092

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20191219/2092

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:

L /
SSI ANDY LUCAS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/12/2019 15:48

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt CHONG GUAN FATT
Contact No.: 65476083

Classification Of Case:

Authentication Stamp
NP168

