

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	13/03/2020 18:09
Date Of Accident	12/03/2020 20:00
Exact Location Of Accident	ALONG YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY203D
Insured/Policyholder	
Name Of Registered Owner	MOHAMED ZAHRI BIN MOHAMED SALLEH
NRIC No	SXXXX924E
Email Address	IQRAM200097@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91713534
Alternative Phone No	OTHERS-90583171

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-125CC
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2018-00005325
Cover Note Number	

Driver

Name of Driver	MOHAMMAD IQRAM BIN SUKEMI
NRIC No	TXXXX127H
Date Of Birth	08/08/2000
Occupation	OUTDOOR
Date Of Driving Pass	21/05/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91713534
Fax Number	
Contact Number	OTHERS-90583171
EEmail Address	IQRAM200097@GMAIL.COM

Address	BLK 223A SUMANG LANE #02-213
Postcode	821223
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?	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	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200313/2104

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	SHB920P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

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.

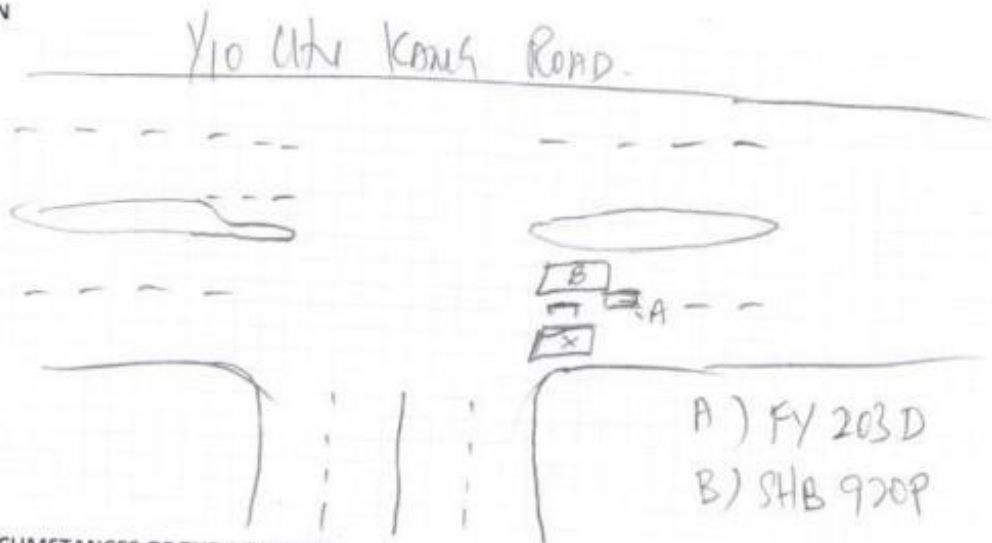

Policyholder's Signature
Date & Time:

 13 March 2020
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 13/03/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT. 7/20200313/2104

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature] 13 March 2020
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 13/03/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999



T/20200313/2104

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Report No. T/20200313/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
13/03/2020 15:55

Vide Report No.:

Station Diary No.:
32

Informant's Particulars

Name of Informant:
MUHAMMAD IQRAM BIN SUKEMI

Address:
APT BLK 106 JALAN BUKIT MERAH #07-1898 SINGAPORE
160106

ID Type / ID No.:
NRIC NO / T0028127H

Contact No.:
Home/Office: Mobile: 90583171

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 19 Date of Birth: 08/08/2000

Type of Informant:
Rider

Race:
Javanese

Language:

Institution / School Name:

Occupation:
Delivery Rider

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others

Drink Drive: No

Date/Time of Accident:
11/03/2020 20:00

Type of Location:
T-Junction

Location:
Junction of Road 1 and Road 2
YIO CHU KANG ROAD
ANG MO KIO AVENUE 6
Main rd of Yio Chu Kang Rd

Weather:
Clear

Road Surface:
Wet

Road Speed Limit:

Traffic Flow:
Two Way

Traffic Control:
Traffic Light - Working

Traffic Volume:
Moderate

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
FY203D	Motorcycle				No Damage	0
SHB920P	Car				No Damage	1

POLICE REPORT



SINGAPORE
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4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999



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Report No. T/20200313/2104

CONTINUATION OF REPORT

Brief Details.

I am the abovementioned person riding a rented motorbike FY203D on 11/03/2020 at about 2000hrs at the Junction of Yio Chu Kang Rd and Ang Mo Kio Ave 6.

I came to a complete stop in between two vehicles at the junction as the traffic light turned red.

When the light turned green, I inched forward and was about to move off when the vehicle on my left turned left into Ang Mo Kio Ave 6. While he was doing the turn, he had taken a wider turn as such I had to accommodate by shifting right a little.

As I did that, my front wheels collided onto the rear left bumper of the taxi (SHB920P) on my right. We then pulled over and since no one was injured nor were there any visible damages, I did not take his particulars but he had taken mine.

No government properties were damaged as well nor did any police attended to the incident. I do not possess a camera while riding.

I wish to state that I am lodging this report this as I only recently found out that I am supposed to be making a police report if the traffic accident involves a motorbike.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999



T/20200313/2104

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Report No. T/20200313/2104

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:

E /
Sgt 2 LIM HONG YE

Signature Of Informant:

Jerin

Signature Of Interpreter:
Not applicable

Date/Time:
13/03/2020 15:55

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

