

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	08/07/2020 23:23
Date Of Accident	07/07/2020 17:45
Exact Location Of Accident	BEDOK ROAD 16KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC7818Y
Insured/Policyholder	
Name Of Registered Owner	MOHD HARIZ BIN SAMSIDI
NRIC No	SXXXX814H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83824101
Alternative Phone No	OFFICE-83824101

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	PNMC201900002963-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HADI BIN SAMSIDI
NRIC No	SXXXX720Z
Date Of Birth	22/09/1993
Occupation	INDOOR
Date Of Driving Pass	20/07/2012
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97418148
Fax Number	
Contact Number	
EEmail Address	DTFAMILY8@GMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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
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 [OTHER]	10 UBI AVENUE 3
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO, T/20200708/7025 LODGE AT 10 UBI AVENUE 3 Was traveling straight at Bedok road opposite Simpang Bedok, vehicle SMD6528E from the opposite direction stop in the middle of the traffic light and signal right as he wanted to turn right before the shell. As the traffic light was green in my favor, I proceed and that's when the vehicle SMD6528E decided to turn in and hit me head-on.

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	SMD6528E
Vehicle Make/Model/Colour	CITROEN / C4 CACTUS 1.2 AT6
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	NA
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 HADI BIN SHAMSIDI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBC7818Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:



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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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



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 or by the next working day of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNNC2019-00002963-01

Plan Name: Third Party

Motorcycle plate number: FBC7818Y

Your name (As the policyholder): Muhammad Hariz Bin Samsidi

Coverage start date: 27/06/2020

Coverage end date: 26/06/2021

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

Finance company:

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 ride 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.

This Policy does not cover use for hire or reward, delivery of goods, and any renting or leasing purposes.

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

Issued on: 23/06/2020

Handwritten signature

Khor Kee Eng
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 needs to be changed.



Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200708/7025

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

1 of 3

Report No. T/20200708/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2020 18:06	Vide Report No.: G/20200707/0125	Station Diary No.:
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Informant's Particulars			
Name of Informant: MUHAMMAD HADI BIN SAMSIDI		Address: APT BLK 104 TANAH MERAH BESAR ROAD #02-37 SINGAPORE 498841	
ID Type / ID No.: NRIC NO / S9334720Z		Contact No.: Home/Office: Mobile: 97418148	
Nationality: SINGAPORE CITIZEN		Email: dyfamily8@gmail.com	
Sex: Male	Age: 26	Date of Birth: 22/09/1993	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Building maintenance worker		Driving Licence Information: Class: 2,4	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/07/2020 17:45	Type of Location: Straight Road
Location: Bedok Road 16km				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC7818Y	Motorcycle					0
SMD6528E	Car			Red		0

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



**SINGAPORE
POLICE FORCE**



T/20200708/7025

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

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Report No. T/20200708/7025

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD HADI BIN SAMSIDI	ID No.	S9334720Z
Related Vehicle	FBC7818Y (Motorcycle)	Contact No.	97418148
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,4 Date of Expiry: NIL
Date Treatment	07/07/2020	Date Discharge	07/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

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**SINGAPORE
POLICE FORCE**



T/20200708/7025

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

3 of 3

Report No. T/20200708/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
08/07/2020 18:06

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



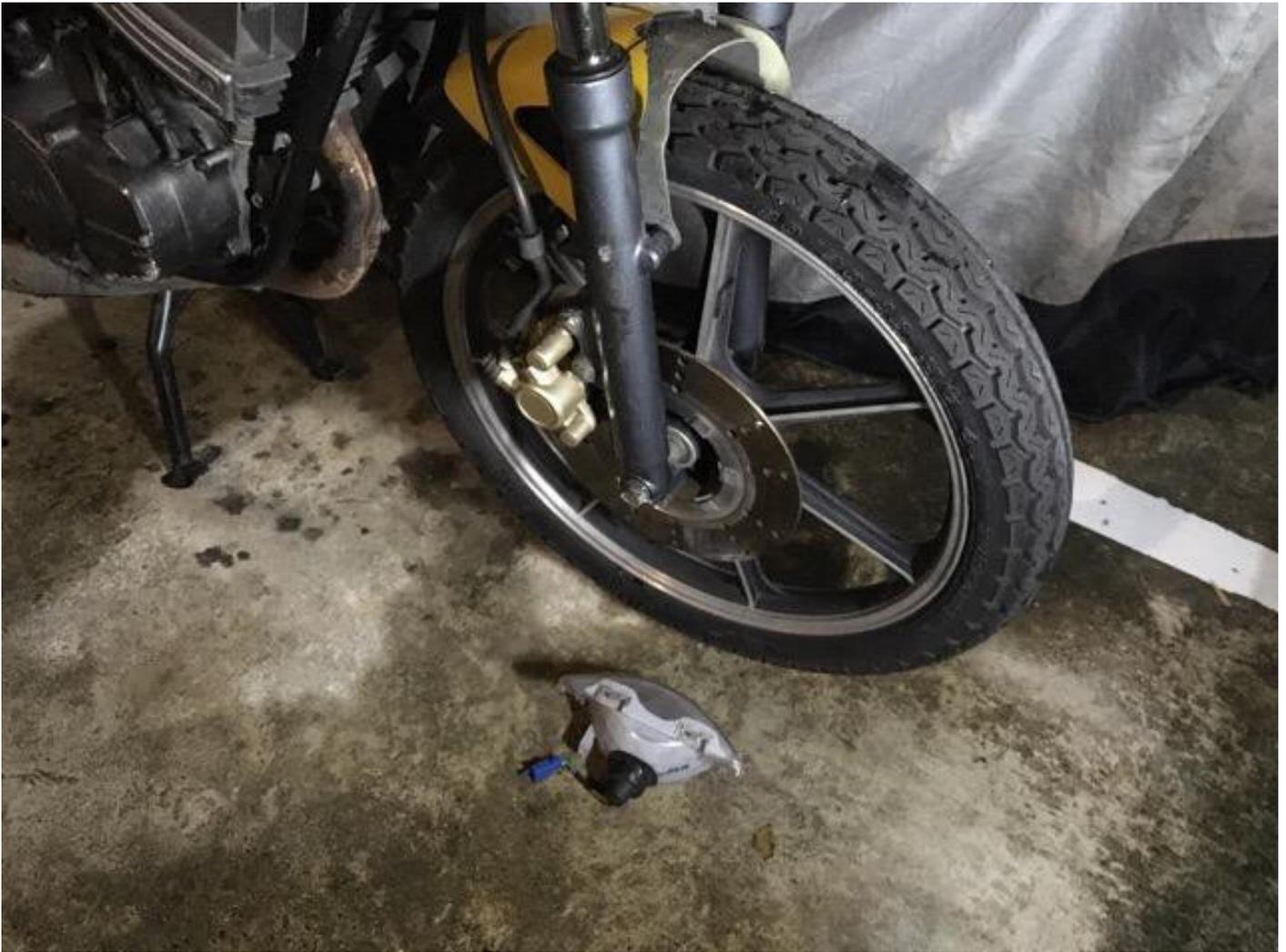
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



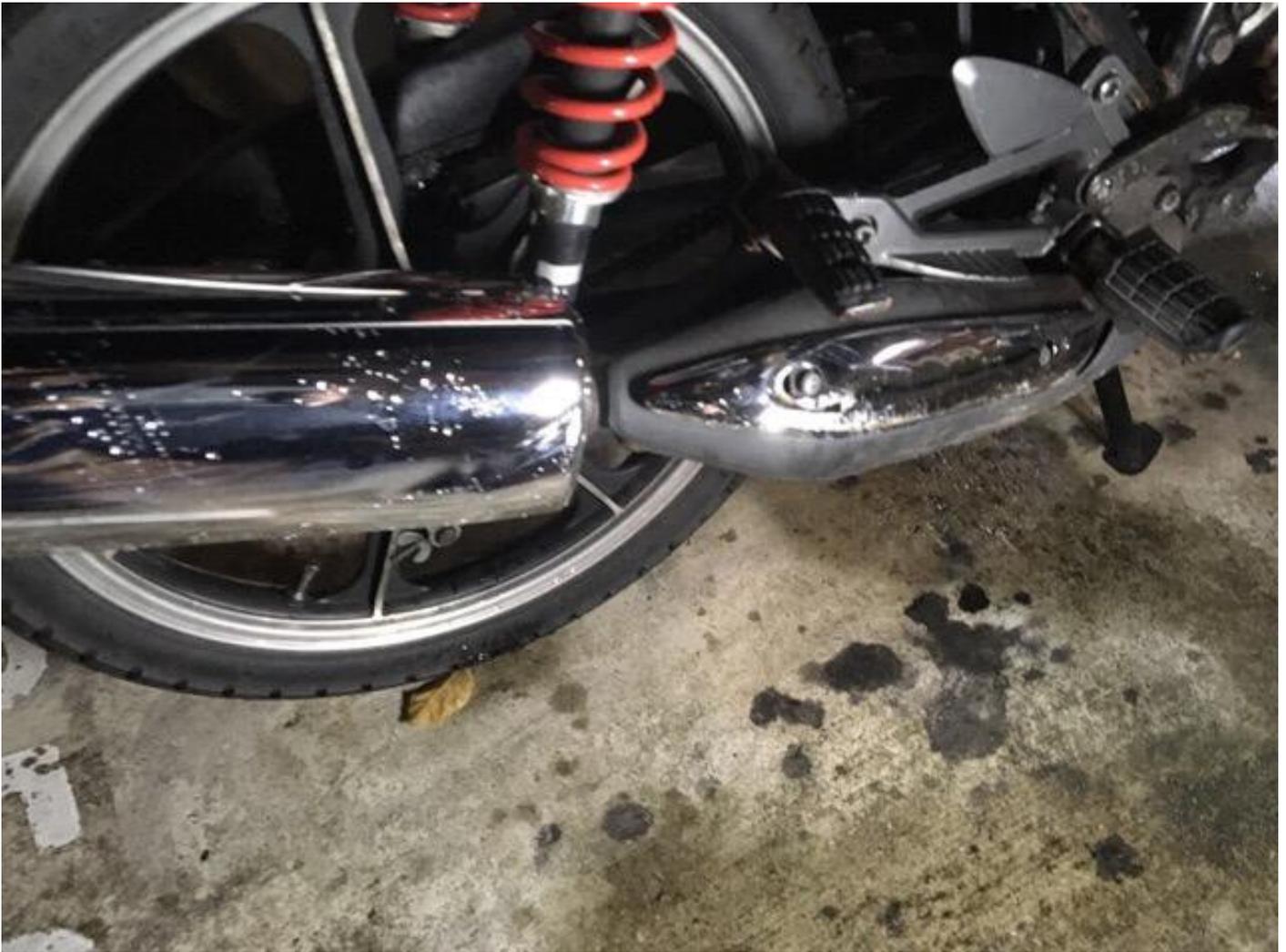
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Accident Photo



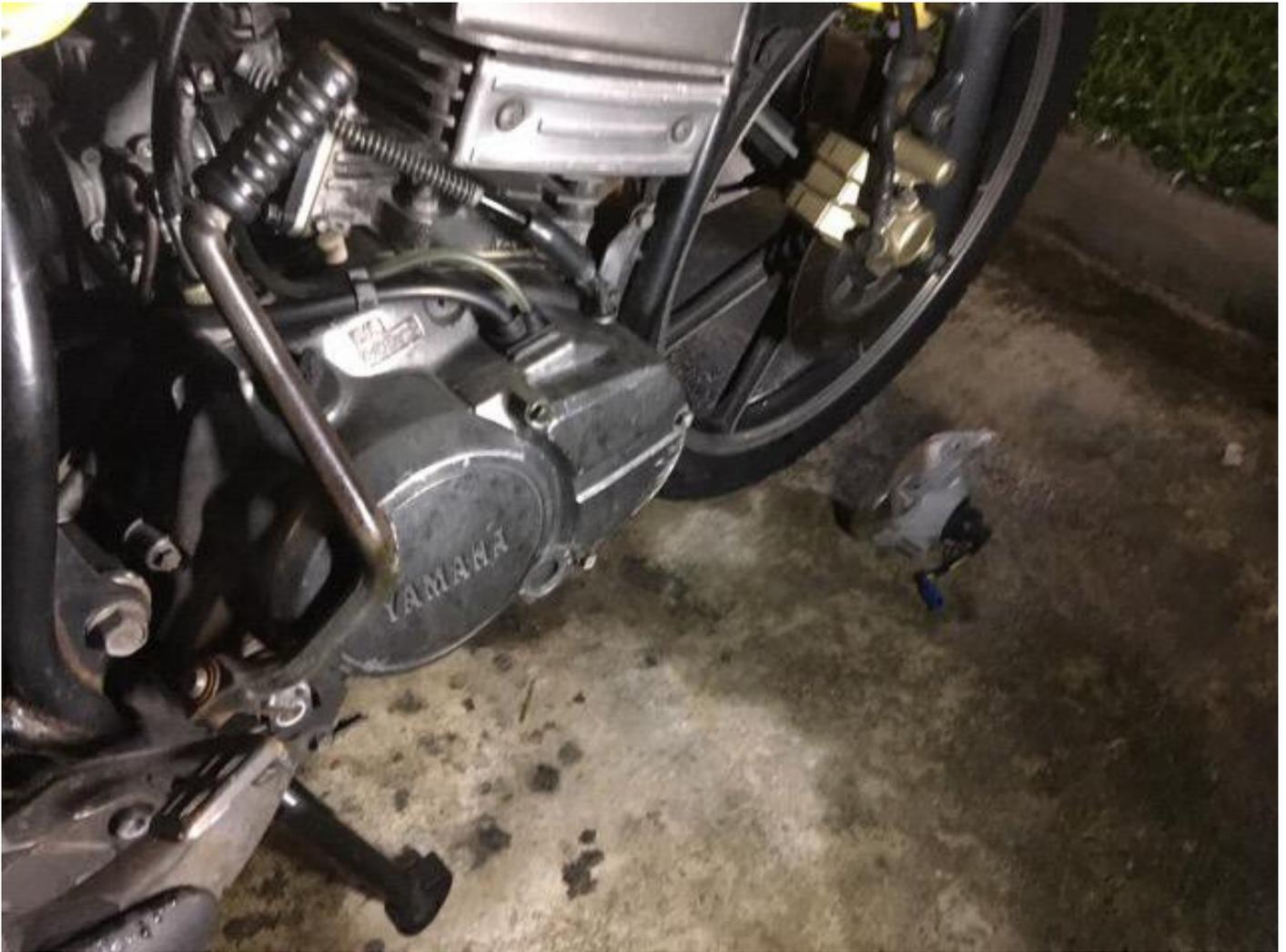
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICEN**

Licence Number: **S9334720Z**
Name: **MUHAMMAD HADI BIN SAMSIDI**

Birth Date: **22 Sep 1993**
Issue Date: **20 Jul 2012**



Driving License

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

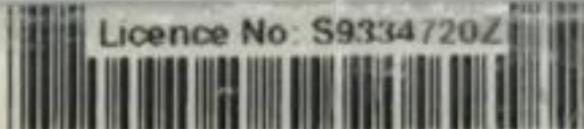
EFFECTIVE DATE

Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	20 Jul 2012
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	26 Sep 2014
Class 2	MOTORCYCLES EXCEEDING 400 CC	12 Aug 2016
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	18 Dec 2014
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	18 Dec 2014

S / No. 9000234724

S9334720Z

Licence No: S9334720Z



Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9334720Z



Name

**MUHAMMAD HADI BIN
SAMSIDI**

Race

MALAY

Date of birth

22-09-1993

Sex

M

Country of birth

SINGAPORE



Identification Card

4 2 9 9 2 9 7



NRIC No. **S9334720Z**

Date of issue

29-10-2008

**APT BLK 134 TANAH MERAH BESAR ROAD #02-37
SINGAPORE 43841**

NRIC No: S9334720Z

Date: 13/01/2015











