

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	09/10/2020 22:12
Date Of Accident	08/10/2020 10:50
Exact Location Of Accident	OLD TAMPINES ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV2261M
Insured/Policyholder	
Name Of Registered Owner	ILYAS BIN ADMIN
NRIC No	S9027119I
Email Address	YASKECIK22@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88929163
Alternative Phone No	OFFICE-88929163

Vehicle Particulars

Manufacturer	KAWASAKI
Model	KRR-ZX150
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	PNMC2020-00000589
Cover Note Number	NA

Driver

Name of Driver	ILYAS BIN ADMIN
NRIC No	S9027119I
Date Of Birth	07/08/1990
Occupation	INDOOR
Date Of Driving Pass	15/01/2014
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88929163
Fax Number	
Contact Number	OFFICE-88929163
Email Address	YASKECIK22@GMAIL.COM

Address	NA
Postcode	
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
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]	PASIR RIS N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON THE 08/10/2020 AT ABOUT 1050HRS, I WAS THE RIDER THE OF MOTORBIKE BEARING REGISTRATION NUMBER FV2261M. WHILE I WAS TRAVELLING ALONG OLD TAMPINES ROAD TOWARDS TANAH BESAH ROAD, A VEHICLE BEARING SKM4040J SUDDENLY MADE A RIGHT TURN INTO TOH CLOSE FROM THE OPPOSITE DIRECTION OF OLD TAMPINES ROAD, IN THE MIDST OF DOING SO, I TRIED TO AVOID THE ONCOMING CAR (SKM4040J) AND THROW OFF MY BIKE, THEREAFTER, SOME OF PASSER BY CAME FORWARD TO RENDER ASSISTANCE AND ASSISTED TO MOVE MY BIKE TO THE SIDE. I WISH TO ADD THAT THE INCIDENT WAS ATTENDED BY THE AMBULANCE. I WAS LATER CONVEYED TO CHANGI GENERAL HOSPITAL AND WAS DISCHARGED WITH 3 DAYS OF MC.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM4040J
Vehicle Make/Model/Colour	JAGUAR / XF 2.2 I4D AUTO ABS D/AB 2WD 4DR HID TC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR HONG
NRIC/Passport Number	S2641590Z
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

3

DETAILS OF INJURED PERSON 1

Name ILYAS BIN ADMIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? FV2261M
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

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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.

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


Policyholder's Signature
Date & Time:

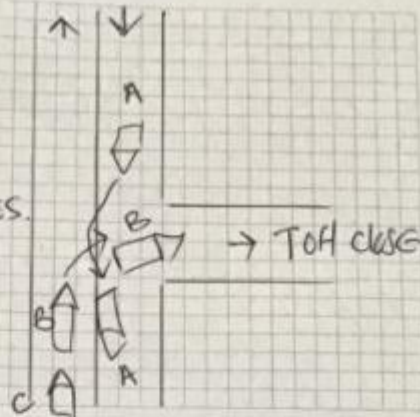
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A- FV2261M
 B- 8KM4040J
 C- PC5050S
 (WITNESS)

old
 TAMPINES
 RD

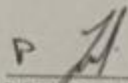


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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


 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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20201008/2074

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20201008/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2020 14:39	Vide Report No.:	Station Diary No.: 46
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Informant's Particulars

Name of Informant: ILYAS BIN ADMIN		Address: APT BLK 426 PASIR RIS DRIVE 6 #11-75 SINGAPORE 510426	
ID Type / ID No.: NRIC NO / S9027119I		Contact No.: Home/Office: Mobile: 88929163	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 07/08/1990	Type of Informant: Rider
Race: Javanese		Language:	Institution / School Name:
Occupation: CISCO		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/10/2020 10:50	Type of Location: Straight Road
Location: OLD TAMPINES ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV2261M	Motorcycle	KAWASAKI	KRR-ZX150	Green	Slightly Damaged	0
SKM4040J	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV2261M	FWD Singapore Pte. Ltd	PNMC2020- 00000589	05/02/2020	04/02/2021

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20201008/2074

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No: T/20201008/2074

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ILYAS BIN ADMIN	ID No.	S9027119I
Related Vehicle	FV2261M (Motorcycle)	Contact No.	88929163
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	08/10/2020	Date Discharge	08/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	HONG ZHU AN	ID No.	S2641590Z
Related Vehicle	SKM4040J (Car)	Contact No.	NIL
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

Brief Details.

On the 08/10/2020 at about 1050hrs, I was the rider the of motorbike bearing registration number, FV2261M.

While I was travelling along Old Tampines Road towards Tanah Besah Road, a vehicle bearing SKM4040J suddenly made a right turn into Toh Close from the opposite direction of Old Tampines Road. In the midst of doing so, I tried to avoid the oncoming car (SKM4040J) and throw off my bike. Thereafter, some of passer by came forward to render assistance and assisted to move my bike to the side.

I wish to add that the incident was attended by the ambulance. I was later conveyed to Changi General Hospital and was discharged with 3 days of MC.