

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	03/11/2020 14:13
Date Of Accident	02/11/2020 13:10
Exact Location Of Accident	ESSO WOODLANDS AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5529Y
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD HELMI BIN MOHAMAD
NRIC No	SXXXX245I
Email Address	SMITHSTARKHOLDINGS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91373661
Alternative Phone No	OFFICE-91373661

Vehicle Particulars

Manufacturer	HONDA
Model	NC750X ABS MANUAL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	0007063

Driver

Name of Driver	MOHAMAD HELMI BIN MOHAMAD
NRIC No	SXXXX245I
Date Of Birth	15/07/1983
Occupation	INDOOR
Date Of Driving Pass	23/10/2007
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91373661
Fax Number	
Contact Number	OFFICE-91373661
Email Address	SMITHSTARKHOLDINGS@GMAIL.COM

Address	BLK 185B WOODLANDS ST 13 #14-671
Postcode	732185
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 - OPENING DOOR OF VEHICLE
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?	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 [OTHER]	T20201102/2107
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	SHB6649J
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)	

DETAILS OF INJURED PERSON 1

Name	MOHAMAD HELMI BIN MOHAMAD
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBL5529Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** the details of the accident to speed up the claims process.
- 2) This Form must be **completely 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 fact 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 as investigation.**
- 6) The 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 lodgment of this report to 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature
Date & Time:



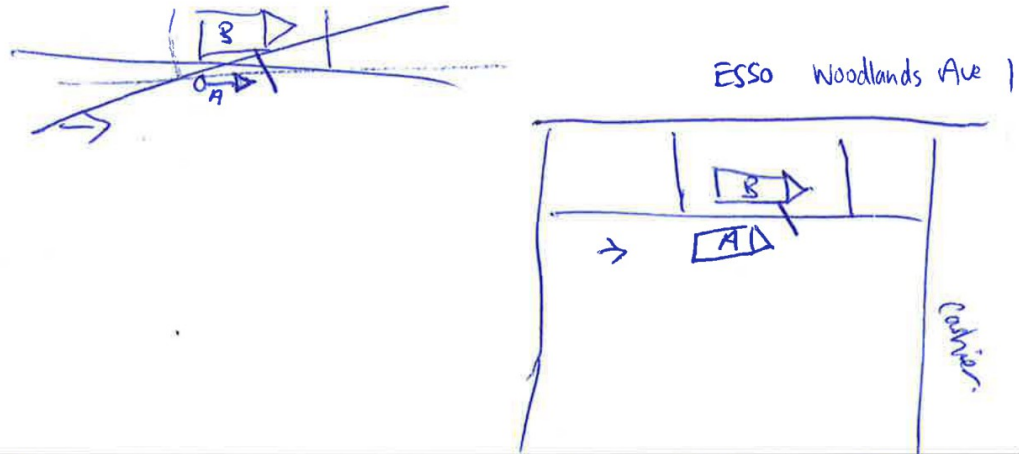
Driver's Signature
(If driver is not policyholder)
Date & Time:

COMFORTDELGRO ENGINEERING PTE LTD
320 UBI ROAD 3
SINGAPORE 408649

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

SKETCH PLAN

Veh A: FBL 5529Y
Veh B: SHB 6649J



On 2 Nov 2020 at 1:10pm I was riding vehicle FBL 5529Y entering Esso at Woodlands ave 1. As I was riding straight in Esso, vehicle SHB6649J suddenly opened his driver car door and collided into me, my bike suffered damages on both left and right side.

After the accident I suffered cuts and bruises and consulted the doctor at Unihealth Clinic (Bedok) and was given 3 days MC (MC. no. 00000 11745).

I have video footage.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

COMFORTDELGRO ENGINEERING PTE LTD
320 UBI ROAD 3
SINGAPORE 408045

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



ORIGINAL COPY

MC No A 0007063

Renew

MOTOR INSURANCE COVER NOTE

Whereas the applicant named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the Insurance thereupon will cease and a proportionate part of the annual premium otherwise payable for such Insurance will be charged for the time the Company has been on risk

Name of Insured: Mohamad Helmi Bin Mohamad 88320245I

DESCRIPTION OF MOTOR VEHICLE

Type of Vehicle: MotorCycle

Class Description:

Registered Number: FBL5529Y

Make: Honda

Year of Registration: 2016

Model: NC150x ABS manual

Seating Capacity: 745cc.

Chassis Number: RC901001181

Engine Capacity/Max Laden Weight:

Engine Number: RC88E1001002

Estimated Value: Market Value

COVERAGE OF MOTOR POLICY

Comprehensive

Excess \$1,500

PERIOD OF INSURANCE

09/12/2019 - 08/12/2020

VALIDITY PERIOD OF COVER NOTE

VALID FOR 30 DAYS FROM DATE OF ISSUE

HIRE-PURCHASE OWNER

Speedway Motor Pte Ltd

I/We hereby certify that this Cover Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and the The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore).



Signature of the Intermediary

Date of Issue: 05/12/2019

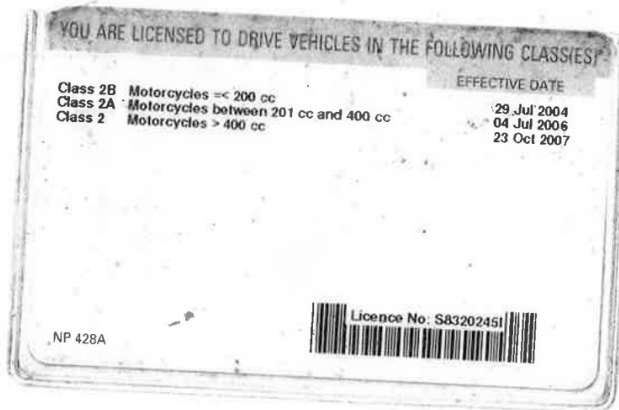
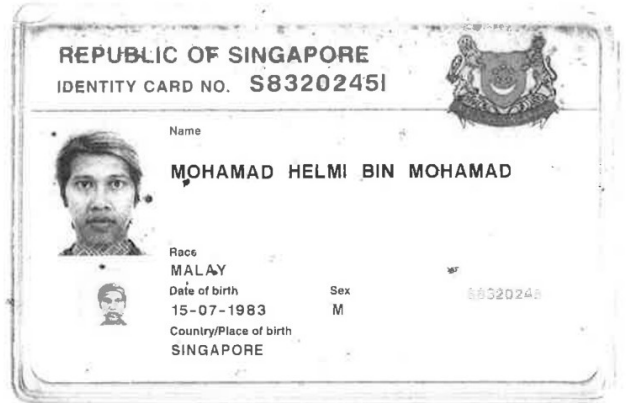
Billing A/C:

Signed For And on Behalf Of

Authorised Person

Allied World Assurance Company, Ltd

Sketch Plan Pg. 4





**SINGAPORE
POLICE FORCE**



T/20201102/2107

1 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20201102/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2020 17:02	Vide Report No.:	Station Diary No.: 29
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: MOHAMAD HELMI BIN MOHAMAD		Address: APT BLK 185B WOODLANDS STREET 13 #14-671 SINGAPORE 732185	
ID Type / ID No.: NRIC NO / S83202451		Contact No.: Home/Office: Mobile: 91373661	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 15/07/1983	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: FOODPANDA RIDER		Driving Licence Information: Class: 2B,2A,2 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/11/2020 13:10	Type of Location: Petrol Kiosk
Location: WOODLANDS AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL5529Y	Motorcycle	HONDA	NC750X ABS MANUAL	Red		0
SHB6649J	Car			Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20201102/2107

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20201102/2107

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL5529Y	ALLIED WORLD ASSURANCE COMPANY, LTD (SINGAPORE BRANCH)	AVMCSB00270419 03	09/12/2019	08/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MOHAMAD HELMI BIN MOHAMAD		ID No.	S8320245I
Related Vehicle	FBL5529Y (Motorcycle)		Contact No.	91373661
Hospital/Clinic	UNIHEALTH CLINIC (BEDOK)		Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	02/11/2020		Date Discharge	02/11/2020
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Name	YAP KENG CHOON		ID No.	S1658528I
Related Vehicle	NIL		Contact No.	96481590
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 above mentioned date, time and location, I was riding my motorcycle entering Esso when a parked taxi by my left suddenly opened his driver door. As such, I collided onto the door and flung out from my motorcycle. My motorcycle suffered damages on both left and right side. Particulars were exchanged and Police came down to scene.

I also sustained cuts and bruises and sought medical attention at Unihealth Clinic (Bedok) and was given 3 days of medical leave. I wish to mention I have camera footage.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20201102/2107

3 of 3

Report No. T/20201102/2107

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:

G /
Sgt 2 TAN LI JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

02/11/2020 17:02

Classification Of Case:

AUTHORIZATION LETTER

TO:

The Accident Reporting Centre

Dear Sir/madam,

I, MOHAMMAD HECMI Bin Mohamad, (NRIC S83202451)
of vehicle FBC 3529 Y (make / model) HONDA NEX 750X
am signing this letter to authorize KAPWAN S/O TAMIL KUDAY submit my accident
report statement in my absence.

I appreciate your assistance. Should there be any further clarification, please
contact me on my number provided.

Sincerely,

NAME: MOHAMMAD HECMI

HP: 91373661

SIGNATURE: 

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

