

## 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	26/11/2020 15:46
Date Of Accident	20/11/2020 17:15
Exact Location Of Accident	SIMS AVENUE TOWARDS ALJUNIED ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP8179H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM BOON HOCK
NRIC No	SXXXX181A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92285661
Alternative Phone No	OTHERS-92285661

### Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155A-155CC CVT ABS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNMC2020-00001055
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SULAIMAN BIN MOHAMED AZIZ
NRIC No	SXXXX983D
Date Of Birth	07/04/1997
Occupation	OUTDOOR
Date Of Driving Pass	19/07/2018
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92285661
Fax Number	
Contact Number	OTHERS-92285661
Email Address	NOEMAIL

Address	BLK 113 YISHUN RING ROAD #05-477
Postcode	760113
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 - CHANGE/CROSS LANE
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	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2440000 - <b>FAX NO:</b> 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT G/20201123/7051

#### 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	SLK998X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	MUHAMMAD SULAIMAN BIN MOHAMED AZIZ
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBP8179H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

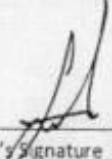
- 1) Please report correctly the details of the accident to speed up the claims process.
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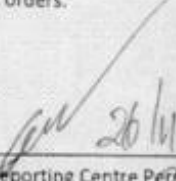
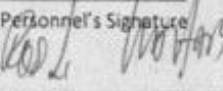
8) **Consent under the Personal Data Protection Act (PDPA)**

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) 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 purposes stated, or;
  - ii. For complying with the requirements under any regulations, law or court orders.

  
Policyholder's Signature  
Date & Time:

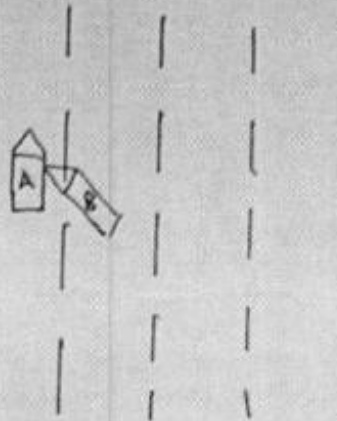
  
Driver's Signature  
(If driver is not policyholder)  
Date & Time:

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

# Accident Sketch Plan

## SKETCH PLAN

Sizes Are Indicated Diagrammatically.



VEH A:  
FAP 8179H

VEH B:  
SLK 998A

Refer to police report. 6/2020/123/7051

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 26/11/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/ FIN No:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



G/20201123/7051

1 of 2

## POLICE REPORT (NP299)

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Report No. G/20201123/7051

Date/Time Report Made 23/11/2020 16:23	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD SULAIMAN BIN MOHAMED AZIZ	Address 113 YISHUN RING ROAD #05-477 SINGAPORE 760113	
ID Type / ID No. NRIC NO / S9710983D	Contact No. Home/Office:	Mobile: 92285661
Nationality SINGAPORE CITIZEN	Email Address MANISDUMB97@GMAIL.COM	
Occupation delivery	Sex Male	Age 23
Institution/School Name	Date of Birth 07/04/1997	Race Malay
Date/Time Of Incident 20/11/2020 17:15	Location Of Incident SIMS AVENUE	

### Brief details.

On the above mentioned date and time I was riding my bike FBP8179H.

I was travelling straight on the first lane from the left along sims ave towards Aljunied.

Suddenly, a vehicle SLK998X from the right cut across 4 lanes at a high speed and I tried to swerve to avoid collision but to no avail.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2020 16:23
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



G/20201123/7051

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201123/7051

As such, the left front portion of vehicle SLK998X had collided on to my bike's front right portion and caused me to fall hard on my right.

Later that evening, I went to Khoo Teck Puat Hospital to seek treatment due to the multiple injuries I suffered from the accident.

I was admitted 1 day in Khoo Teck Puat Hospital and discharged with 5 days HL.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2020 16:23
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

