

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 Submission 31/12/2020 09:00 (SGT)
Date of Accident 29/12/2020 13:55 (SGT)
Exact Location of Accident Near SLE, Singapore
Additional Location Information SLE NEAR TO WOODLANDS AVENUE 12 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN3111X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMMAD FAIROZ BIN MOHAMED YUSOFF
NRIC No SXXXX408G
Email Address nurfaiqah1928@yahoo.com.sg
Mobile Phone No (Phone) +65-87804349
Alternative Phone No +65-87804349

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Xabre
Variant -
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? Yes
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900159350
Cover Note Number -

DRIVER

Name of Driver MOHAMMAD FAIROZ BIN MOHAMED YUSOFF
NRIC No SXXXX408G
Date Of Birth 15/08/1979
Occupation Indoor

Date Of Driving Pass	21/08/2018
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87804349
Alt. Phone Number	+65-87804349
Email Address	nurfaiqah1928@yahoo.com.sg
Address	BLK 574B WOODLANDS DRIVE 16 #13-764
Address complement	-
Postcode	732574
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED .

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	XD6675H
Vehicle Manufacturer	Scania
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MOHAMMAD FAIROZ BIN MOHAMED YUSOFF
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained ABRASION ON LEFT ELBOW,LEFT KNEE AND TOES ON LEFT FOOT
 Injured person in which vehicle? FBN3111X
 Were seat belts worn? No
 Was this injured conveyed to hospital by ambulance? No

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.



 Policyholder's Signature
 Date & Time:
 30/12/2020
 (04062)

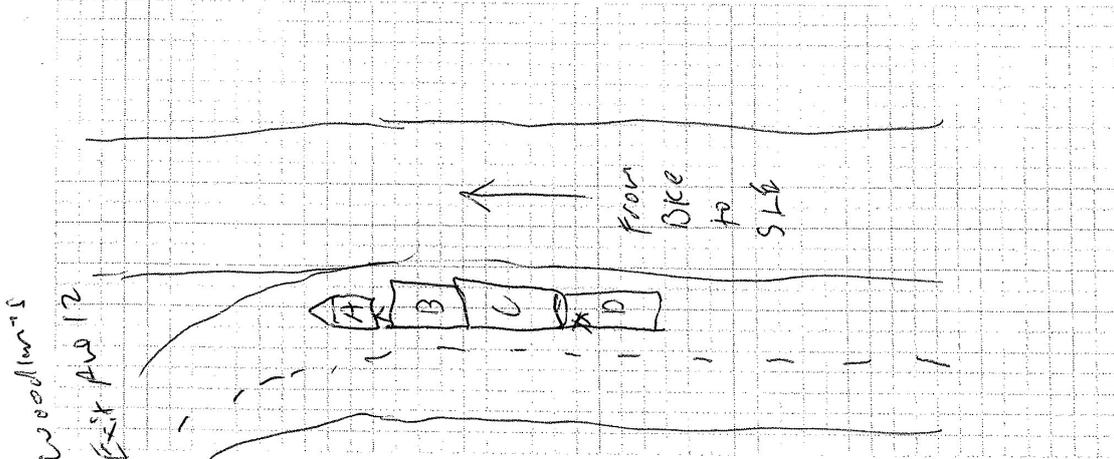


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 30/12/2020
 (04062)



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29 Reg December 2021 at about 1355hrs I was heading home travelling with motorbike FBN 3111X along BKE towards SLE riding

to exit Ave 12 woodlands. Approaching exit a low bed trailer with excavator suddenly ^{stopped} ~~jam brake~~ in front of me. I couldn't see any brake lights coming out from the trailer area, upon nearer only realised it had stopped in front of me causing me to jam brake and skidded to the back of the trailer without any damage to the trailer. I sustained left rib elbow abrasions, knee and toe with 3 days MC.

A: 10ft lorry

B - Bar

C - Trailer with excavator (XD 6675H)

D - Motorcycle (owner) (FBN 3111X)

DECLARATION

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

Policyholder's Signature
 Date & Time: 30/12/21
 10:50 10:40 am

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 10.40 am

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



CERTIFICATE OF INSURANCE

MOTORCYCLE AUTOVANTAGE MOTORCYCLE

Name of Policyholder	: MOHAMMAD FAIROZ BIN MOHAMED YUSOFF	Vehicle No.	: FBN3111X
Period of Insurance	: 06 Sep 2020 To 05 Sep 2021	Policy No.	: 1900159350-01
Engine No.	: G3G8E0034624	Endorsement No.	:
Chassis No.	: MH3RG3710HK025617	Issued Date	: 31 Aug 2020

ABOUT THE COVER

Make/Model	: YAMAHA TFX 150 Xabre	Sum Insured	: Market Value	First Year of Registration	: 2018
Engine Capacity/Tonnage	: 150.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: Named Driver Basis				

Person or Classes of Persons Entitled to Drive* :

- a) The Policyholder
- b) Any person who is named as a "named driver" under this Policy.

Age Condition : Not Applicable

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover

- 1) use for hire or reward;
- 2) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
- 3) use for the carriage of goods (other than samples) in connection with any trade or business; and
- 4) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$300 Theft - \$0

Section 2

Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

MOHAMMAD FAIROZ BIN MOHAMED YUSOFF - \$300 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: BIKE PRODUCTION PTE LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500656016

COWELL - BIKE PRODUCTION

8 BURN ROAD #09-09 TRIVEX

SINGAPORE 369977 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Tai Joo Lim
























**SINGAPORE
POLICE FORCE**


T/20201230/2042

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
93, Toa Payoh Central, #01-02
Singapore 319194
Tel: 1800 251 9999

1 of 4

Report No. T/20201230/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2020 12:57		Vide Report No.:		Station Diary No.: 70	
Informant's Particulars					
Name of Informant: MOHAMMAD FAIROZ BIN MOHAMED YUSOFF			Address: APT BLK 574B WOODLANDS DRIVE 16 #13-764 SINGAPORE 732574		
ID Type / ID No.: NRIC NO / S7923408G			Contact No.: Home/Office: Mobile: 87804349		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 15/08/1979	Type of Informant: Rider		
Race: Indian		Language:		Institution / School Name:	
Occupation: TECHNICAL OFFICER		Driving Licence Information: Class: 2B		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/12/2020 13:55	Type of Location: Expressway
Location: SILETAR EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBN3111X	Motorcycle	YAMAHA	XABRE TFX150	Silver	Slightly Damaged	0
XD6675H	Trailer Truck	SCANIA	P360LA4X2 MSZ	Multi-Colored	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN3111X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900159350-01	06/09/2020	05/09/2021



**SINGAPORE
POLICE FORCE**



T/20201230/2042

2 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194 CONTINUATION OF REPORT

Tel No: 1800-2519999

Report No. T/20201230/2042

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD FAIROZ BIN MOHAMED YUSOFF	ID No.	S7923408G
Related Vehicle	FBN3111X (Motorcycle)	Contact No.	87804349
Hospital/Clinic	MY FAMILY CLINIC (WOODLANDS GLEN)	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	29/12/2020	Date Discharge	29/12/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	UNKNOWN	ID No.	K2065924
Related Vehicle	XD6675H (Trailer Truck)	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 29/12/2020 at 1355hrs, I was riding my motorcycle bearing plate number: FBN3111X, along SLE near Woodlands Avenue 12 exit. At that point of time, it was raining quite heavily.

While riding, I was behind a trailer truck bearing plate number: XD6675H, at that point of time wanting to filter towards the exiting lane. Suddenly, I noticed that the said trailer in-front of me slowed down drastically and onto a complete stop. I immediately applied my emergency brake but was unable to come to a complete stop, as such I collided onto the said trailer.

Due to the collision, it had caused me to skid together with my motorcycle on the road. Afterwards, I made a check on myself and noticed abrasion on my left elbow, left knee and my toes on my left foot. My motorcycle was also damaged due to the incident.

Subsequently, I noticed that it was a chain collision between one bus, one lorry, one trailer and myself. The driver of the said trailer also came to assist me after he noticed me on the road. We exchanged pictures of our driving license and work permit as well, however the picture I took was blurry and I only managed to capture the permit number, K2065924.

I managed to kickstart my motorcycle and rode to my residential carpark slowly as my house as it is quite nearby to the exit.



**SINGAPORE
POLICE FORCE**



T/20201230/2042

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93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194 CONTINUATION OF REPORT

Tel No: 1800-2519999

3 of 4

Report No. T/20201230/2042

Later that evening, I decided to consult a doctor at MY FAMILY CLINIC (WOODLANDS GLEN) located at Blk 73 Woodlands Drive 16 #01-09, Singapore 730573 and I was given 3 days MC dated from 29/12/2020 to 31/12/2020, MC no: OD-WG0000073671.

I wish to state that I do not have any dashcam installed on my motorcycle.

I am lodging this report for insurance claiming purposes.



**SINGAPORE
POLICE FORCE**



T/20201230/2042

4 of 4

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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 referer.

Signature Of Officer Recording The Report: E / Sgt 1 CHAN JUN JIE 	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/12/2020 12:57
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168 	SN 168



CERTIFICATE OF INSURANCE

MOTORCYCLE AUTOVANTAGE MOTORCYCLE

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