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 witholding 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.

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 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 13/01/2021 11:29 (SGT) Date of Accident 14/12/2020 07:35 (SGT) Exact Location of Accident Tampines Street 32, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ25737

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MOHAMED ASMATH BASHA BIN MOHAMED MUSTHAF NRIC No. SXXXX344H Email Address muhdshamil93@gmail.com Mobile Phone No (Phone) +65-90070721 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Ktm Model 390 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? No - Claiming third party Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company **FWD** Type of Coverage ThirdParty Fleet Policy Policy Number PNMC2020-00003030 Cover Note Number

DRIVER

Name of Driver MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL NRIC No SXXXX216Z Date Of Birth 29/11/1993 Occupation Indoor

Date Of Driving Pass 06/11/2017 Driving experience 3 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-90070721 Alt. Phone Number Email Address muhdshamil93@gmail.com Address **BLK 317 TAMPINES STREET 33** Address complement #04-58 Postcode 520317 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Friend Does Driver Own Other Vehicles? Nο 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201217/7040. 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 SH8340Z

Vehicle Registration NumberSH8340Vehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryTaxiName 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	MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG
Injured person in which vehicle?	FBJ2573Z
Were seat belts worn?	<u>-</u>
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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
- (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

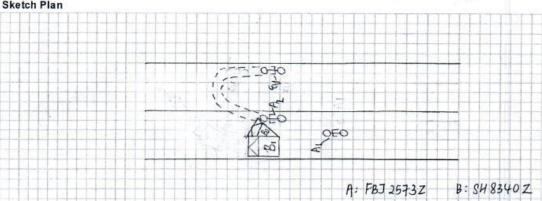
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect. use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Re

Sketch Plan



cribe Circumstances o	and Accident	
	D.A. Late L. Tlansacari Litura	
	Refer to police report 7/20201217/7040	
wish to state	that I swerved to the right to avoid the collision.	
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		3
aration		
eclare the foregoing particula	rs are true in every respect.	
	1	
	h/	
holder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre	

SKETCH PLAN

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- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

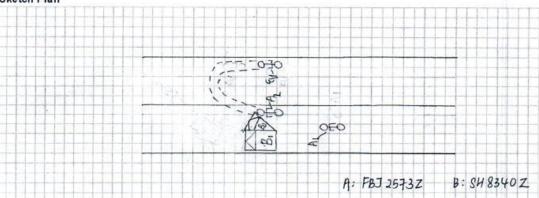
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Re Personnel

Sketch Plan



scribe Circumstances o	, and Engagett
	Refer to police report 7/20201217/7040
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	1
holder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20201217/7040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2020 18:06		Made:	Vide Report No.: G/20201214/0055	Station Diary No.:	
Informa	nt's Partic	ulars			
MUHAM	Informant: MAD SHAN AD IQHBA	MIL BIN	Address: 317 TAMPINES STREET 33	#04-58 SINGAPORE 520317	
ID Type / ID No.: NRIC NO / S9345216Z		16Z	Contact No.: Home/Office: Mobile: 90070721		
Nationali SINGAP	ty: ORE CITIZ	EN	Email: muhdshamil93@gmail.com		
Sex: Age: Date of Birth: Male 27 29/11/1993			Type of Informant: Rider		
Race: Indian		•	Language: Institution / School Na English		
Occupation: Logistic			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/12/2020 07:35	Type of Location Straight Road
Location: TAMPINES S	TREET 32			
1.2000000000000000000000000000000000000		Road Surface:		Donal Conned Limits
		Dry		Road Speed Limit:
		GARAGE AND		Traffic Volume: Moderate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBJ2573Z	Motorcycle		KTM- Duke390			0
SH8340Z	Car		100000000000000000000000000000000000000			0

Details of V	ehicle Insurance			Market Burn
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 3 Report No. T/20201217/7040

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ2573Z	FWD Singapore Pte. Ltd			

Details of Perso	n Involved	DESCRIPTION OF THE PERSON OF T		医内部	100	
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL Use			Use of F	lse of Pedestrian Crossing: NA		
Rider	March St. St. St.	高性加加	ACAL MARINATOR	- WE CO	Salan Ser	ROTTON STATE OF THE STATE OF TH
Name	MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL		IDI	No.	S9345216Z	
Related Vehicle	FBJ2573Z (Motorcycle)			Cor	ntact No.	90070721
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Driv	ence &	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date	14/12/2020		Date		16/12	2/2020
No. of Days gran	ted Medical Leave	33	Degree	of	Serio	us

Brief Details.

On the stated date and time, I was riding my motorbike (FBJ2573Z) on Tampines Street 32. I saw a taxi (SH8340Z) stopping at the road side without any warning light. Out of a sudden, the taxi make a illegal U-Turn and hit onto the left portion of my motorbike. I was injured, ambulance send me to Changi General Hospital and I was granted 33days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20201217/7040

CONTINUATION OF REPORT

Sketch Plan	
Informant is	not able to provide sketch

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: 17/12/2020 18:06
Officer In Charge Of Case: TP / TPHQ / LIM ENG KUAN, CLARENCE Contact No.: 65476200	Classification Of Case:

Authentication Stamp

NP168