

# 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 ..... 08/01/2021 17:40 (SGT)  
Date of Accident ..... 06/01/2021 22:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... WOODLANDS AVE 9 TOWARDS AVE 5  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBK3258Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD FAHMY BIN NOREZUAN  
NRIC No ..... SXXXX117F  
Email Address ..... fahmynorezuan17@gmail.com  
Mobile Phone No ..... (Phone) +65-96516237  
Alternative Phone No ..... +65-96516237

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Fzn150  
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 ..... Sompo  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... D20MTMC0100004  
Cover Note Number ..... 23/1/20-22/1/21

### DRIVER

Name of Driver ..... MUHAMMAD FAHMY BIN NOREZUAN  
NRIC No ..... SXXXX117F  
Date Of Birth ..... 23/01/1994  
Occupation ..... Indoor

Date Of Driving Pass .....	31/05/2018
Driving experience .....	2 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96516237
Alt. Phone Number .....	+65-96516237
Email Address .....	fahmynorezuan17@gmail.com
Address .....	BLK 870 WOODLANDS ST 81 #09-300
Address complement .....	-
Postcode .....	730870
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 .....	Collision - Change/cross lane
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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) .....	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 .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
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 .....	SHA353G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 ..... MUHAMMAD FAHMY BIN NOREZUAN  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... FBK3258Y  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

#### WITNESS DETAILS

##### WITNESS 1

Name ..... FARID  
Phone ..... (Phone) +65-98296825  
Email ..... -

**SKETCH PLAN**

1. VEHICLE NO: FAK 3258Y  
 2. INSURER CO: SCMPD  
 3. ACCIDENT DATE & TIME: 06/01/2021 22:00 HRS

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 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.  
 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 firm/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' law firm/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/are disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firm/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time: [Signature] 8/1/2021  
 Driver's Signature (if driver is not the policyholder) / Date & Time: [Signature] 8/1/21  
 Witnessed by Reporting Centre Personnel: [Signature] (W)

**Sketch Plan**

PLEASE TURN OVER

## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## DECLARATION

Policyholder's Signature Date & Time: 8/11/21	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Clerk (w) NRIC/FIN No:
( ) Claim Own Policy    ( ) Claim Third Party    ( ) Reporting Only		
(✓) Claim ODP at other workshop		











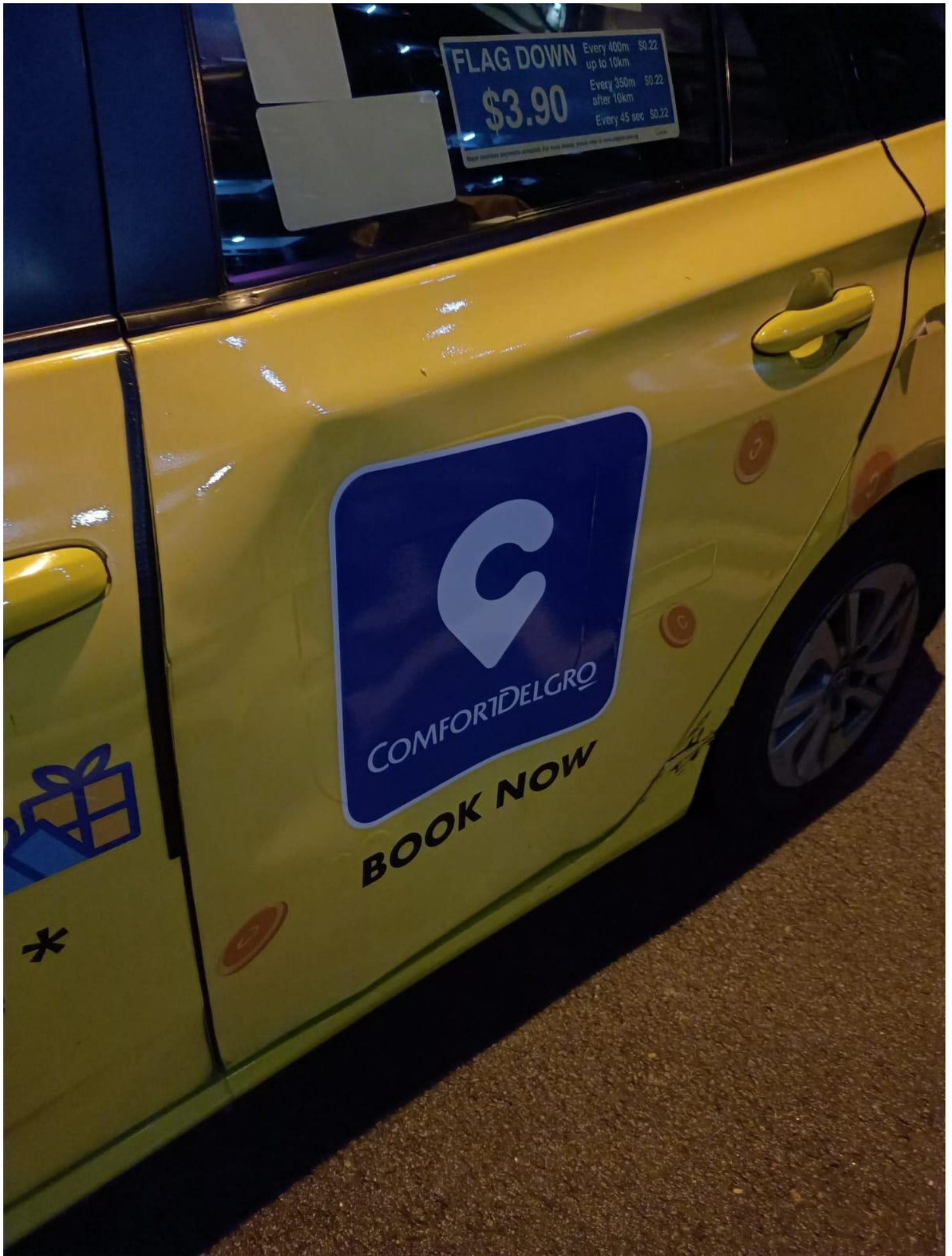






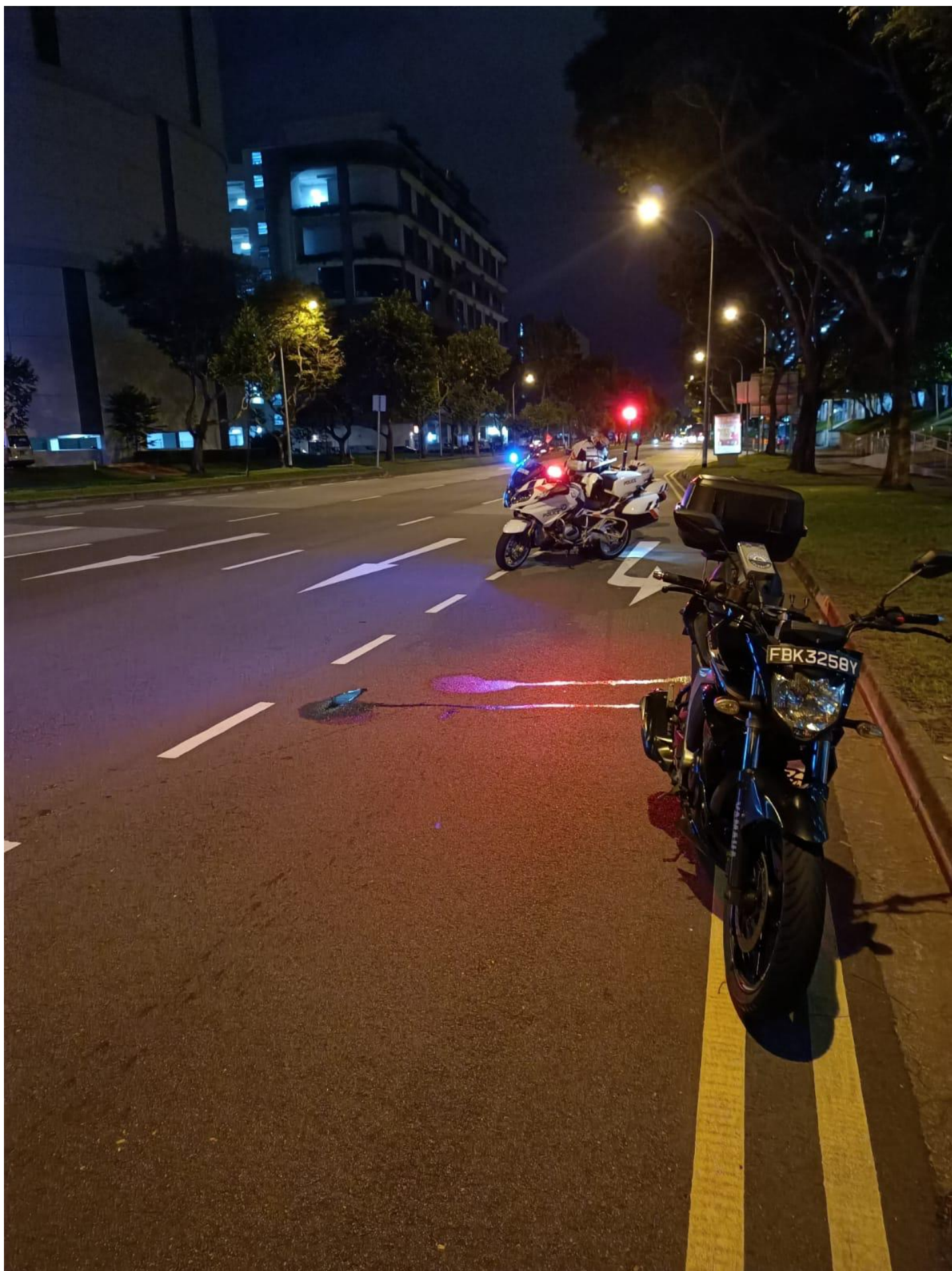
































**SINGAPORE  
POLICE FORCE**



T/20210107/2041

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529699

1 of 3  
Report No. T/20210107/2041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/01/2021 12:03		Vide Report No.: L/20200108/0147	Station Diary No.: 49
Name of Informant: MUHAMMAD FAHMY BIN NOREZUAN		Address: APT BLK 870 WOODLANDS STREET 81 #09-300 SINGAPORE 730870	
ID Type / ID No.: NRIC NO / S9403117F	Contact No.: Home/Office:	Mobile: 96516237	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 28	Date of Birth: 23/01/1994	Type of Informant: Rider
Race: Malay	Language:		Institution / School Name:
Occupation: Technician	Driving Licence Information: Class: 2B.3		Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/01/2021 22:00	Type of Location: Straight Road
Location: WOODLANDS AVENUE 9				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

FBK3258Y	Motorcycle	YAMAHA	FZN150	Black	Slightly Damaged	0
SHA353G	Car				Slightly Damaged	0

FBK3258Y	TENET SOMPO INSURANCE PTE. LTD.	D20MTMC01000004	23/01/2020	22/01/2021
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**SINGAPORE  
POLICE FORCE**



T/20210107/2041

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 758827  
Tel No: 1800-8529999

2 of 3  
Report No. T/20210107/2041






CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	MUHAMMAD FAHMY BIN NOREZUAN	ID No.	S9403117F
Related Vehicle	FBK3258Y (Motorcycle)	Contact No.	96518237
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/01/2021	Date Discharge	07/01/2021
No. of Days granted Medical Leave	14	Degree of Injury	Serious

**Brief Details.**

On 06/01/2021 at about 2200hrs, I was riding my motorcycle 'FBK3258Y' along Woodlands Avenue 9 heading towards Woodlands Avenue 5 on the 2nd left of 5 lanes road. While at the junction of Woodlands Avenue 9 before Woodlands Avenue 6, One taxi 'SHA353G' who was on the center of 5 lanes road suddenly made a lane change and hit onto my right side of my motorcycle after which I had fall onto the ground. Thereafter, Someone who was residing nearby called for the ambulance and police.

Subsequently, the ambulance arrived at the location and I was then conveyed to Khoo Teck Puat Hospital for treatment as I were having pain on right wrist and right knee. After getting treatment in Khoo Teck Puat Hospital I was given 14 days Hospitalization Leave and my right wrist was fracture. I also wish to state that after the accident happened the taxi driver did came down and admit is his mistake. I have already lodged a Police Report earlier ref to T/20210107/2022 and I was told by my insurance company to make amendment to the report by including the eye witness name and contact. The eye witness is namely Farid contact no : 98298825.

 <b>SINGAPORE POLICE FORCE</b>		 T/20210107/2041
Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999		3 of 3 Report No. T/20210107/2041
CONTINUATION OF REPORT		
<b>Sketch Plan</b> Informant is not able to provide sketch plan		
<p>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 <b>report number</b> as reference.</p>		
Signature Of Officer Recording This Report: L / Staff Sgt ZENG ZHIMIN, KEVIN	Signature Of Informant: 	Date/Time: 07/01/2021 12:03
Signature Of Interpreter: Not applicable	Classification Of Case:	
Officer In Charge Of Case: TP / GIT / Staff Sgt TAN JUN YAN Contact No.: 65476311	Signature: 	SN 085
Authentication Stamp NP188	 Singapore Police Force	