

SK05212M0004 / KAN FOOK SING MOTOR WORKSHOP [417883]  
ENTRY DATE & TIME: 22/02/2021 13:44 (SGT)  
SUBMITTED BY: Ng Hui Kheng  
VERSION: 1 (22/02/2021 13:44 (SGT))

## 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              | 22/02/2021 13:44 (SGT) |
| Date of Accident                | 19/02/2021 12:25 (SGT) |
| Exact Location of Accident      | Singapore              |
| Additional Location Information | TANJONG KATONG ROAD    |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | FBE5706P                       |
| INSURED/POLICYHOLDER        |                                |
| Is company?                 | No                             |
| Name Of Registered Owner    | MOHAMMAD NUR KHAIRUL BIN AHMAD |
| NRIC No                     | SXXXX856J                      |
| Email Address               | ahaimalto@gmail.com            |
| Mobile Phone No             | (Phone) +65-83092017           |
| Alternative Phone No        | +65-83092017                   |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Yamaha                    |
| Model  | X-1r                      |
| 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              | No                   |
| Policy Number             | PNMC2019-00001871-01 |
| Cover Note Number         | -                    |

#### DRIVER

|                |                                |
|----------------|--------------------------------|
| Name of Driver | MOHAMMAD NUR KHAIRUL BIN AHMAD |
| NRIC No        | SXXXX856J                      |
| Date Of Birth  | 05/09/1988                     |
| Occupation     | Indoor                         |

|  |                               |
|--|-------------------------------|
| Date Of Driving Pass   | 30/06/2016                    |
| Driving experience   | 4 YEARS AND 8 MONTHS          |
| Gender   | Male                          |
| Mobile Number  | (Phone) +65-83092017          |
| Alt. Phone Number  | +65-83092017                  |
| Email Address  | ahaimalto@gmail.com           |
| Address  | BLK 51 MARINE TERRACE #04-163 |
| Address complement   | -                             |
| Postcode   | 440051                        |
| 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   | 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   | 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                       | Marina Bay Neighbourhood Police Centre |
| Police Station Phone No                   | (Phone) +65-1800229999                 |
| Alt. Police Station Phone No              | (Fax) +65-64359276                     |
| Police Station Address                    | No 70 Marina View Singapore 018962     |
| Was notice of intended Prosecution given? | No                                     |
| If yes, against whom?                     | -                                      |

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE 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 | SGB6058B     |
| Vehicle Manufacturer        | -            |
| Vehicle Model               | -            |
| Vehicle Variant             | -            |
| Vehicle Colour              | -            |
| Vehicle Category            | Private car  |
| Name of Driver              | TAY BEE LIAN |
| NRIC No                     | SXXXX526J    |

|   |                      |
|---|----------------------|
| Contact Number                          | (Phone) +65-91117998 |
| 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 NUR KHAIRUL BIN AHMAD |
| Address   | -                              |
| Address Complement                                  | -                              |
| Post Code   | -                              |
| Approximate Age Years Old                           | -                              |
| Injuries Sustained                                  | -                              |
| Injured person in which vehicle?                    | FBE5706P                       |
| Were seat belts worn?                               | No                             |
| Was this injured conveyed to hospital by ambulance? | Yes                            |



SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for 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 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 be 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 insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firms, 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 enquires 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/impf 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 firms, law firms, may be 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 firms, 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 Reporting Centre Personnel

Sketch Plan

Handwritten sketch plan details, including a vertical list of items and a signature.

Handwritten signature and date: 22/8/21 13:25



Handwritten text: L.F.B.E 3706P, B: 085 6058 B



**SINGAPORE  
POLICE FORCE**



T/20210219/2099

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

1 of 3

Report No. T/20210219/2099

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>19/02/2021 18:15 | Vide Report No.: | Station Diary No.:<br>72 |
|--|------------------|--------------------------|

| Informant's Particulars                              |            |   |                             |
|--|------------|---|-----------------------------|
| Name of Informant:<br>MOHAMMAD NUR KHAIRUL BIN AHMAD |            | Address:<br>51 MARINE TERRACE #04-163 SINGAPORE 440051    |                             |
| ID Type / ID No.:<br>NRIC NO / S8831856J             |            | Contact No.:<br>Home/Office: Mobile: 83092017             |                             |
| Nationality:<br>SINGAPORE CITIZEN                    |            | Email:  |                             |
| Sex:<br>Male   | Age:<br>32 | Date of Birth:<br>05/09/1988                              | Type of Informant:<br>Rider |
| Race:<br>Malay                                       |            | Language:   | Institution / School Name:  |
| Occupation:<br>CISCO OFFICER                         |            | Driving Licence Information:<br>Class: 2B Date of Expiry: |                             |

| General Information of the Accident   |                           |                                    |  |                                    |
|---|---------------------------|------------------------------------|--|------------------------------------|
| Type of Accident:   | Injury Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>19/02/2021 12:25 | Type of Location:<br>Straight Road |
| Location:<br>TANJONG KATONG ROAD  |                           |                                    |  |                                    |
| Weather:<br>WINDY   |                           | Road Surface:<br>Dry               | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>Dual Carriage Way  |                           | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                   |                                    |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                           |                                    | Anyone conveyed by ambulance:<br>Yes       |                                    |

| Details of Vehicle Involved |            |        |       |       |                  |                 |
|-----------------------------|------------|--------|-------|-------|------------------|-----------------|
| Vehicle No.                 | Type       | Make   | Model | Color | Condition        | No of Passenger |
| FBE5706P                    | Motorcycle | YAMAHA | X-1R  | Red   | Slightly Damaged | 0               |
| SGB6058B                    | Car        |        |       |       |                  | 0               |

| Details of Vehicle Insurance |                        |                      |            |             |
|------------------------------|------------------------|----------------------|------------|-------------|
| Vehicle No.                  | Insurance Company      | Insurance No         | Effective  | Expiry Date |
| FBE5706P                     | FWD Singapore Pte. Ltd | PNMC2019-00001871-01 | 16/06/2020 | 15/06/2021  |



**SINGAPORE  
POLICE FORCE**



T/20210219/2099

2 of 3

Report No. T/20210219/2099

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

**CONTINUATION OF REPORT**

| Details of Person Involved        |                                |  |                                  |
|-----------------------------------|--------------------------------|--|----------------------------------|
| Any Pedestrian Involved: No       |                                |  |                                  |
| No. of Pedestrians Injured: NIL   |                                | Use of Pedestrian Crossing: NA         |                                  |
| Rider                             |                                |  |                                  |
| Name                              | MOHAMMAD NUR KHAIRUL BIN AHMAD | ID No.                                 | S8831856J                        |
| Related Vehicle                   | FBE5706P (Motorcycle)          | Contact No.                            | 83092017                         |
| Hospital/Clinic                   | RAFFLES HOSPITAL               | Class of Driving Licence & Expiry Date | Class: 2B<br>Date of Expiry: NIL |
| Date Treatment                    | 19/02/2021                     | Date Discharge                         | 19/02/2021                       |
| No. of Days granted Medical Leave | 05                             | Degree of Injury                       | Slight                           |

**Brief Details.**

On 19/2/2021 at about 1200hrs to 1225hrs, I was riding along Tanjong Katong Road towards Dunman Road, as I was on my way to deliver some food. At that point, the other party was driving at the right lane, while I was riding on the left lane. I also observed that there were some road works ahead on the right lane.

As I continued to ride on my lane, I observed that the other party was moving closer and filtering slowly into my lane. Subsequently, the other party continued to move into my lane and after which, caused the vehicle to side swipe my motorcycle. I then fell to the side due to the impact.

After the fall, I quickly got up from where I had fallen and proceeded to the side of the road. The other party had driven his vehicle and stopped it in front of the road works area. I wish to inform that the driver is a female subject, while the female subject's husband was at the passenger side.

The other party was not happy with the matter and insisted for matter to be settled via insurance. The other party was also reluctant in providing their details. Eventually, they left the location prior to the arrival of ambulance and Traffic Police. I was conveyed to Raffles Hospital and given 5 days of Medical Leave. I had sustained abrasions on my right arm, as well as the big toe on my right foot.

I do not have any camera on my helmet or motorcycle.

Particulars of driver:  
Tay Bee Lian  
S1643526J  
19/11/1964  
H/P: 91117998



**SINGAPORE  
POLICE FORCE**



T/20210219/2099

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

3 of 3

Report No. T/20210219/2099

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

*claf*

**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:<br>G /<br>Sgt 2 KHAIRUL HANIS BINTE RUSLI<br><i>hr</i> | Signature Of Informant:<br><i>claf</i>  |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>19/02/2021 18:15  |
| Officer In Charge Of Case:<br>TP / GIT /<br>Sr Staff Sgt NG BEIFENG<br>Contact No.: 65476845      | Classification Of Case:<br>   |
| Authentication Stamp<br>NP168   | <br><br>SIGNATURE |



### YOUR THIRD PARTY MOTORCYCLE INSURANCE SUMMARY

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Motorcycle breaks down or is involved in an accident.  
All accidents must be reported within 24 hours or by the next working day of the incident  
regardless of whether it will lead to a claim.

**POLICY NUMBER** : PNM2019-00001871-01

#### About this policy

Premium paid : S\$343.40 Coverage start date : 16/06/2020  
(Inclusive of GST) Coverage end date : 15/06/2021  
Who is insured to ride: : You only and any Authorised Rider

#### About you (As the policyholder)

Your name : Mohammad Nur Khairul B Ahmad  
Address : 51 Marine Terrace 04-163 Marine Terrace Haven Singapore 440051  
Email : khaimalto@gmail.com  
NRIC/FIN : S8831856J  
Current no claims discount : 0% Gender : Male  
Years of riding experience : >=3 Mobile Number : 83092017  
Date of birth : 05/09/1988 Certificate of merit : Yes

#### About your motorcycle

Motorcycle make and model : Yamaha X1-R 135  
Motorcycle plate number : FBE5706P Year of first registration : 2010  
Overseas Booster : No Authorised rider : Yes  
Daily transport allowance : Yes Hospitalisation expenses due to accident : Yes  
Issued on : 10/06/2020

  
Khor Kee Eng  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions  
and exclusions of this policy.

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details in  
this Motorcycle Insurance Summary needs to be changed.



## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Motorcycle breaks down or is involved in an accident.  
All accidents must be reported within 24 hours or by the next working day of the incident  
regardless of whether it will lead to a claim.

**POLICY NUMBER: PNMC2019-00001871-01**

Plan Name: Third Party

Motorcycle plate number: FBE5706P

Your name (As the policyholder): Mohammad Nur Khairul B Ahmad

Coverage start date: 16/06/2020

Coverage end date: 15/06/2021

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle

**Important things to know:**

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to ride Your Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with Your contract.

This Policy does not cover use for hire or reward, delivery of goods, and any renting or leasing purposes.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 10/06/2020

  
Khor Kee Eng  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details in  
this Certificate of Insurance needs to be changed.