

## 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	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	FBJ2573Z
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#### INSURED/POLICYHOLDER

Is company?	No
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	No
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	Male
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?	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	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 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 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? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes



# SKETCH PLAN

## IMPORTANT NOTICE

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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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

A: FBJ 2573Z      B: SH 8340Z

Refer to police report T/20201217/7040

I wish to state that I swerved to the right to avoid the collision.

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

Witnessed by Reporting Centre  
Personnel


**SINGAPORE  
POLICE FORCE**


T/20201217/7040

1 of 3

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

Report No. T/20201217/7040

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/12/2020 18:06	Vide Report No.: G/20201214/0055	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL		Address: 317 TAMPINES STREET 33 #04-58 SINGAPORE 520317	
ID Type / ID No.: NRIC NO / S9345216Z		Contact No.: Home/Office:	Mobile: 90070721
Nationality: SINGAPORE CITIZEN		Email: muhdshamil93@gmail.com	
Sex: Male	Age: 27	Date of Birth: 29/11/1993	
Race: Indian		Type of Informant: Rider	Institution / School Name:
Occupation: Logistic		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
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 STREET 32				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBJ2573Z	Motorcycle		KTM- Duke390			0
SH8340Z	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20201217/7040

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

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Report No. T/20201217/7040

## CONTINUATION OF REPORT

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

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL	ID No.	S9345216Z
Related Vehicle	FBJ2573Z (Motorcycle)	Contact No.	90070721
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	14/12/2020	Date	16/12/2020
No. of Days granted Medical Leave	33	Degree of	Serious

## 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.

**SINGAPORE  
POLICE FORCE**

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



T/20201217/7040

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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 Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
LIM ENG KUAN, CLARENCE  
Contact No.: 65476200

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
17/12/2020 18:06

Classification Of Case: