SA0A213U000M-01 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 31/03/2021 02:30 (SGT) SUBMITTED BY: Saiful VERSION: 2 (01/04/2021 17:50 (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 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.

- 4. The issue and acceptance of this is form by instrained 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 31/03/2021 02:30 (SGT) Date of Accident 07/01/2021 23:45 (SGT) Exact Location of Accident Bukit Batok West Ave 5, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBG8813H

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MOHAMED SUFI BIN MOHAMED ZAFRULL NRIC No. SXXXX250C Email Address gamesasdfvsjkl@gmail.com Mobile Phone No (Phone) +65-97125976 Alternative Phone No +65-97125976

#### VEHICLE PARTICULARS

Manufacturer

Model SACIN / ACE125 MANUAL 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 Transmission Manual CC 125

#### **INSURANCE COMPANY**

Name of Insurance Company FWD Singapore Pte. Ltd. Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number PNMC2020-00002208 Cover Note Number NA

## DRIVER

Name of Driver DANISH IRFAN BIN BURHANUDDIN AL'HELMY NRIC No. TXXXX369E

Date Of Birth 15/05/2000 Occupation Indoor Date Of Driving Pass 27/08/2018 Driving experience 2 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-97125976 Alt. Phone Number Email Address gamesasdfvsjkl@gmail.com Address HDB Choa Chu Kang, 422 Choa Chu Kang Avenue 4 Address complement 05-238 Postcode 680422 Is the driver the policyholder? Nο 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? 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT T collision outside of bukit batok driving centre. i was going straight and he turned right. bang into his front ATTACHMENT(S)

passenger side door, facepalm into the car and lay down.

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? Nο

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMF4391J Vehicle Manufacturer Toyota Vehicle Model Corolla Vehicle Variant Vehicle Colour

Vehicle Category	Private car
Name of Driver	LEE TUEN LEE
NRIC No	SXXXX875B
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 Address	DANISH IRFAN BIN BURHANUDDIN AL'HELMY
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBG8813H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

#### SKETCH PLAN

#### FBG8813H

#### IMPORTANT NOTICE

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- 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.
- 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.
- 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,
- 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.

Driver's Signature

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

Date & Time: 30 Mar 2021

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

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

GIABMC SketchPlanForm V3

Policyholder's Signature

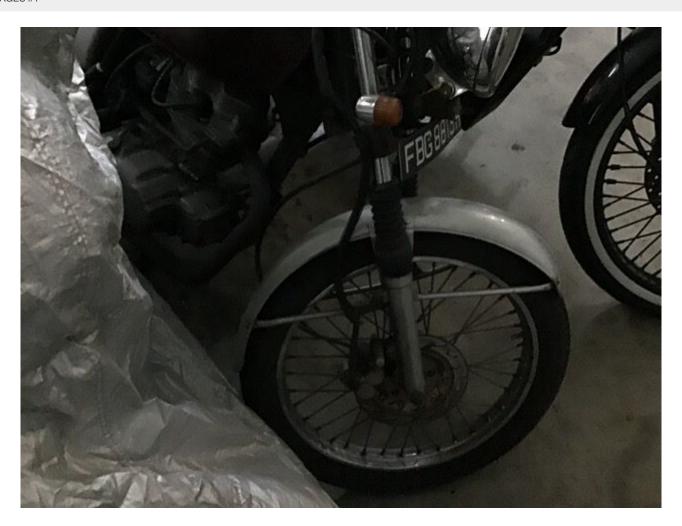
Date & Time:

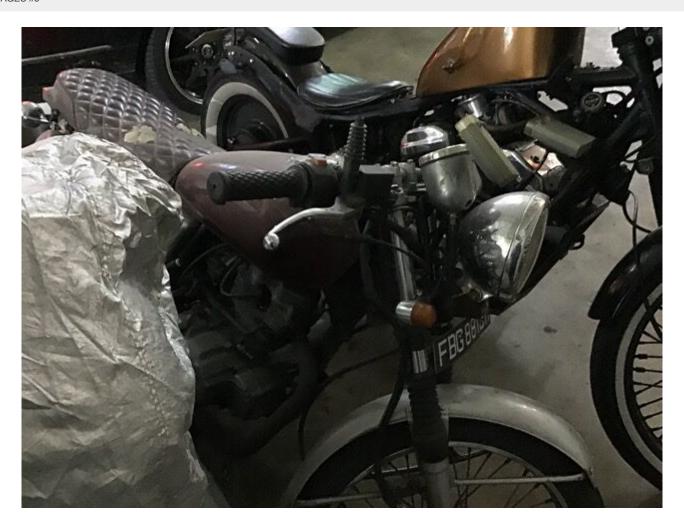
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7-FBG88	134			
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	Ya			
DECLARATION  I/We declare the foregoing partic	ulars are true in every respect		VEDIEVEN	,
	A.		VERIFY BY AJAX MAR REPORTING OFFIC MOHAMMAD AZALY BIN	ED
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the police Date & Time:	R	eporting Centre Personnel's Signame:	mature

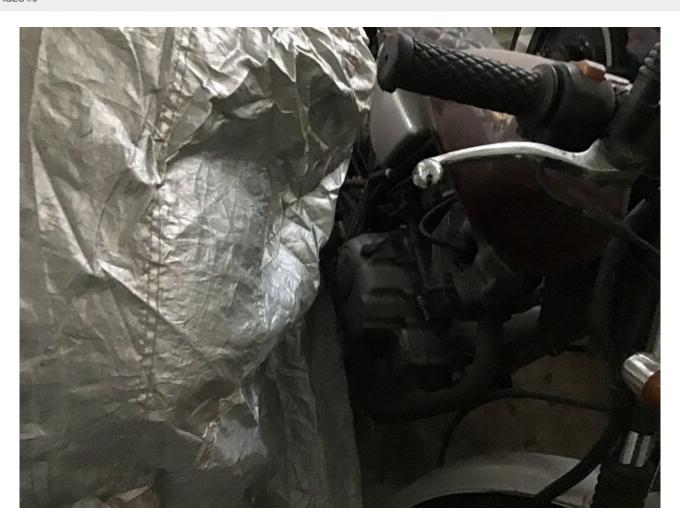


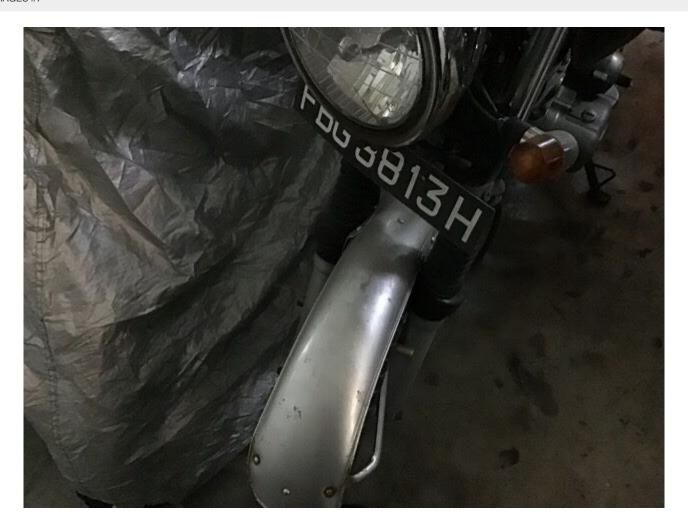


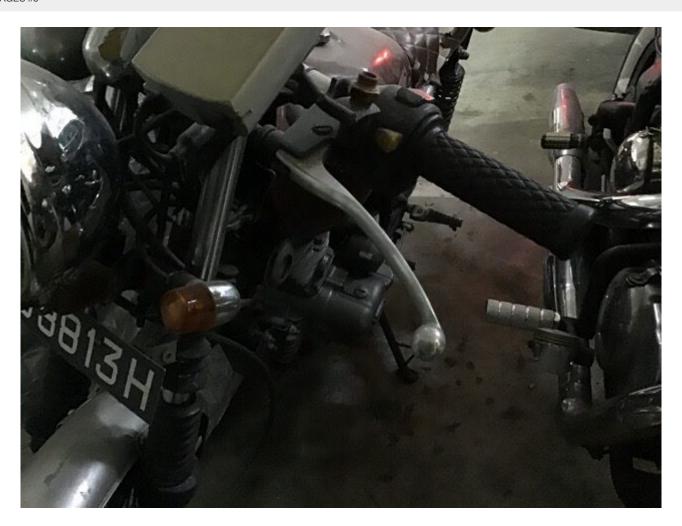


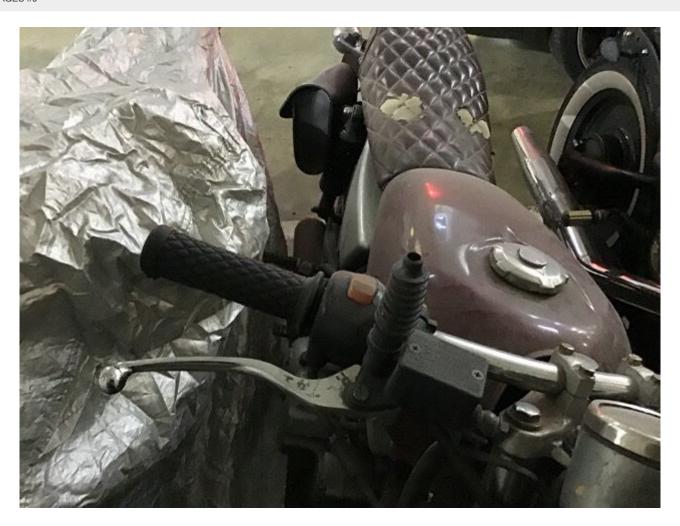


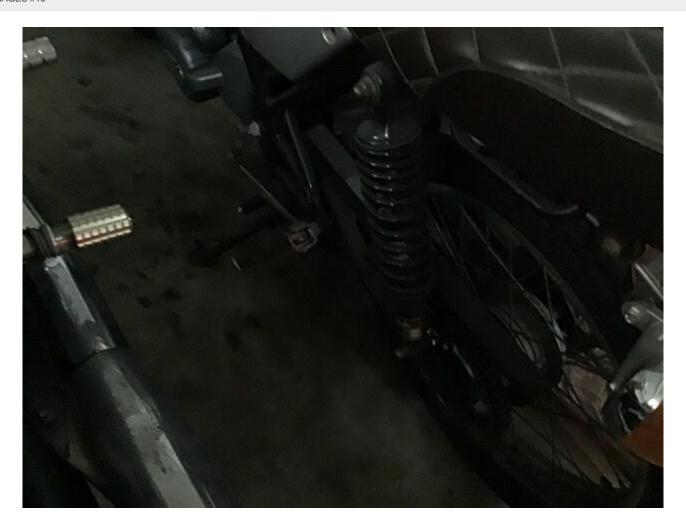


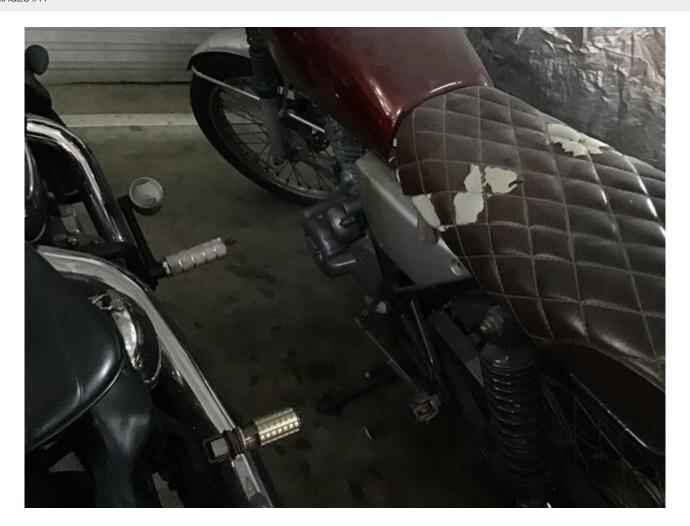


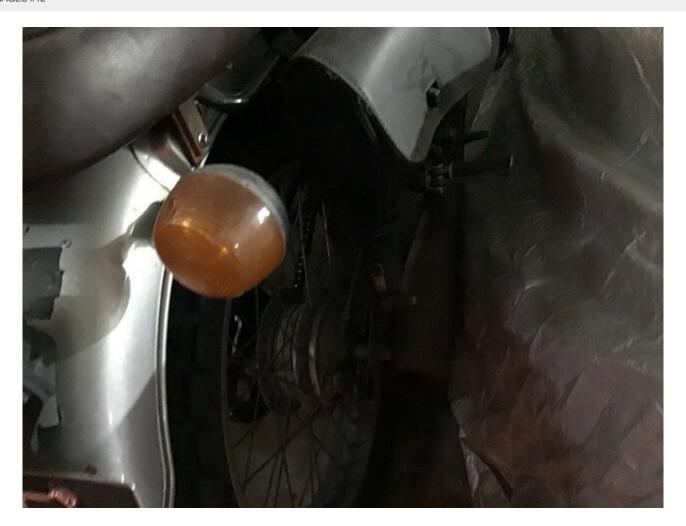


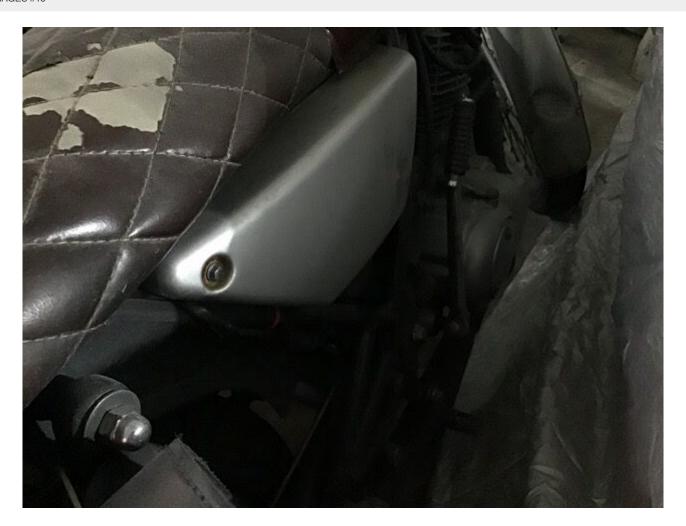




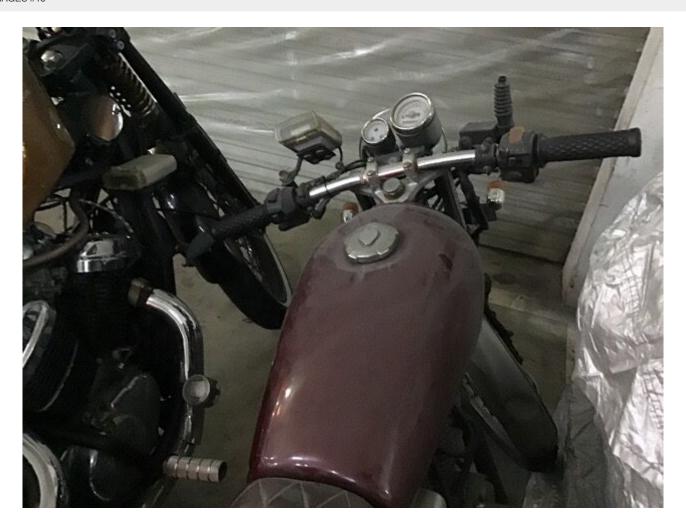


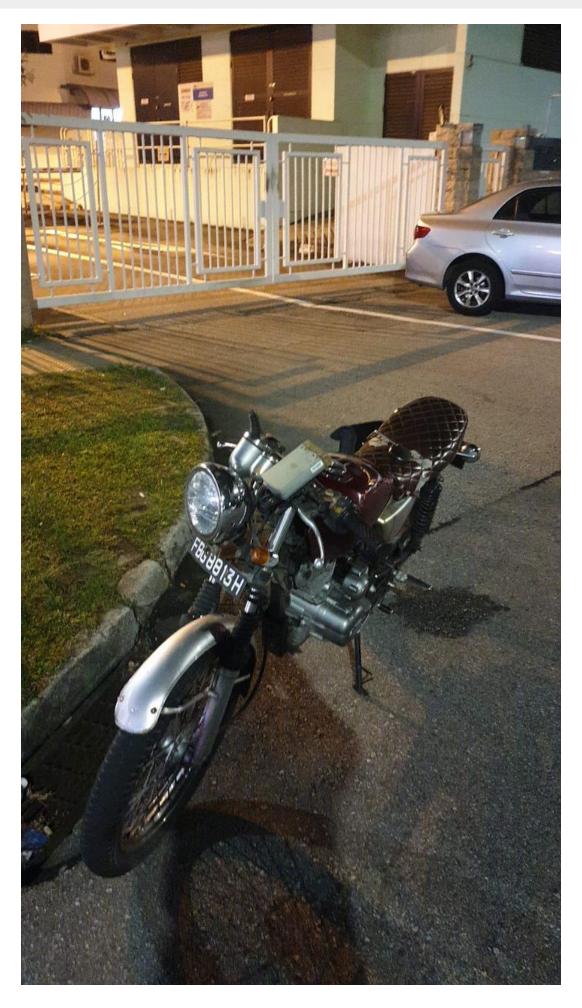


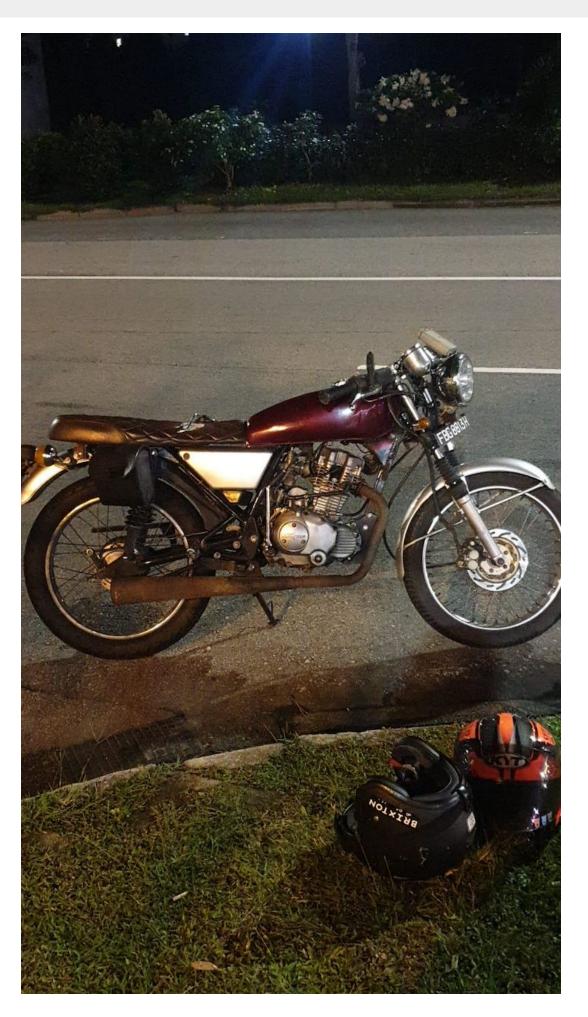


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20210108/7028

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2021 16:24			Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant:			Address:			
DANISH IRFAN BIN BURHANUDDIN			422 CHOA CHU KANG AVENUE 4 #05-238 SINGAPORE			
AL'HELMY			680422			
ID Type / ID No.:			Contact No.:			
NRIC NO / T0015369E			Home/Office: Mobile: 97125976			
Nationality:		Email:				
SINGAPORE CITIZEN		gamesasdfvsjkl@gmail.com				
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	20	15/05/2000	Rider			
Race: Malay		Language: English	Institution / School Name:			
Occupation:		Driving Licence Information:				
Student		Class: 2B,3 Date of Expiry:				

Type of Accident:	Injury Drink Date/Time of Drink & Drive: Accident: Yes 07/01/2021 2			Type of Location Straight Road
Location: BUKIT BATO	K WEST AVENUE 5			
Weather:		Road Surface:		Road Speed Limit:
		Road Surface: Dry		Road Speed Limit: 50 Km/h
Weather: Clear Traffic Flow: Two Way				

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBG8813H	Motorcycle			Brown	Seriously Damaged	
SMF4391J	Car					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210108/7028

## CONTINUATION OF REPORT

Details of Perso	n Involved						
Any Pedestrian I	nvolved: No						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA				
Rider							
Name	DANISH IRFAN BIN BURHANUDDIN AL'HELMY			ID No.		T0015369E	
Related Vehicle	FBG8813H (Motorcycle)			Contact No.		97125976	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence & Expiry		Class: 2B,3 Date of Expiry: NIL	
Date	07/01/2021	11.0000 no	Date		07/01	/2021	
No. of Days gran	ted Medical Leave	Degree o	of	Serio	us		
Driver							
Name	LEE TUEN LEE			ID No	).	S1458875B	
Related Vehicle	SMF4391J (Car)			Conta	act No.	NIL	
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng ce &	Class: 2B,3 Date of Expiry: NIL	
Date	NIL Date				NIL	20 <u> </u>	
No. of Days gran	s granted Medical Leave NIL			Degree of NIL			

## Brief Details.

T collision outside of bukit batok driving centre. i was going straight and he turned right. bang into his front passenger side door, facepalm into the car and lay down.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210108/7028

## CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 08/01/2021 16:24
Classification Of Case:

NP168



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION & 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

#### ADDENDUM

	AD	DDENDUM
PARTICULARSO	PERSONMAKINGTHEAMEN	DMENTS:
Original Report N	lo : SA0A213U000M	Vehicle Registration No: FBG8813H
Name(as shown in Ni	RIC) : DANISH IRFAN BIN BBURHANUDD	NRIC/FIN/Passport No: TXXXX369E
(*Vehicle Driver)	/ Vehicle Owner) (*) Please de	lete as appropriate
Address	÷	Singapore(
Contact (Tel)	74	Mobile No.: <u>97125976</u>
Email Address	:	
Date of Accident	: _07/01/2021	Time of Accident : _23:45
Place of Accident	:_IN FRONT OF BUKIT BA	TOK DRIVING CENTRE
Insurance Compa	any: _FWD Singapore Pte. Ltd	i.
1.ATTACH PICTU	RES.	
12 2-		
Policyholder / Dri	ver's Signature	Reporting Centre Personnel's Signature
Date:	STEVE SO, MONEY	Name:MEERA NRIC/FIN No.: Date: 01/04/2021

GIARMC addendumform\_V3





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