

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

VEHICLE PARTICULARS

Manufacturer Sachs
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 No
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	Male
Mobile Number	(Phone) +65-97125976
Alt. Phone Number	-
Email Address	gamesasdfsjkl@gmail.com
Address	HDB Choa Chu Kang, 422 Choa Chu Kang Avenue 4
Address complement	05-238
Postcode	680422
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

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.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

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	DANISH IRFAN BIN BURHANUDDIN AL'HELMY
Address	-
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

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7. 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.

Policyholder's Signature
Date & Time:

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.:

SKETCH PLAN

BBDC

A - FBG 8813H

B - SMF 4391J

BUKIT BT. WEST A'S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 30/3/21

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

2







































**SINGAPORE
POLICE FORCE**



T/20210108/7028

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.:	
Informant's Particulars					
Name of Informant: DANISH IRFAN BIN BURHANUDDIN AL'HELMY			Address: 422 CHOA CHU KANG AVENUE 4 #05-238 SINGAPORE 680422		
ID Type / ID No.: NRIC NO / T0015369E			Contact No.: Home/Office: Mobile: 97125976		
Nationality: SINGAPORE CITIZEN			Email: gamesasdfsjkl@gmail.com		
Sex: Male	Age: 20	Date of Birth: 15/05/2000	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 07/01/2021 23:45	Type of Location: Straight Road
Location: BUKIT BATOK WEST AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two 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
FBG8813H	Motorcycle			Brown	Seriously Damaged	0
SMF4391J	Car					0



**SINGAPORE
POLICE FORCE**



T/20210108/7028

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

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Report No. T/20210108/7028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: 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	Date	07/01/2021
No. of Days granted Medical Leave	07	Degree of	Serious
Driver			
Name	LEE TUEN LEE	ID No.	S1458875B
Related Vehicle	SMF4391J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days 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.



**SINGAPORE
POLICE FORCE**



T/20210108/7028

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

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Report No. T/20210108/7028

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 / TPIB /
MU WEI JUN
Contact No.: 65476225

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:
08/01/2021 16:24

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
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: S66SS0020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA0A213U000M Vehicle Registration No: FBG8813H

Name(as shown in NRIC) : DANISH IRFAN BIN BBURHANUDDIN AL'HELMY NRIC/FIN/Passport No : TXXXX369E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 97125976

Email Address : _____

Date of Accident : 07/01/2021 Time of Accident : 23:45

Place of Accident : IN FRONT OF BUKIT BATOK DRIVING CENTRE

Insurance Company: FWD Singapore Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1.ATTACH PICTURES.

[illegible]

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: MEERA
NRIC/FIN No.:
Date: 01/04/2021

18:50

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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: PNM2020-00002208
Plan Name: Third Party Fire & Theft
Motorcycle plate number: FBG8813H
Your name (As the policyholder): Mohamed Sufi Bin Mohamed Zafrull
Coverage start date: 05/06/2020
Coverage end date: 04/06/2021
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
Finance company:
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: 05/06/2020

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 if any details in this Certificate of Insurance needs to be changed.

FWD Singapore Pte. Ltd. 6 Temasek Boulevard, # 18-01 Suntec Tower 4, Singapore 038966. T: (65) 6820 8888. Company Registration No. 200501737H | www.fwd.com.sg
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YOUR THIRD PARTY FIRE & THEFT 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 : PNM2020-00002208

About this policy

Premium paid : S\$331.22
(Inclusive of GST)
Who is insured to ride: : You only and any Authorised Rider
Coverage start date : 05/06
Coverage end date : 04/06/2021

About you (As the policyholder)

Your name : Mohamed Sufi Bin Mohamed Zafrull
Address : 362B Sembawang Crescent, #01-819 Sun Natura Singapore 752362
Email : sufisuff@hotmail.com
NRIC/FIN : S9217250C