

# 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 .....	18/05/2021 12:07 (SGT)
Date of Accident .....	17/05/2021 07:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BUKIT BATOK WEST AVE 8
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FY3147M
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MOHD FANDY BIN ISMAIL
NRIC No .....	S6822018A
Email Address .....	MOHDFANDYISMAIL@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91996815
Alternative Phone No .....	+65-91996815

### VEHICLE PARTICULARS

Manufacturer .....	Kawasaki
Model .....	Zx150
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 .....	Auto
CC .....	150

### INSURANCE COMPANY

Name of Insurance Company .....	FWD Singapore Pte. Ltd.
Type of Coverage .....	ThirdPartyFireTheft
Fleet Policy .....	No
Policy Number .....	PNMC2021-00001205
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MUHAMMAD EMIRSHAH BIN MOHD FANDY
NRIC No .....	S9928238Z

Date Of Birth .....	07/09/1999
Occupation .....	Indoor
Date Of Driving Pass .....	26/12/2017
Driving experience .....	3 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93203349
Alt. Phone Number .....	-
Email Address .....	EMIRSHAH07@GMAIL.COM
Address .....	BLK 804B KEAT HONG CLOSE #14-32
Address complement .....	-
Postcode .....	682804
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 - U-Turn
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

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 .....	SHD775G
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 EMIRSHAH BIN MOHD FANDY  
 Address ..... BLK 804B KEAT HONG CLOSE #14-32  
 Address Complement ..... -  
 Post Code ..... 682804  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... FY3147M  
 Were seat belts worn? ..... No  
 Was this injured conveyed to hospital by ambulance? ..... Yes

#### WITNESS DETAILS

##### WITNESS 1

Name ..... AYIS  
 Phone ..... (Phone) +65-91141234  
 Email ..... -

## SKETCH PLAN

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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

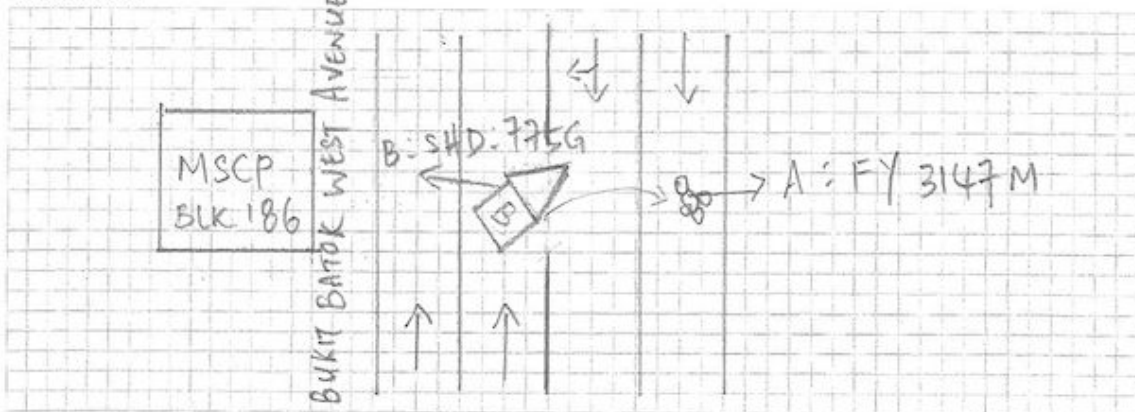
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT.

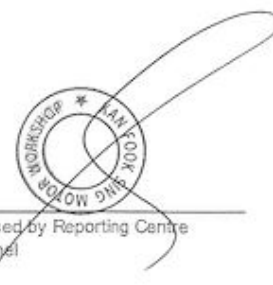
Declaration

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

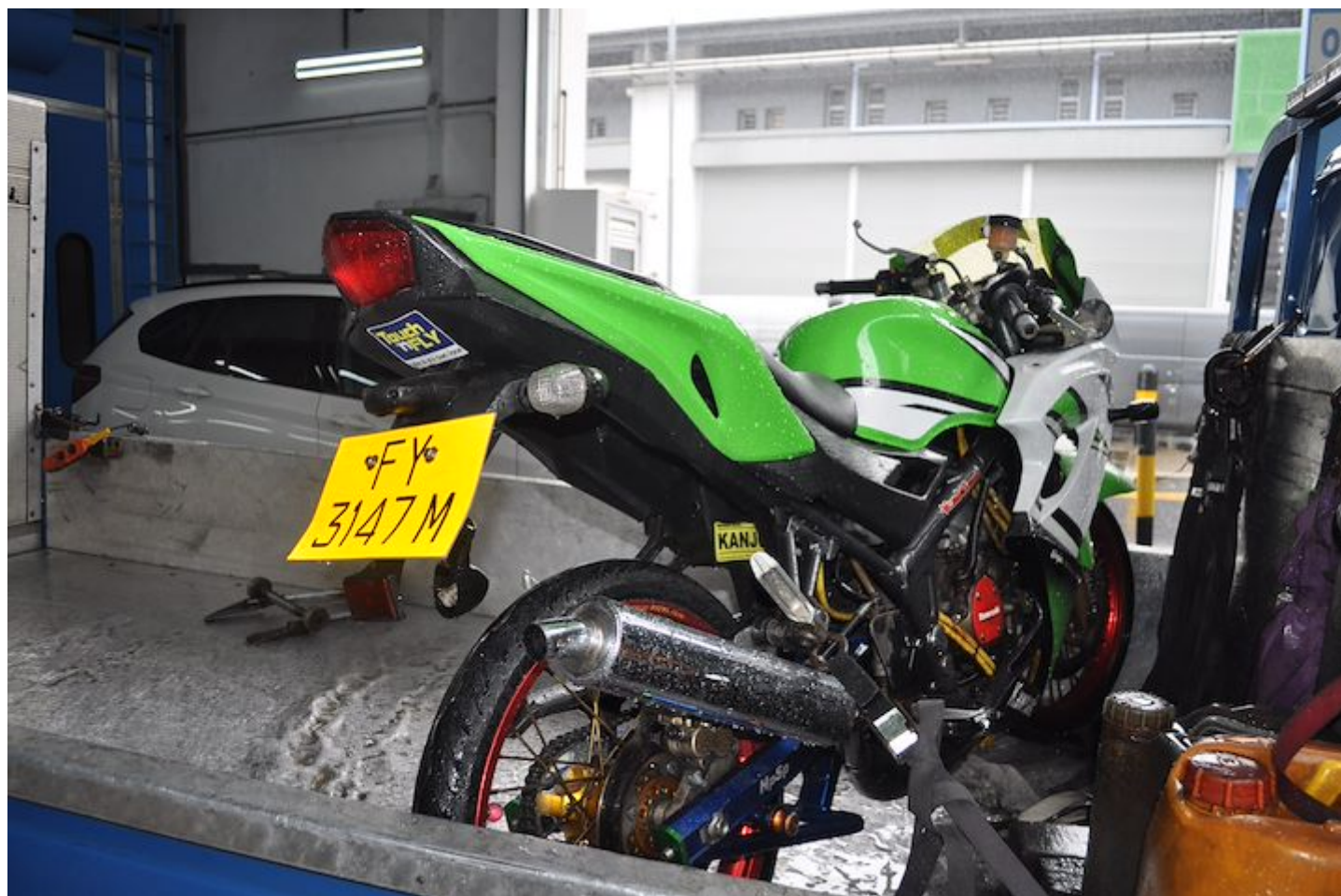
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





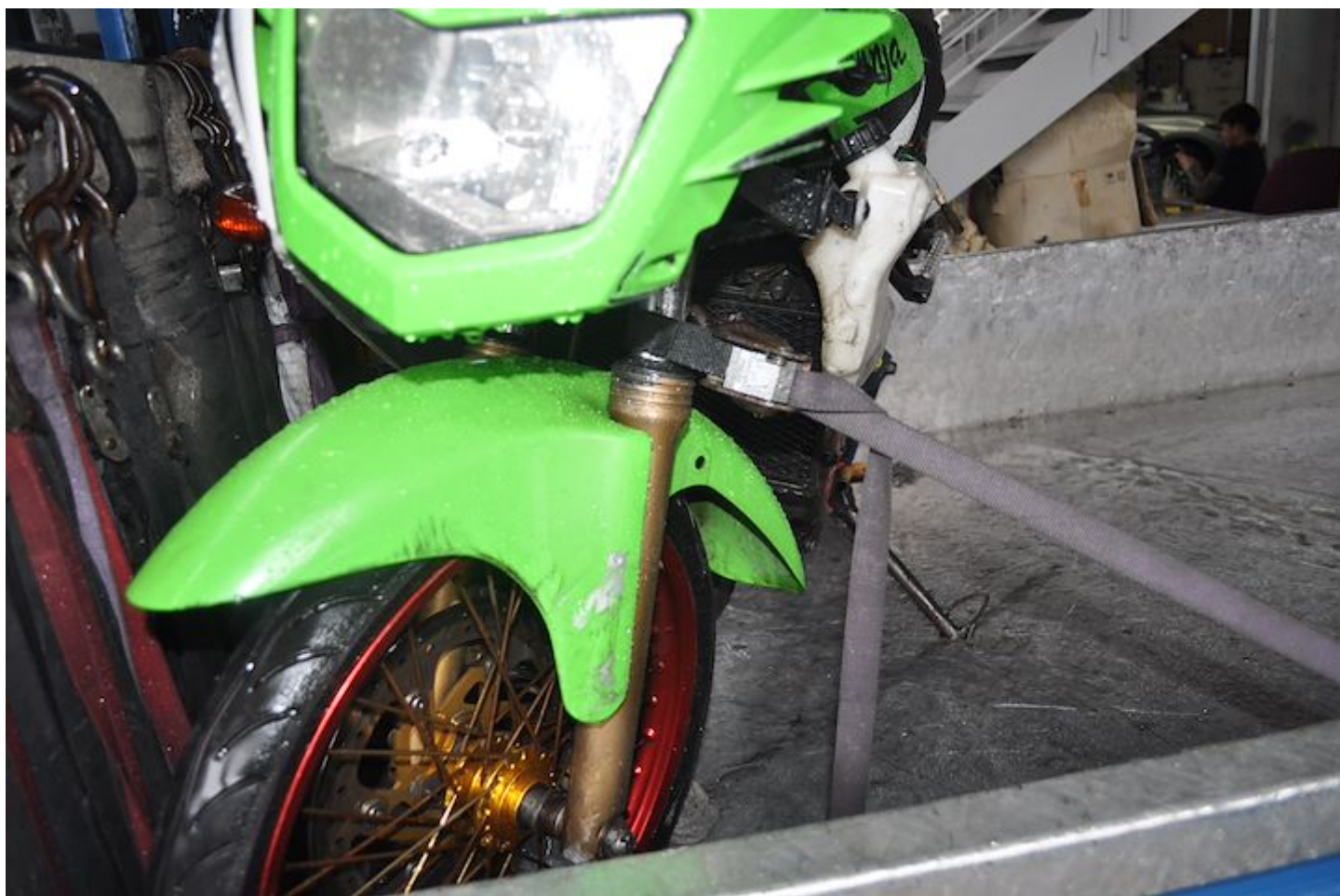
















**SINGAPORE  
POLICE FORCE**



T/20210517/7042

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

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Report No. T/20210517/7042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/05/2021 19:42	Vide Report No.: J/20210517/0049	Station Diary No.:
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Informant's Particulars			
Name of Informant: MUHAMMAD EMIRSHAH BIN MOHD FANDY		Address: 804B KEAT HONG CLOSE #14-32 SINGAPORE 682804	
ID Type / ID No.: NRIC NO / S9928238Z		Contact No.: Home/Office:	Mobile: 93203349
Nationality: SINGAPORE CITIZEN		Email: emirshah07@gmail.com	
Sex: Male	Age: 21	Date of Birth: 07/09/1999	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Technician		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/05/2021 07:50	Type of Location: Straight Road
Location:  BUKIT BATOK WEST AVENUE 8				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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	Condition	No of
FY3147M	Motorcycle	KAWASAKI	ZX150	Green	Seriously Damaged	0
SHD775G	Taxi	RENAULT		Red		0



**SINGAPORE  
POLICE FORCE**



T/20210517/7042

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

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Report No. T/20210517/7042

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD EMIRSHAH BIN MOHD FANDY	ID No.	S9928238Z
Related Vehicle	FY3147M (Motorcycle)	Contact No.	93203349
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	17/05/2021	Date	17/05/2021
No. of Days granted Medical Leave	07	Degree of	Serious
Driver			
Name	THAM WAI KIM DEREK	ID No.	S1662847F
Related Vehicle	SHD775G (Taxi)	Contact No.	91866779
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

On 17 May 2021 (Mon) at about 7.50am, I was riding straight on lane 1 of two lanes on my motorcycle bearing registration number plate: FY 3147M along Bukit Batok West Avenue 8 towards Bukit Batok East Avenue 6.

Suddenly, one red colour Transcab bearing registration number plate: SHD 775G make a wide illegal u-turn, thus causing me to collide onto the taxi right side portion.

His sudden illegal u-turn make me and my motorcycle flung to the opposite road and fell down. Ambulance and traffic police arrived on scene. Passer-by also assisted and provided a footage of the accident to me which have already send to the TP.

I was conveyed to Ng Teng Fong Hospital and was subsequently given 7 days of hospitalisation leave. TP IO Intan was also informed.



# SINGAPORE POLICE FORCE

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



T/20210517/7042

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Report No. T/20210517/7042

## 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 /  
LEE GUANG HUI  
Contact No.: 65476138

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:  
17/05/2021 19:42

Classification Of Case: