

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	19/05/2021 23:24 (SGT)
Date of Accident	16/05/2021 00:00 (SGT)
Exact Location of Accident	Near 409 Pandan Gardens, Block 409, Singapore 600409
Additional Location Information	Along west coast rd towards west coast highway
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP9527E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHD YASIR BIN DOLLAH
NRIC No	SXXXX327C
Email Address	nanaritz73@gmail.com
Mobile Phone No	(Phone) +65-88699273
Alternative Phone No	+65-88699273

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
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	155

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	PNMC2019-00004429-01
Cover Note Number	Na

DRIVER

Name of Driver	MOHAMAD ASHIEDIQ BIN MOHD YASIR
NRIC No	SXXXX268J

Date Of Birth	22/11/1999
Occupation	Outdoor
Date Of Driving Pass	23/09/2019
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86114168
Alt. Phone Number	-
Email Address	ashiediqtasir@gmail.com
Address	676 Choa Chu Kang crescent
Address complement	#04-453
Postcode	680676
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ZALYNN ONG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, (T/2021051/2102) LODGE AT CHOA CHU KANG NPC ON 16/05/2021 AT ABUT 0000HRS, I WAS RIDING MY MOTORCYCLE (FBP9527E) TOGETHER WITH MY PILLION NAMELY ZALYNN ONG, T0002502F, 93200687. I WAS TRAVELLING ALONG ON A 2 LANES ROAD, I WAS ON THE RIGHT LANE, ALONG WEST COAST RD TOWARDS WEST COAST HIGHWAY AND AT THE T JUNCTION OF PANDAN GARDENS, AS THE TRAFFIC LIGHT WAS GREEN I PROCEEDED TO RIDE STRAIGHT, SUDDENLY ONE TAXI (SHA7185D) WHO WAS TRAVELLING ON MY LEFT, MADE A ILLEGAL U TURN FROM THE 2ND LANE. I WANTED TO AVOID HITTING THE TAXI HEAD ON, I JAMMED MY BRAKE SO HARD THAT BOTH MY PILLION AND WE WERE THROWN TO THE FRONT AND LANDED ON THE LEFT. I MANAGED TO AVOID HITTING THE TAXI. HOWEVER, THE SAID TAXI MANAGED TO MAKE THE U TURN, AND THE TAXI STOPPED HIS VEHICLE BY THE ROADSIDE, AND CAME TOWARDS MY DIRECTION TO RENDER ASSISTANCE. PRIOR OF THIS, A RED RHINO WAS DRIVING PASS THE ACCIDENT SITE, THEY STOPPED AND ASSISTED ME AND MY PILLION, AMBULANCE WAS ALSO ACTIVATED BY THE RED RHINO OFFICERS. THE RED RHINO OFFICERS RENDERED ON SITE MEDICAL TREATMENT FOR MY PILLION WHEREBY SHE SUFFERED, LEFT KNEE BRUISING, LEFT KNEE SURFACE ABRASIONS, LEFT ARM ABRASION. SUBSEQUENTLY, AMBULANCE ARRIVED AND I WAS CONVEYED T NTFGH AND I WAS WARDED, I WAS DISCHARGED ON 17/05/2021 AT 1700HRS. I SUFFERED LEFT ELBOW LIGAMENT STRAIN, LEFT KNEE LIGAMENT STRAIN, LEFT ELBOW ABRASIONS AND A C6 FRACTURE. I WAS ALSO GIVEN 15 DAYS MC FROM 16/05/2021 - 30/05/2021. I WISH TO STATE THAT MY MOTORCYCLE MAIN STAND BROKE, MY MOTORCYCLE LEFT SIDE SUFFERED MULTIPLE SCRATCHES, AND MY PILLION FOOT REST UNABLE TO CLOSE. I BELIEVE THERE WERE CCTV AROUND THE ACCIDENT SITE. I AM LODGING THIS REPORT AS INSTRUCTED BY THE TP IO.

TAXI DRIVER DETAILS: LIU JAY MING-90037725-SHA715D

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	SHA7185D
Vehicle Manufacturer	Hyundai
Vehicle Model	Ae ioniq
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	LIU JAY MING
Contact Number	(Phone) +65-90037725
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	MOHAMAD ASHIEDIQ BIN MOHD YASIR
Address	676 Choa Chu Kang crescent
Address Complement	#04-453
Post Code	680676
Approximate Age Years Old	-
Injuries Sustained	I SUFFERED LEFT ELBOW LIGAMENT STRAIN, LEFT KNEE LIGAMENT STRAIN, LEFT ELBOW ABRASIONS AND A C6 FRACTURE
Injured person in which vehicle?	FBP9527E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	ZALYNN ONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained	SUFFERED, LEFT KNEE BRUISING, LEFT KNEE SURFACE ABRASIONS, LEFT ARM ABRASION
Injured person in which vehicle?	FBP9527E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

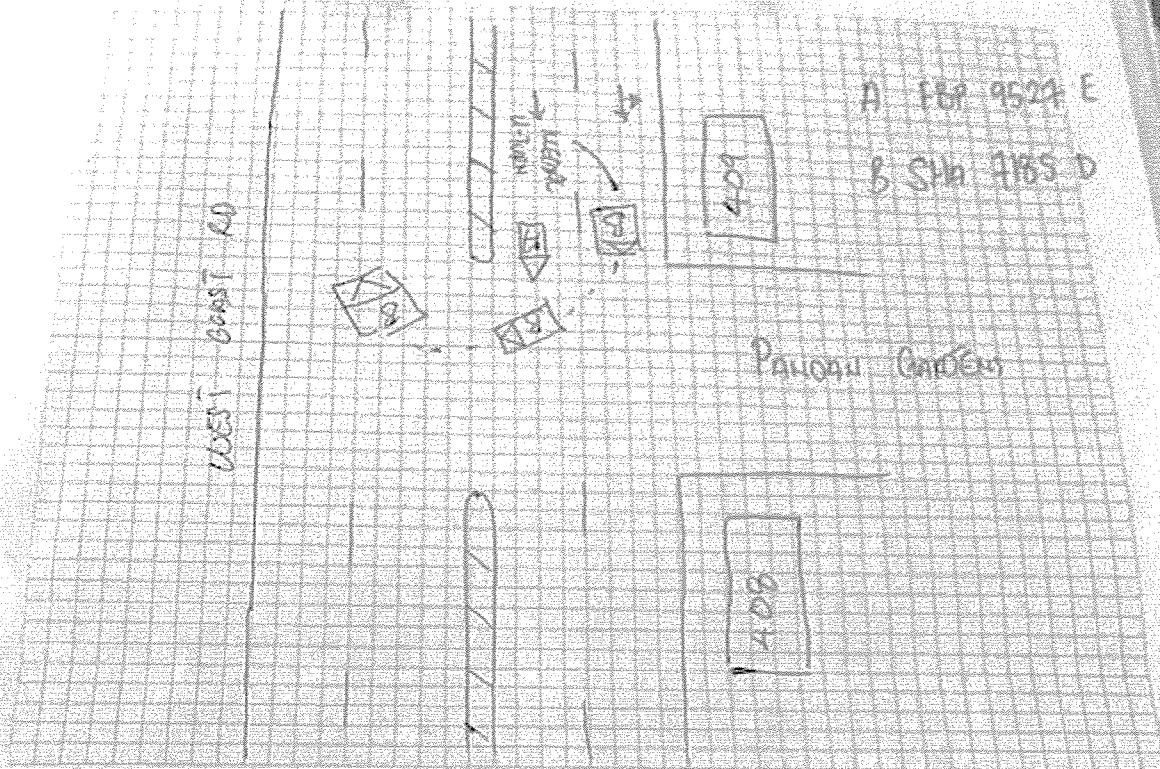
Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT DIAGRAM

Ver. 2004/01/01



A FEB 9524 E

B SH 7165 D

PANDAN GARDEN

(Handwritten signature)

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI

Policyholder's Signature
Date & Time:

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

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