

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 22/06/2021 17:34 (SGT)
Date of Accident 17/06/2021 13:40 (SGT)
Exact Location of Accident Jln Eunus, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ9670E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SIM TSEEN TING
NRIC No SXXXX900D
Email Address ZUHILMIZ@GMAIL.COM
Mobile Phone No (Phone) +65-97361671
Alternative Phone No (Home) +65-97361671

VEHICLE PARTICULARS

Manufacturer Ktm
Model 200 DUKE
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 ThirdParty
Fleet Policy No
Policy Number PNMC2020-00000713-01
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD ZUHILMI BIN ZAILANI
NRIC No SXXXX306F

Date Of Birth	28/01/1992
Occupation	Indoor
Date Of Driving Pass	12/11/2014
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97361671
Alt. Phone Number	-
Email Address	ZUHILMIZ@GMAIL.COM
Address	APT BLK 221 TAMPINES ST 24 #08-54
Address complement	-
Postcode	521221
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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?	No
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 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	SLN9973S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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 ZUHILMI BIN ZAILANI
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? FBJ9670E
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

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

A: FBJ9670E
B: SLN9973S

Describe Circumstances of the Accident

Refer to Police Report.

Declaration

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



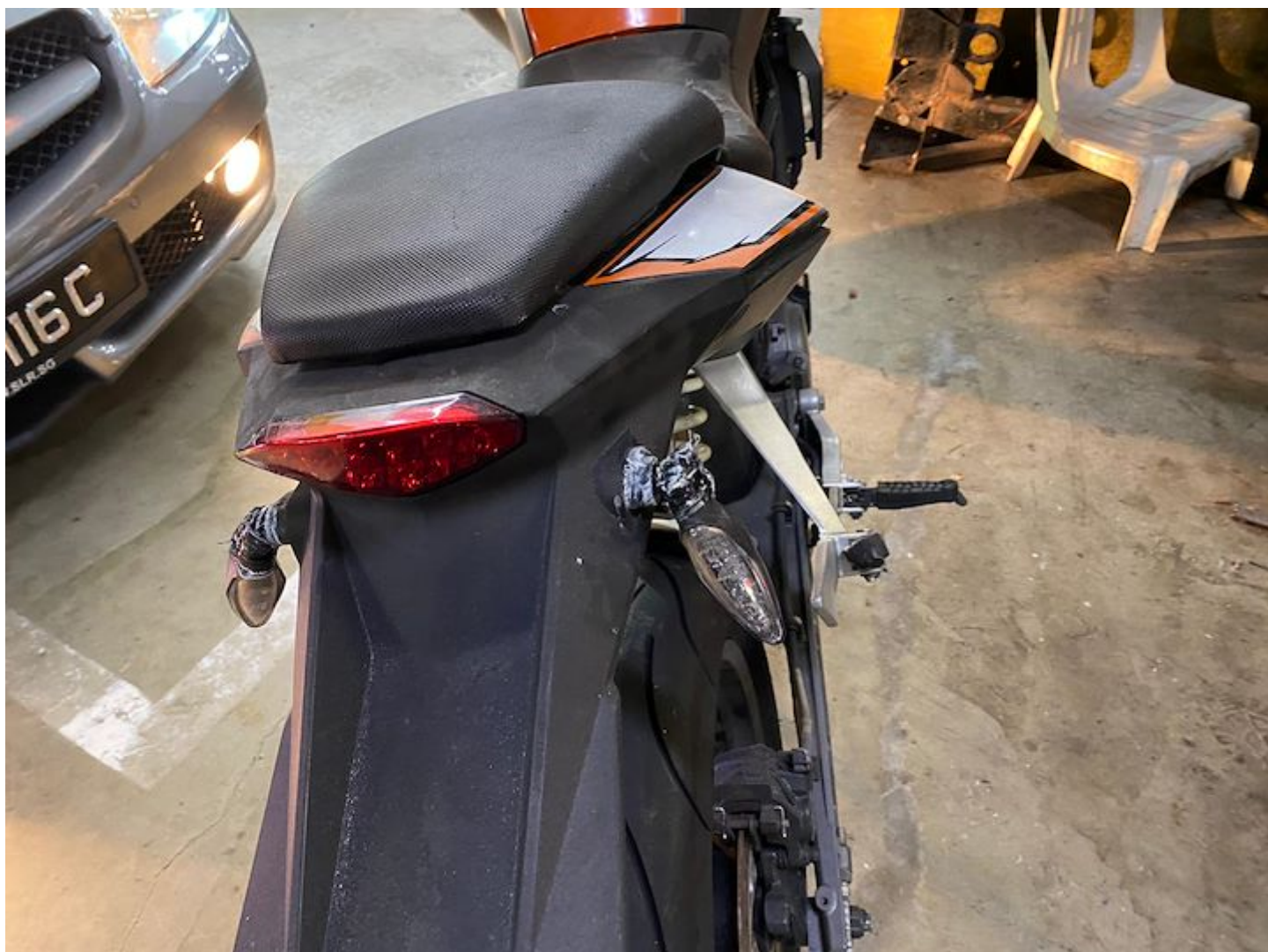


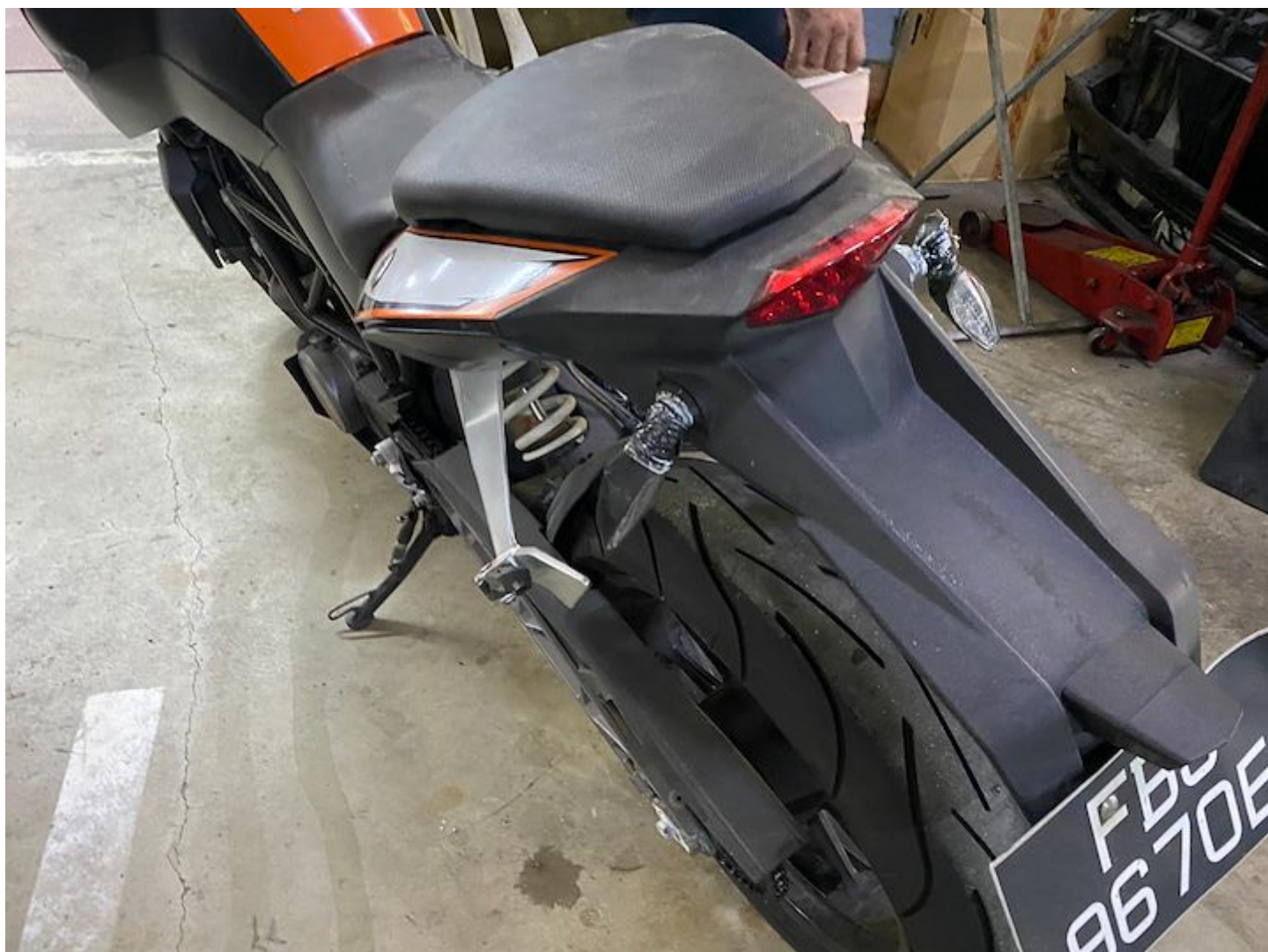




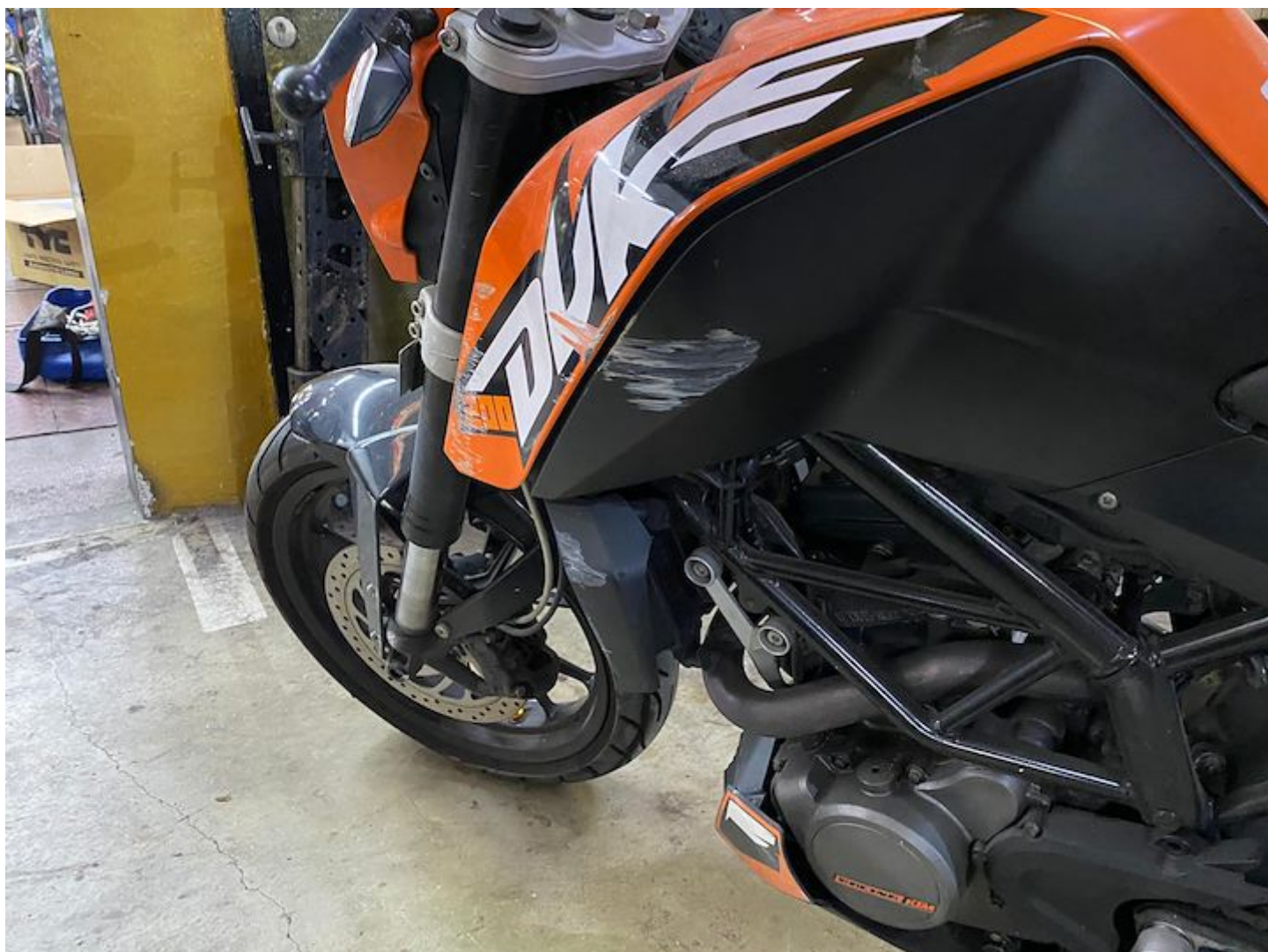
































**SINGAPORE
POLICE FORCE**



T/20210621/7031

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

1 of 3

Report No. T/20210621/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2021 16:54	Vide Report No.: G/20210617/0121	Station Diary No.:
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Informant's Particulars				
Name of Informant: MUHAMMAD ZUHILMI BIN ZAILANI			Address: 221 TAMPINES STREET 24 #08-54 SINGAPORE 521221	
ID Type / ID No.: NRIC NO / S9203306F			Contact No.: Home/Office:	Mobile: 97361671
Nationality: SINGAPORE CITIZEN			Email: zuhilmiz@gmail.com	
Sex: Male	Age: 29	Date of Birth: 28/01/1992	Type of Informant: Rider	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: Cabin attendant/steward			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/06/2021 13:40	Type of Location: Straight Road
Location: JALAN EUNOS				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBJ9670E	Motorcycle					0
SLN9973S	Car	NISSAN	Qashqai	White	Slightly Damaged	1



**SINGAPORE
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Report No. T/20210621/7031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ZUHILMI BIN ZAILANI	ID No.	S9203306F
Related Vehicle	FBJ9670E (Motorcycle)	Contact No.	97361671
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	17/06/2021	Date	21/06/2021
No. of Days granted Medical Leave	17	Degree of	Serious
Driver			
Name	ALVIN	ID No.	NIL
Related Vehicle	SLN9973S (Car)	Contact No.	97301792
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.

I was heading home via PIE (Changi Airport.) I was going straight on the expressway while maintaining the speed limit when the car beside me changed into my lane. I did not have any time to react and fell when the car collided and sideswept me. I woke up at side of the expressway, sustaining major abrasions and dislocation. The vehicle that collided into me was SLN9973S in which the driver stopped. The traffic police and ambulance arrived soon after. Traffic police took both of our statements. The dropped pin is just an estimation as I do not know the exact drop. Accident happened in between eunos exit and bedok. 3 laned on a flyover.



**SINGAPORE
POLICE FORCE**



T/20210621/7031

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Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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Report No. T/20210621/7031

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 /
NUR ADELINA BINTE MOHAMMAD FUAT
Contact No.: 65476066

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:
21/06/2021 16:54

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20210621/7031

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Sex: Male	Age: 29	Date of Birth: 28/01/1992	Type of Informant: Rider		
Race: Boyanese			Language: English	Institution / School Name:	
Occupation: Cabin attendant/steward			Driving Licence Information: Class: 2B,3 Date of Expiry:		

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Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
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SLN9973S	Car	NISSAN	Qashqai	White	Slightly Damaged	1