# **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.

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   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 22/07/2021 16:59 (SGT) Date of Accident 21/07/2021 14:30 (SGT) Exact Location of Accident Near 855 Tampines Street 83, Singapore 520855 Additional Location Information TAMPINES STREET 83 TOWARDS TAMPINES AVENUE 5 Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBC4956B

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner AHMAD FIRDAUS BIN ABU NRIC No. S9436607J Email Address ahmfds17@hotmail.com Mobile Phone No (Phone) +65-91075181 Alternative Phone No (Home) +65-91075181

#### VEHICLE PARTICULARS

Manufacturer Yamaha Model Jupiter mx 135 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 - Reporting only Vehicle Category Motorcycle Transmission Auto CC 135

#### **INSURANCE COMPANY**

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage ThirdParty Fleet Policy Nο Policy Number MC/00838332 Cover Note Number

#### DRIVER

Name of Driver AHMAD FIRDAUS BIN ABU NRIC No. S9436607J

Date Of Birth 13/10/1994 Occupation Indoor Date Of Driving Pass 10/04/2014 Driving experience 7 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-91075181 Alt. Phone Number (Home) +65-91075181 Email Address ahmfds17@hotmail.com Address **BLK 871A TAMPINES STREET 84** Address complement #09-35 Postcode 521871 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Tampines Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005871999 Alt. Police Station Phone No (Fax) +65-65871699 Police Station Address 6 Tampines Ave 4 Singapore 529682 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS PER POLICE REPORT AND SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBF4973K Vehicle Manufacturer Vehicle Model Vehicle Variant

Goods vehicle

Vehicle Colour
Vehicle Category

Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	_
nsurance 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	AHMAD FIRDAUS BIN ABU BLK 871A TAMPINES STREET 84
Address Complement	#09-35
Post Code	521871
Approximate Age Years Old	-
Injuries Sustained	PAIN ON BACK AND HIP
Injured person in which vehicle?	FBC4956B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

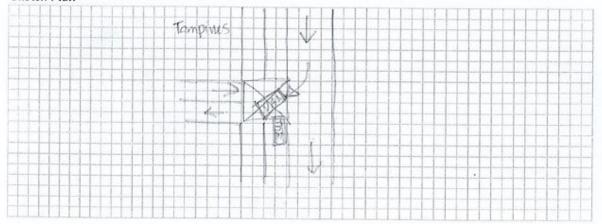
Pos

Policyholder's Signature / Date & Time 23/07/11 16:00

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident
Please never to the police report.
Time of incident - 1430 HRS
Read condition - DRY
AHMFDS 17@HOTMAIL. COM
91075181

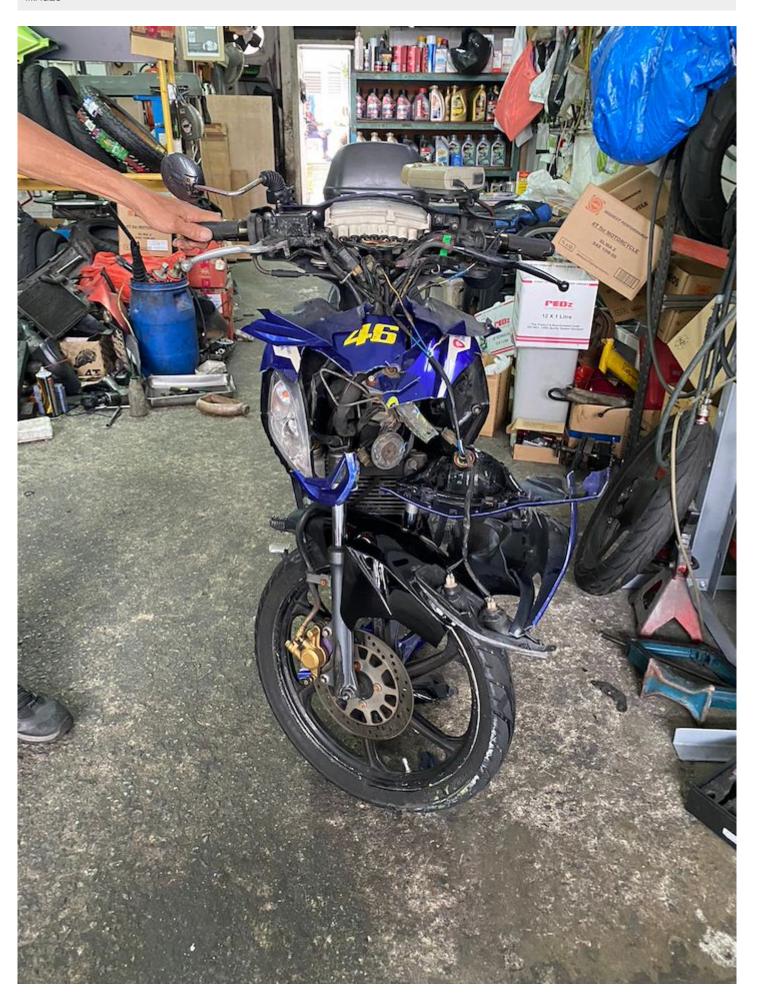
#### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time >>107/>1 (6:00 Driver's Signature (if driver is not the policyholder) / Date & Time

\* TING WORLD

Witnessed by Reporting Centre Personnel













Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 1 of 3 Report No. T/20210721/2099

Tel No: 1800-5871999

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2021 20:46			Vide Report No.:	Station Diary No.: 108		
Informa	nt's Partic	ufara		Signature of the signat		
Name of Informant: AHMAD FIRDAUS BIN ABU			Address: APT BLK 871A TAMPINES STREET 84 #09-35 SINGAPORE 521871			
ID Type / ID No.: NRIC NO / S9436607J			Contact No.: Home/Office:	Mobile: 91075181		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Male 26 13/10/1994			Type of Informant: Rider			
Race: Malay		Language:	Institution / School Name:			
Occupation: THERAPIST			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/07/2021 14:3	Type of Location: Straight Road
Location: TAMPINES S Weather:	TREET 83	Road Surface:		Road Speed Limit:
Clear Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
	sion:			Anyone conveyed by

details of V	ehicle Involved	t				120 100 100
Vehicle No.	Type	Make:	Modet in	Color	Condition	Nortifiaseenger
FBC4956B	Motorcycle	YAMAHA	T135	White	Seriously Damaged	0
GBF4973K	Van	TOYOTA			Slightly Damaged	0

Netrole No.	insurante Company	ovil - Unadragge No. 3	Effective in	Expiry Date
FBC4956B	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00838332	08/08/2020	01/10/2021





2 of 3

Police Station Of Origin Tampines N:P.C

Report No. T/20210721/2099

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

No. of Pedestrian	s Injured: NIL	SHIP OF BUILD	Use of Pedestrian Crossing: NA			
Name	AHMAD FIRDAUS B	IN ABU	2092194300 I treation contents	ID No.		S9436607J
Related Vehicle	FBC4956B (Motorcycle)			Contact No.		91075181
Hospital/Clinic	TAMPINES MEDILIFE CLINIC			Drivin Licen		Class: NIL Date of Expiry: NIL
Date Treatment			Date Disc			
ON THE PROPERTY WHEN A PRINCIPLE PROPERTY AND ADDRESS OF A PARTY.	ted Medical Leave	03	Degree of	Injury	Slight	CONTRACTOR OF THE PROPERTY OF
Dhyer		Section States	规则和推广	200		
Name	CHUA BENG LEE			ID No		S1555305G
Related Vehicle	GBF4973K (Van)			Conta	ct No.	83032452
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl	harge	NIL	
No. of Dave gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

On 21/07/2021 at 1430hrs I was riding my bike (FBC4956B) at Tampines Street 83 towards Tampines Ave 5. I was riding along the left lane of the 2-lane road. It was heavy traffic as the vehicle on the right lane was congested along the lane till the yellow box at the turning to Tampines Central Community Complex. As I was approaching the yellow box as the left lane was not as congested as the right lane, a van(GBF4973K) came out from the opposite way of the traffic making a right turn from his direction. towards the Tampines Central Community Complex and I could not stop my bike in time as there was no time to react and I collided into the van.

We exchanged particulars and he told me that he noticed that I was riding towards him and tried to speed up to avoid the collision but to no avail. No traffic police and ambulance came to scene. After the collision I went to the workshop and they told me that my bike was beyond repair and needed to be scrap. After that I went to Tampines Medilife Clinic as I felt pain on my back and my hip and received a 3 days MC.





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999 3 of 3 Report No. T/20210721/2099

CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording G / Sgt 2 WONG QING JIE	L	Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 21/07/2021 20:46
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	SIMGAPORE STEICE FORCE	Classification Of Case:
Authentication Stamp NP168	SIGN	ATURE



Contact us at

Hotline: (65) 6532 2888

E-mail: CustomerService@DirectAsia.com

#### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act") Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore) Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No. : MC/00838332

Type of Coverage : Third-Party Only Cover

1) Vehicle Registration No. : FBC4956B Chassis No. : 5YP207610

2) Name of Policy Holder : Ahmad Firdaus Bin Abu

3) Effective Date of Commencement of Insurance for : 08/08/2020 13:54

the Purpose of the Act

4) Date of Expiry of Insurance : 01/10/2021 23:59

#### 5) Persons or Classes of Persons Entitled to Drive

(a) A named driver who is driving on the Policyholder's permission.

Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.

#### 6) Limitations as to use'

Use only for private purposes, in accordance with the declared motorcycle usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.

\*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.

 Sum Insured
 : Market Value

 Policy Excess
 : S\$ 0.00

Main driver : Ahmad Firdaus Bin Abu Important Note: The policy only covers the main driver and the following named driver:

No named driver declared

Finance Company / Hire Purchase

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 31/03/2021

Direct Asia Insurance (Singapore) Pte. Ltd.

**Underwriting Manager** 

Company Registration: 200822611G