

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 10/08/2021 13:17 (SGT)
Date of Accident 09/08/2021 06:30 (SGT)
Exact Location of Accident Near 7 Leedon Rd, Singapore 267831
Additional Location Information Along Holland Rd > Napier Road (Near to Leedon Rd Junction)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ2586A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Azahari Bin Ahmad Anas
NRIC No S1558054B
Email Address azahari.ahmadanas@gmail.com
Mobile Phone No (Phone) +65-96997366
Alternative Phone No +65-96997366

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Mt-15
Variant MT15 MANUAL
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 155

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number PNMC2019-00003966-01
Cover Note Number 27/08/2020-26/08/2021

DRIVER

Name of Driver Azahari Bin Ahmad Anas
NRIC No S1558054B

Date Of Birth	26/12/1962
Occupation	Indoor
Date Of Driving Pass	18/01/1984
Driving experience	37 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96997366
Alt. Phone Number	+65-96997366
Email Address	azahari.ahmadanas@gmail.com
Address	Blk 462 Clementi Ave 3 #08-632
Address complement	-
Postcode	120462
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	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?	Yes
Was any other vehicle 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	Clementi Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007759999
Alt. Police Station Phone No	(Fax) +65-67764246
Police Station Address	Blk 427 Clementi Avenue 3 #01-456 Singapore 120427
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Kindly refer to the sketch plan

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	Tay Cheng Kim
NRIC No	S0017790C
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	Azahari Bin Ahmad Anas
Gender	Male
Phone No	(Phone) +65-96997366
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	After the accident was conveyed to NUH, suffered abrasions on the right hand, left hand and right knee. Also suffered bruises on my left arm, left knee and left calf. Currently given 4 medical leave.
Injured person in which vehicle?	FBQ2586A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

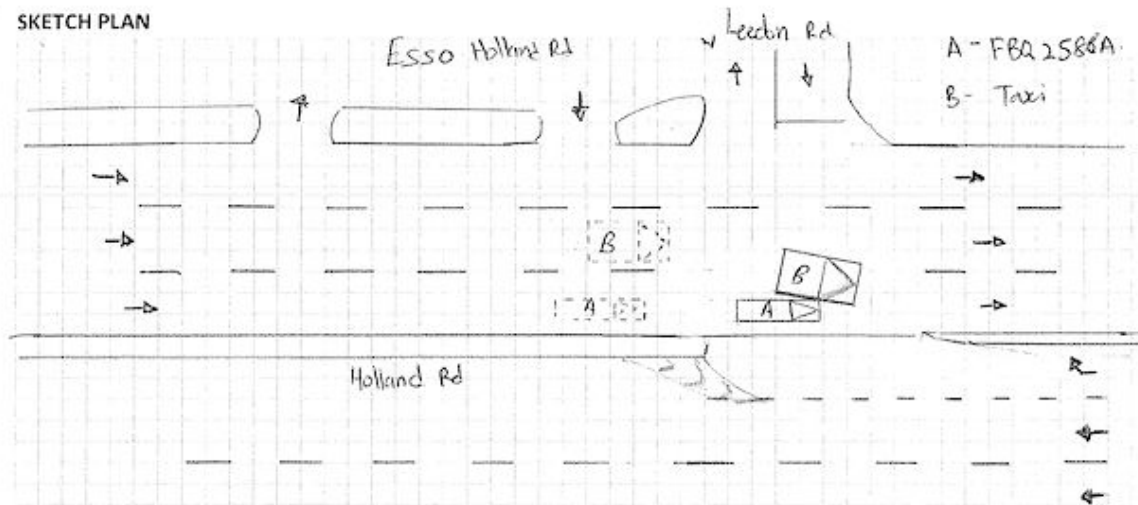
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~REFER~~
REFER TO POLICE REPORT

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	Reporting Only
	Claim OD
	Claim TP
	Claim OD <input checked="" type="checkbox"/> at other workshop

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:

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



**SINGAPORE
POLICE FORCE**



T/20210809/2024

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Report No. T/20210809/2024

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/08/2021 13:47	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars

Name of Informant: AZAHARI BIN AHMAD ANAS			Address: APT BLK 462 CLEMENTI AVENUE 3 #08-632 SINGAPORE 120462		
ID Type / ID No.: NRIC NO / S1558054B			Contact No.: Home/Office: Mobile: 96997366		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 26/12/1962	Type of Informant: Rider		
Race: Boyanese			Language:		Institution / School Name:
Occupation: AUDIO VISUAL			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/08/2021 06:30	Type of Location: Straight Road
Location: HOLLAND AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ2586A	Motorcycle	YAMAHA	MT15 MANUAL	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ2586A	FWD Singapore Pte. Ltd	PNMC2019-00003966-01	27/08/2020	26/08/2021



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T/20210809/2024

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20210809/2024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AZAHARI BIN AHMAD ANAS	ID No.	S1558054B
Related Vehicle	FBQ2586A (Motorcycle)	Contact No.	96997366
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	09/08/2021	Date Discharge	09/08/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 09/08/2021 at about 0630hrs, I was travelling along Holland Road towards Napier Road direction. I was travelling along the first lane (right most lane). Just after the ESSO Petrol Kiosk, a blue comfort delgro taxi on my left (lane 2) suddenly entered my lane. The distance when he abruptly entered my lane was too close thus I was unable to stop in time even though I manage to react and apply my brakes. The front of my motorcycle then hit onto the right side of the said taxi in between the drive and passenger doors. My motorcycle and I flew and landed on the second lane of the opposite road. I believe he abruptly changed lane in order to conduct an illegal U-Turn using the lane which is used to turn right into Leedon Road.

Afterwards, I was in a shock and there were passerbys helping me. They called an ambulance for me. I managed to snap a photo of the accident and obtain the particulars of the taxi driver namely Tay Cheng Kim, S0017790C. The driver claimed that he wanted to change lanes and conduct U-Turn at the front. He informed that he did signal. I acknowledged that he did signal however he immediately turned into my lane after signaling even though I was close to his taxi.

When the ambulance arrived, I was conveyed to NUH whereby I was given 4 days MC until 12/08/2021. I suffered abrasions on my right hand, left hand, left wrist and right knee. I also suffered bruises on my left arm, left knee and left calf.

I wish to state that I did not manage to see the condition of my motorcycle before I was conveyed to hospital. My motorcycle was left at the side of the road when I was conveyed as well.



**SINGAPORE
POLICE FORCE**



T/20210809/2024

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01 456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20210809/2024

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 The Report: D / Sgt 3 MUHAMMAD AIZAT BIN AMIR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/08/2021 13:47
Officer In Charge Of Case: TP / GIT / Staff Sgt ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	Classification Of Case:
 SINGAPORE POLICE FORCE NP168 SN 40 SIGNATURE	











