

# 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 .....	06/08/2021 12:53 (SGT)
Date of Accident .....	01/08/2021 00:05 (SGT)
Exact Location of Accident .....	Yishun Ave 1, Singapore 769130
Additional Location Information .....	YISHUN AVE 1 (YISHUN DAM ) LAMP POST 262
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBE5897X
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MOHAMED IZWANDY BIN MOHAMED NOOR
NRIC No .....	S7807972Z
Email Address .....	IZWANDY26@GMAIL.COM
Mobile Phone No .....	(Phone) +65-88170492
Alternative Phone No .....	(Home) +65-88170492

### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	Fz1-n
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 .....	998

### INSURANCE COMPANY

Name of Insurance Company .....	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	MC/00931408
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MOHAMED IZWANDY BIN MOHAMED NOOR
NRIC No .....	S7807972Z

Date Of Birth .....	23/03/1978
Occupation .....	Indoor
Date Of Driving Pass .....	30/12/2010
Driving experience .....	10 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88170492
Alt. Phone Number .....	(Home) +65-88170492
Email Address .....	IZWANDY26@GMAIL.COM
Address .....	BLK 269B YISHUN ST 22 #04-553
Address complement .....	-
Postcode .....	762269
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SITI NOOR FAREHA BINTE JUMARI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SFC2088Y
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SGZ9480T
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SJY7263L
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 .....	MOHAMED IZWANDY BIN MOHAMED NOOR
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBE5897X
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 2

Name of injured person .....	SITI NOOR FAREHA BINTE JUMARI
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBE5897X
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

# SKETCH PLAN

## 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 willful 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. 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.
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



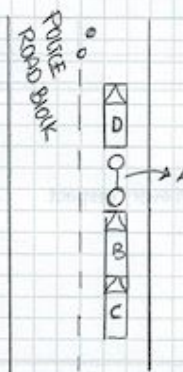
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

## Sketch Plan

YISHUN DAM  
(YISHUN AYE 1)



A-FBE5897X  
B-SFC2088Y  
C-SGZQ480T  
D-SJY72632



### Declaration

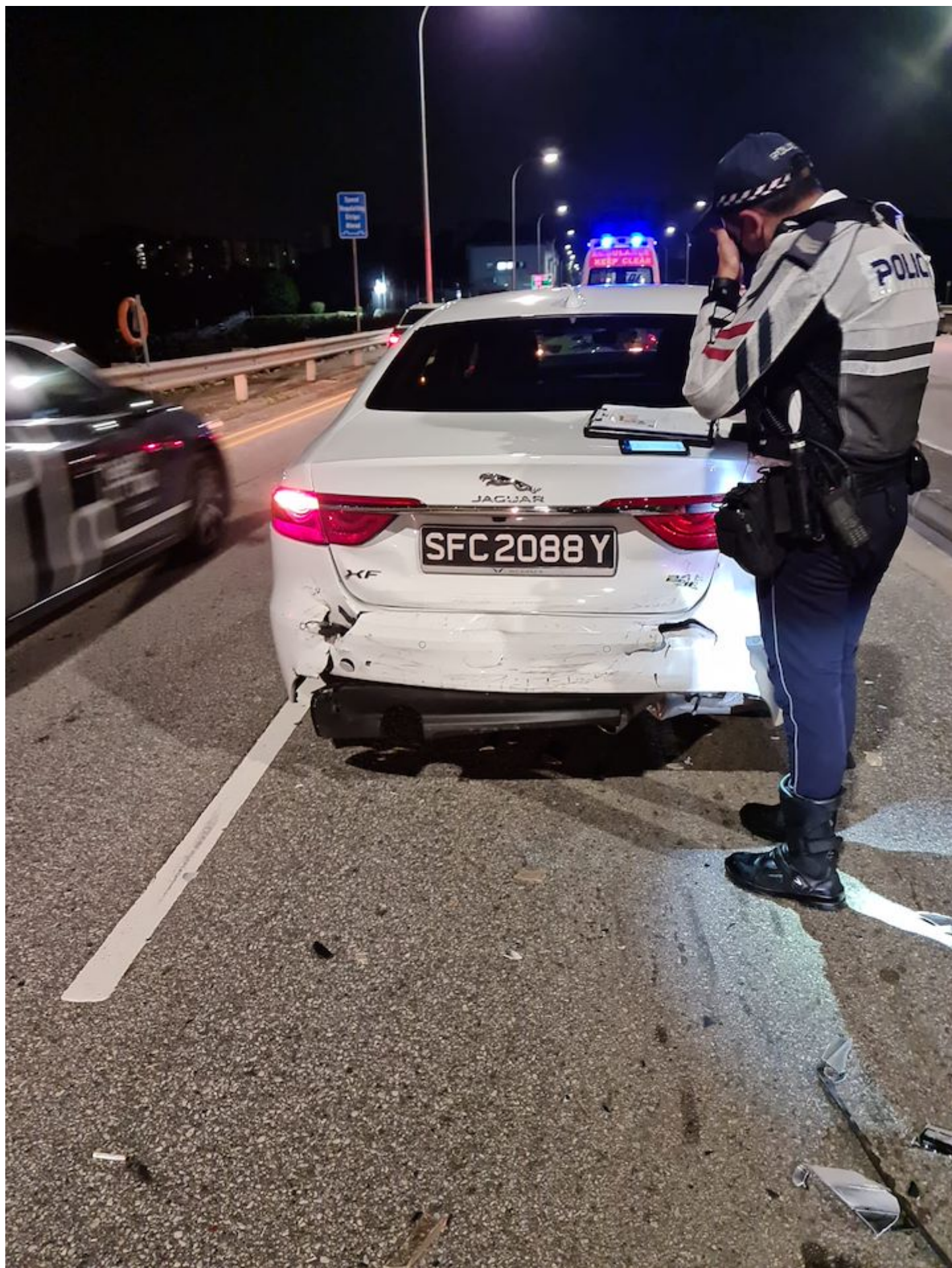
Policyholder's Signature / Date &  
Time

Witnessed by Reporting Centre  
Personnel









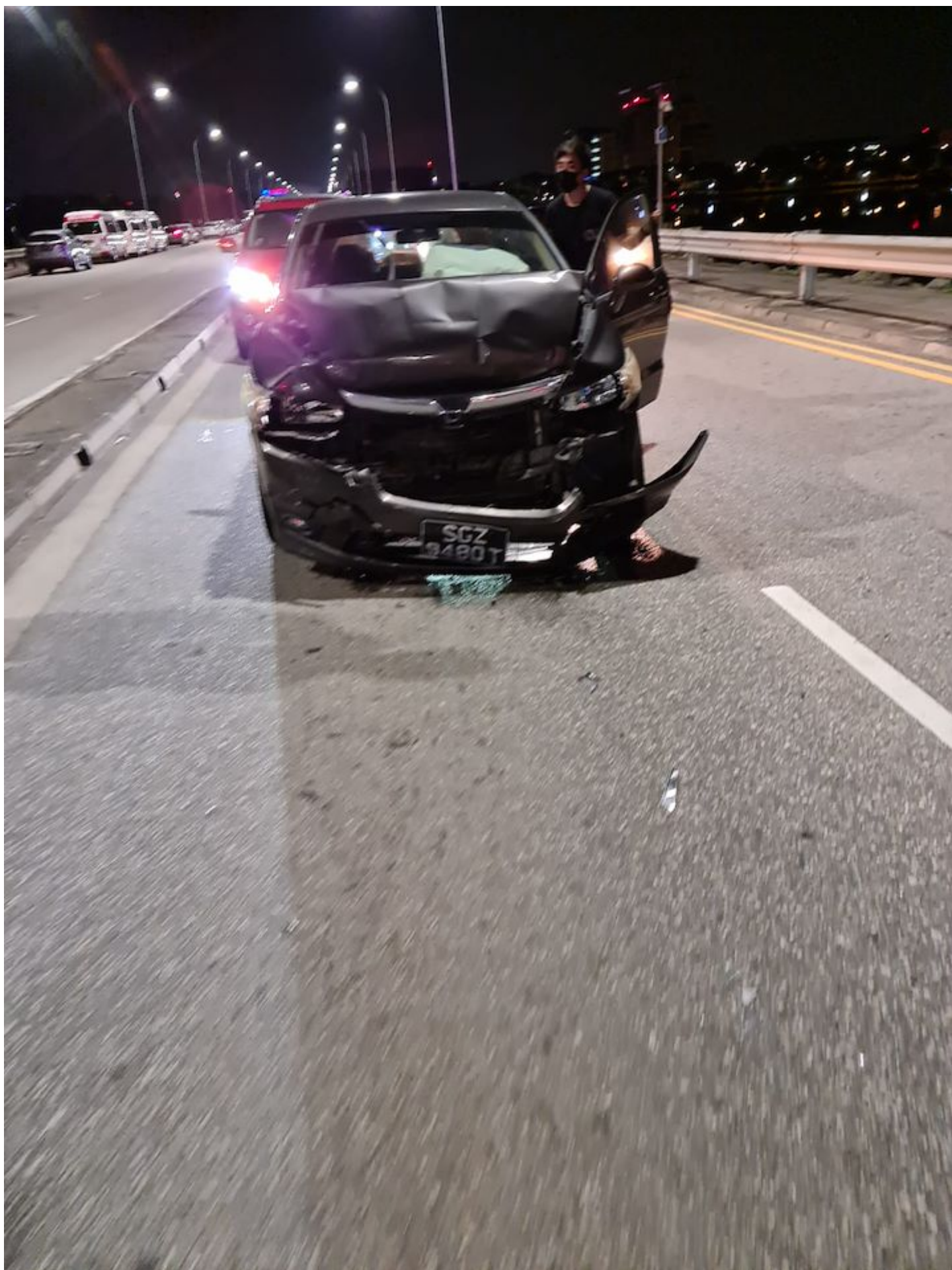








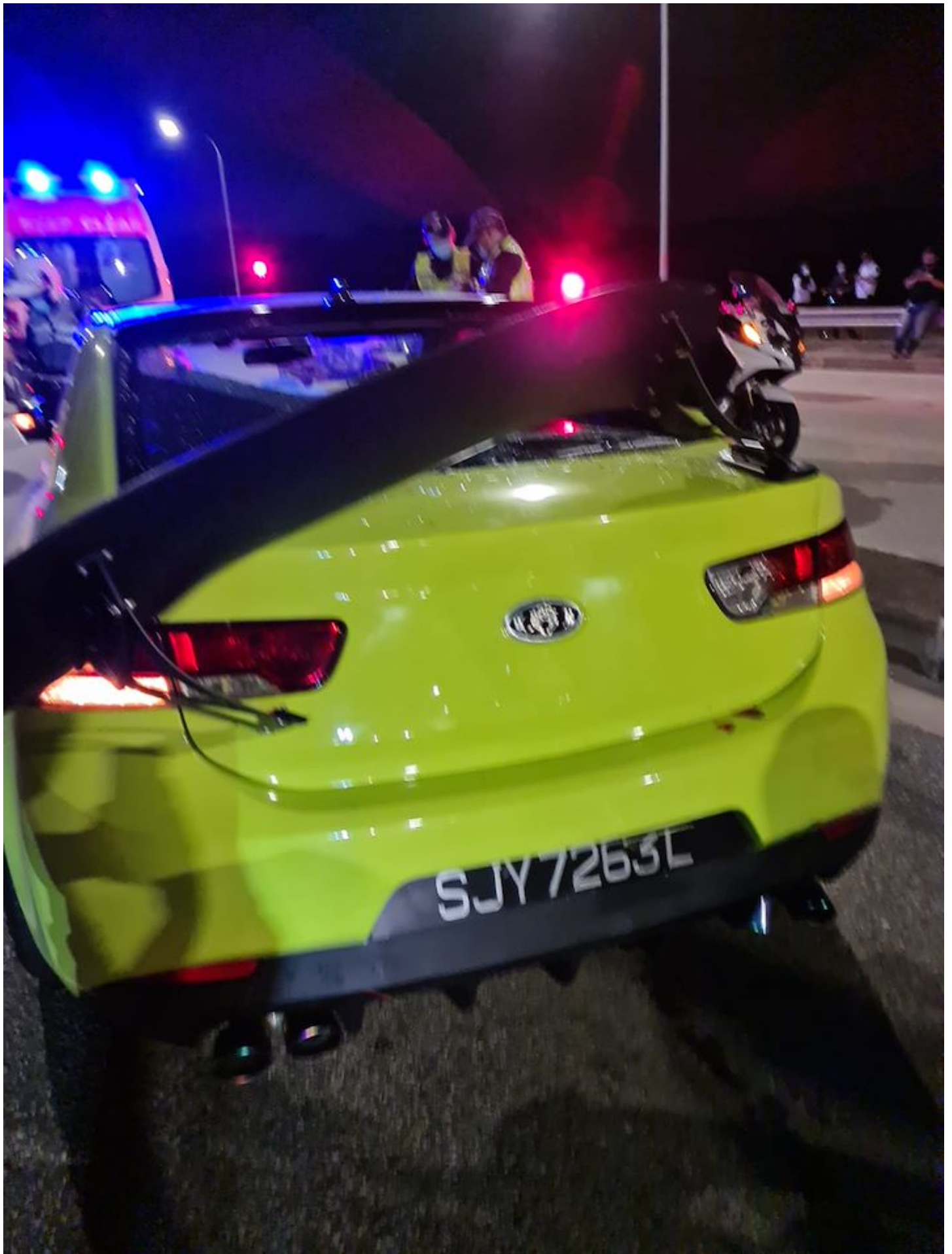


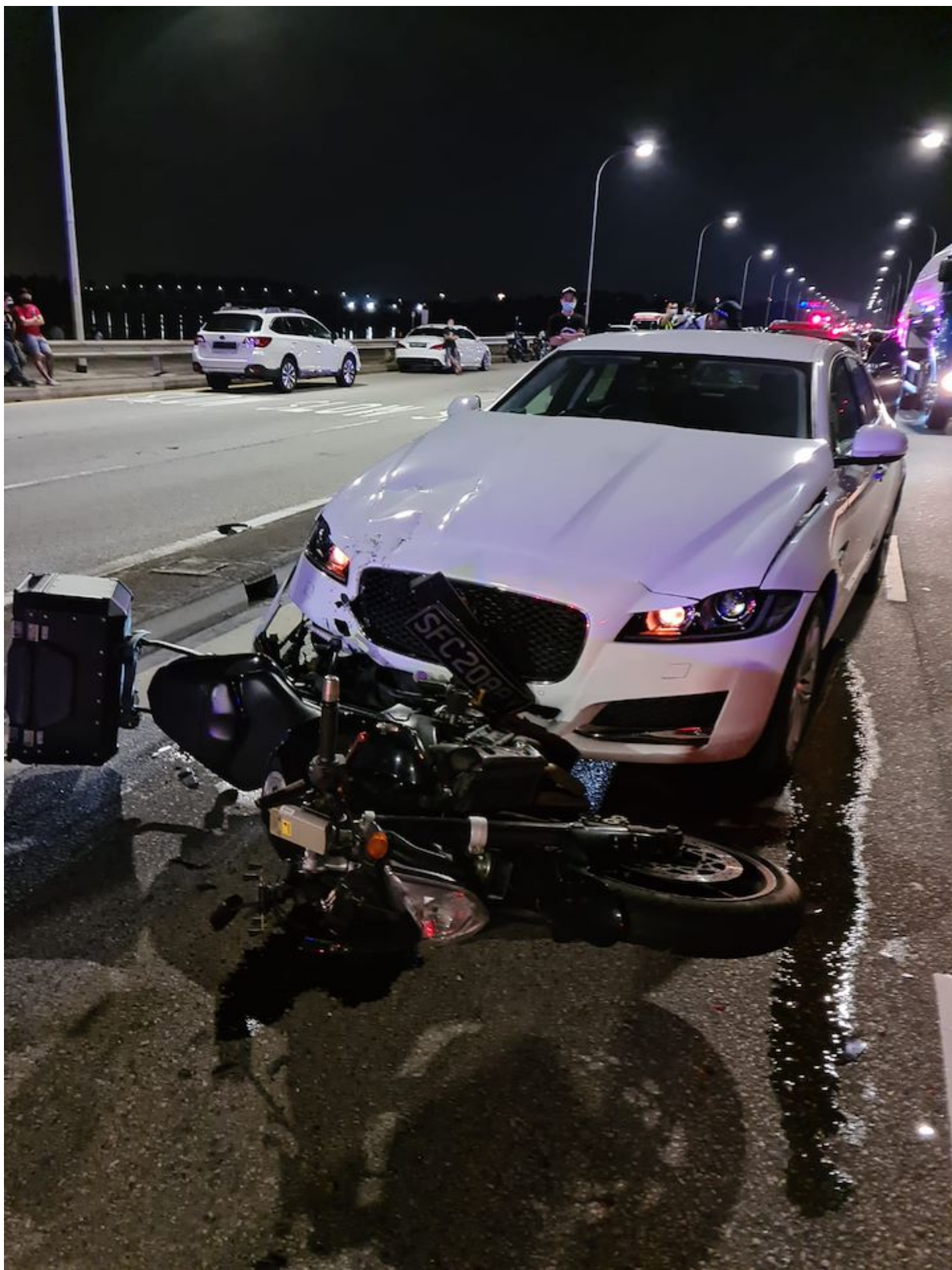






















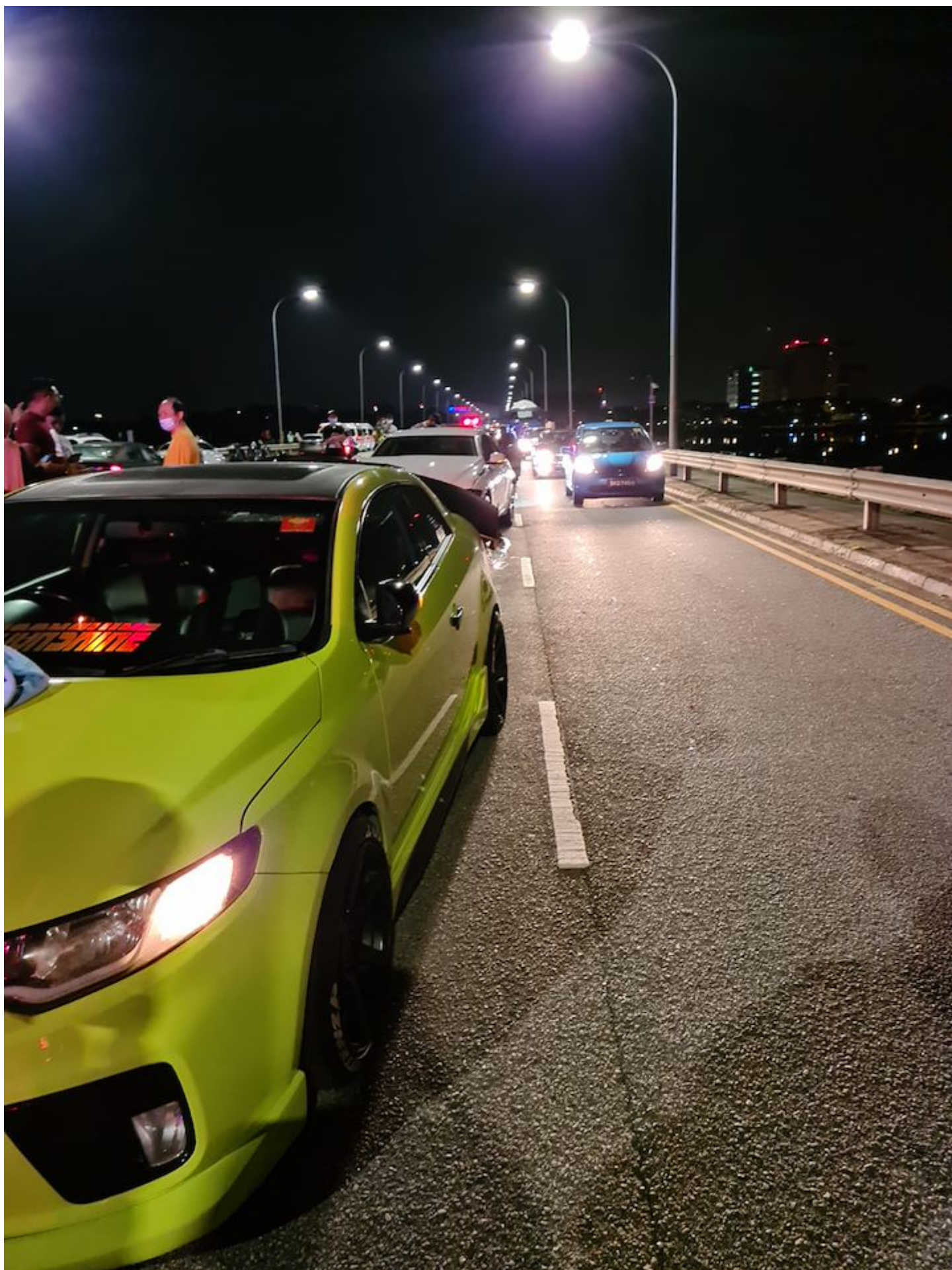








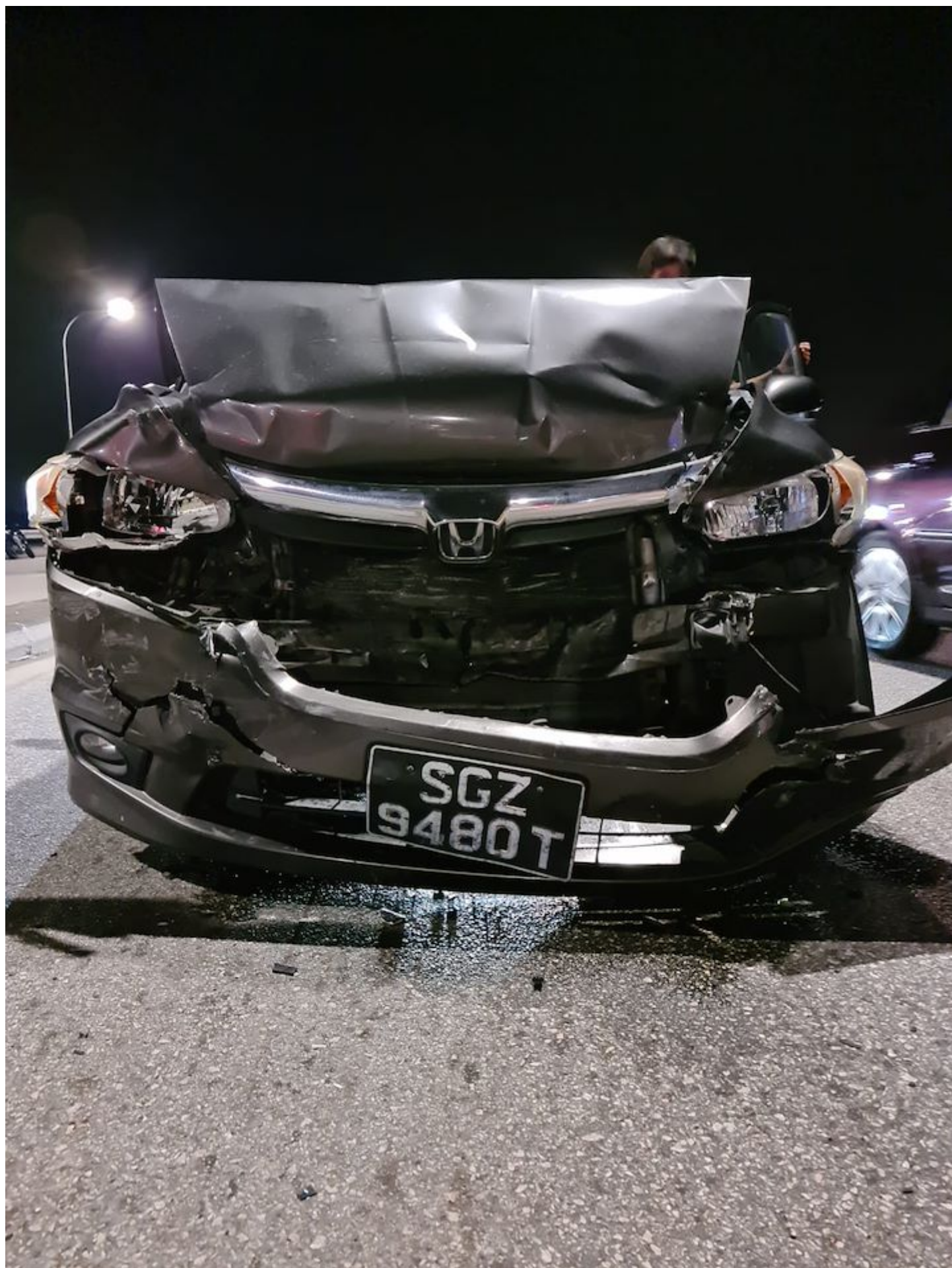




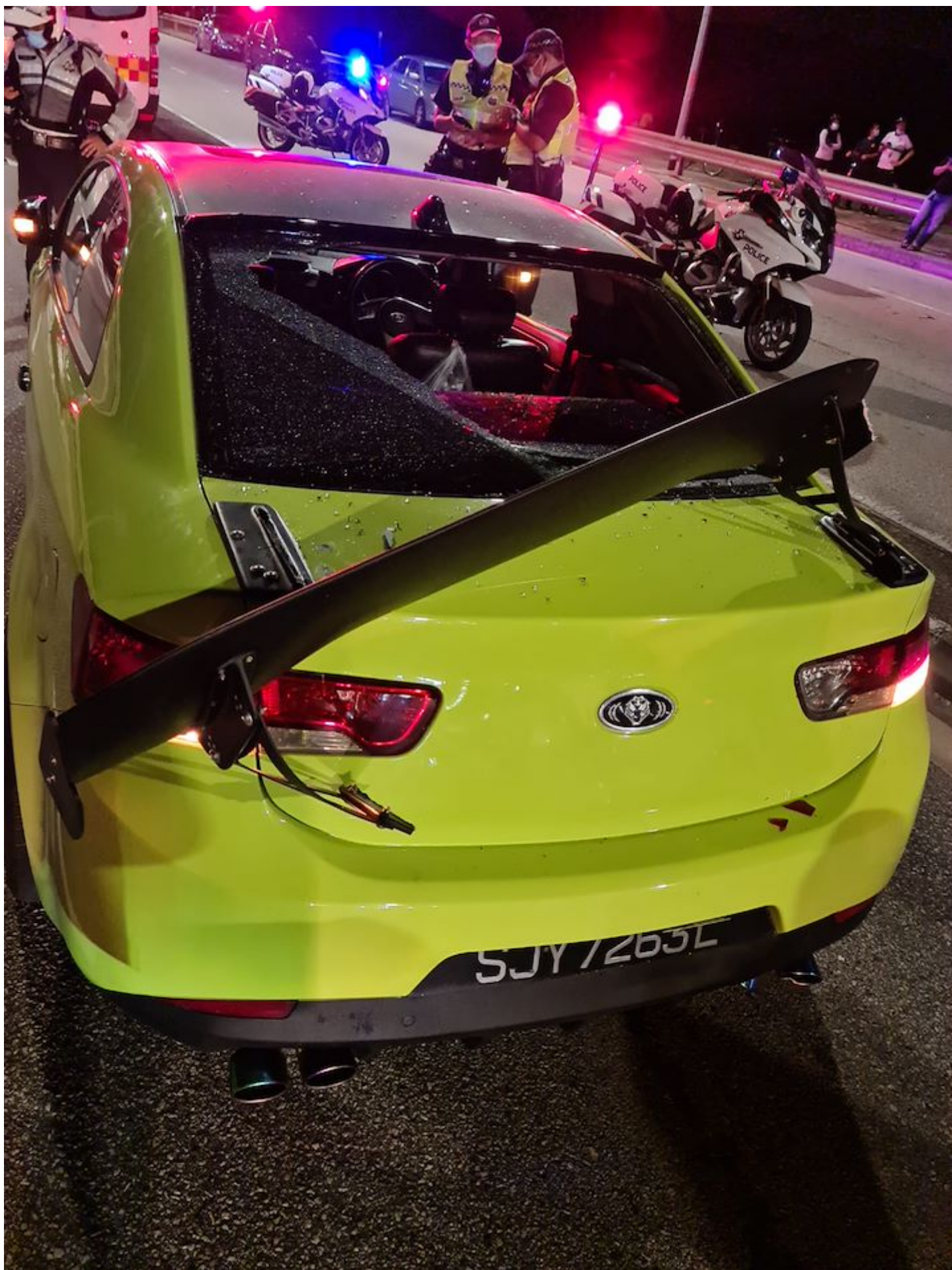




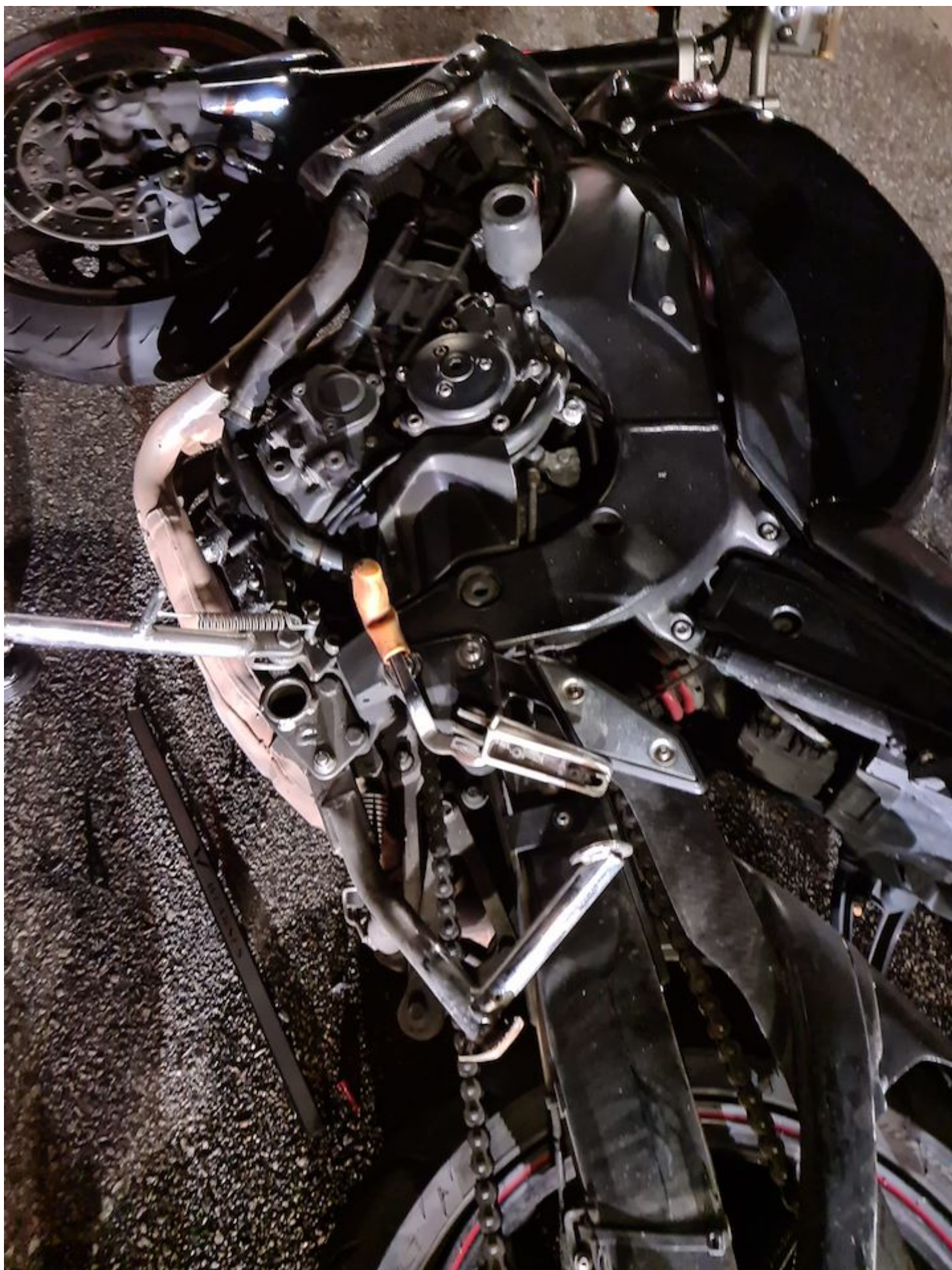












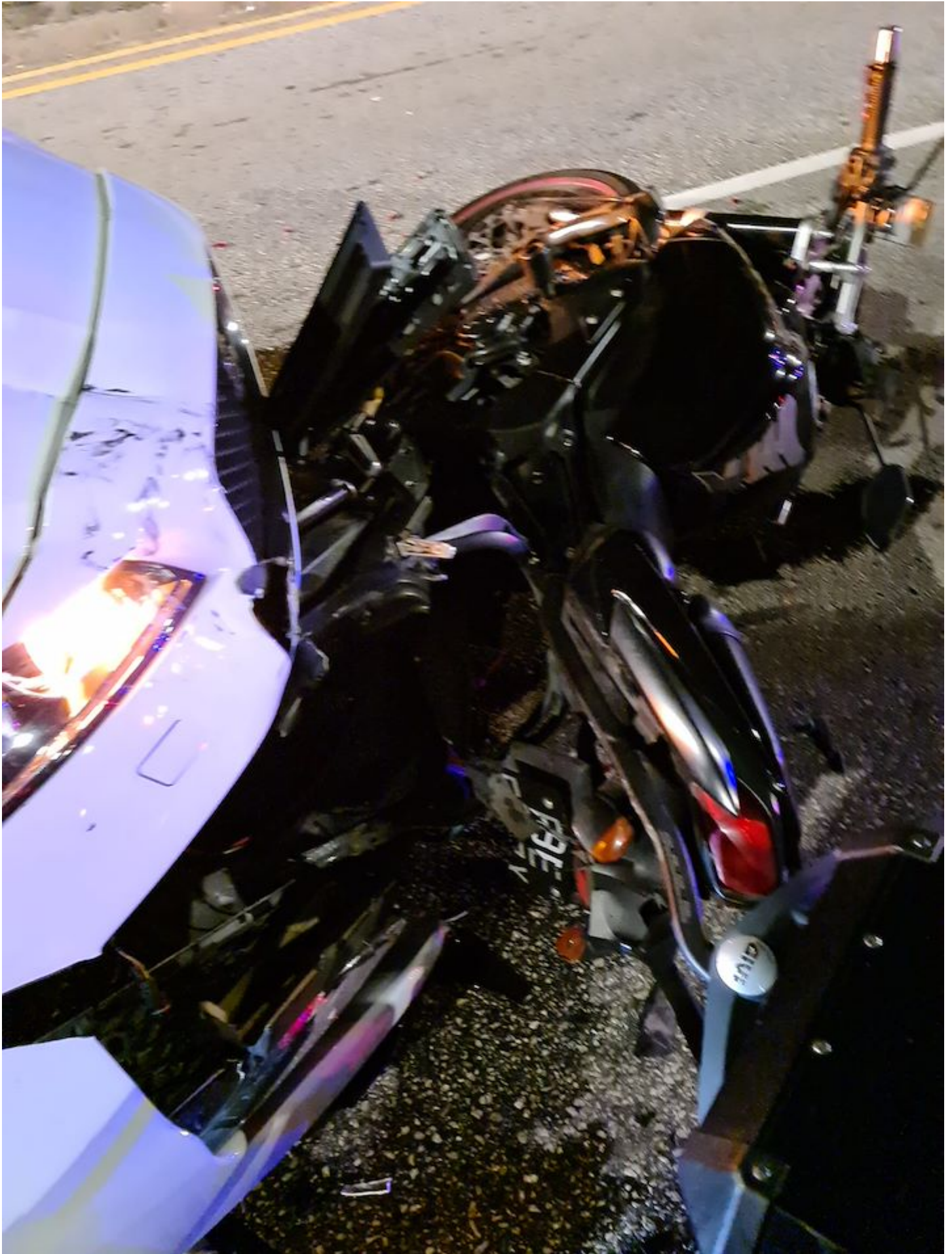















**SINGAPORE  
POLICE FORCE**


T/20210803/2036

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20210803/2036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/08/2021 14:11	Vide Report No.: F/20210801/0005	Station Diary No.: 62
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: MOHAMED IZWANDY BIN MOHAMED NOOR			Address: APT BLK 269B YISHUN STREET 22 #04-553 SINGAPORE 762269		
ID Type / ID No.: NRIC NO / S7807972Z			Contact No.: Home/Office: 88170492                      Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 26/03/1978	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: OPERATION MANAGER			Driving Licence Information: Class: 2                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/08/2021 00:05	Type of Location: Bridge
Location:  YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Policeman Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5897X	Motorcycle	YAMAHA	FZ1-N	White	Seriously Damaged	1
SFC2088Y	Car				Seriously Damaged	0
SG29480T	Car				Seriously Damaged	0
SJY7263L	Car				Seriously Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20210803/2036

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

2 of 3

Report No. T/20210803/2036

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE5897X	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00931408	29/05/2021	28/05/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MOHAMED IZWANDY BIN MOHAMED NOOR		ID No.	S7807972Z
Related Vehicle	FBE5897X (Motorcycle)		Contact No.	88170492
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	01/08/2021		Date Discharge	02/08/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight	
Pillion				
Name	Siti Noor Fareha Binte Jumari		ID No.	S8719664Z
Related Vehicle	FBE5897X (Motorcycle)		Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/08/2021		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious	

**Brief Details.**

On 01/08/2021 at about 0005hrs at Yishun dam towards Yishun Ave 6, all 3 vehicles are stationary I was riding veh: FBE5897X with my wife as the pillion I was approaching towards a road block. There was one vehicle SJY7263L was in front of me and there one vehicle SFC2088Y was queuing behind me. Another vehicle SGZ9480Y that was approaching the road block did not manage to stop in time, thus the vehicle collided with these 2 vehicles including mine. I suffered injury on my chest and I couldn't breath properly. The back of the heel and tendon of my wife were severed Subsequently Ambulance arrive and render assistance on us and we were conveyed to Khoo Teck Puat hospital.





**SINGAPORE  
POLICE FORCE**



T/20210803/2036

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 3

Report No. T/20210803/2036

**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:

L /

Sgt 2 CHEW JING HUI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/08/2021 14:11

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt TAN JUN YAN

Contact No : 65476311

Classification Of Case:



Signature: \_\_\_\_\_

Singapore Police Force



Signature: \_\_\_\_\_

Singapore Police Force

Authentication Stamp  
NP168





**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.

<b>Certificate No.</b>	: MC/00931408
<b>Type of Coverage</b>	: Third-Party Only Cover
<b>1) Vehicle Registration No.</b>	: FBE5897X
<b>Chassis No.</b>	:
<b>2) Name of Policy Holder</b>	: Mohd Izwandy, Mohd Noor
<b>3) Effective Date of Commencement of Insurance for the Purpose of the Act</b>	: 29/05/2021 17:19
<b>4) Date of Expiry of Insurance</b>	: 28/05/2022 23:59
<b>5) Persons or Classes of Persons Entitled to Drive</b>	
(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.	
<b>6) Limitations as to use*</b>	
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.	
<b>Sum Insured</b>	: Market Value
<b>Policy Excess</b>	: S\$ 0.00
<b>Main driver</b>	: Mohd Izwandy, Mohd Noor
<b>Important Note:</b> The policy only covers the main driver and the following named driver: No named driver declared	
<b>Finance Company / Hire Purchase</b>	:

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: 29/05/2021

**Direct Asia Insurance (Singapore) Pte. Ltd.**

  
 \_\_\_\_\_  
**Underwriting Manager**

MC-C3-001

**Direct Asia Insurance (Singapore) Pte Ltd**  
 20 Anson Road #08-01 Twenty Anson Singapore 079912  
[www.DirectAsia.com](http://www.DirectAsia.com)

Company Registration: 200822611G