

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 20/09/2021 10:09 (SGT)
Date of Accident 07/09/2021 18:28 (SGT)
Exact Location of Accident Gambas Ave, Singapore 757022
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG8679D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ABDUL NAZIB BIN ABDUL WAHAB
NRIC No SXXXX395C
Email Address sheereen07@hotmail.com
Mobile Phone No (Phone) +65-94552589
Alternative Phone No +65-94552589

VEHICLE PARTICULARS

Manufacturer Yamaha
Model FZ16ST
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 Manual
CC 153

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number PNMC2021-00002518
Cover Note Number -

DRIVER

Name of Driver SHEEREEN BINTE ABDUL NAZIB
NRIC No SXXXX968E

Date Of Birth	07/07/1995
Occupation	Outdoor
Date Of Driving Pass	01/06/2021
Driving experience	3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81864733
Alt. Phone Number	-
Email Address	sheereen07@hotmail.com
Address	BLK 11 WOODLANDS DRIVE 72
Address complement	#04-34
Postcode	738094
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Head to Rear
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 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	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

PLS REFER TO THE POLICE REPORT:T/20210917/7008

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	XD6443K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	CHOO THEAN POH
Passport No/FIN	FXXXX722X
Contact Number	(Phone) +65-98901715
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	SHEEREEN BINTE ABDUL NAZIB
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBG8679D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.
- (b) collectively the "Purposes")
- (c) 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
- (d) 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.

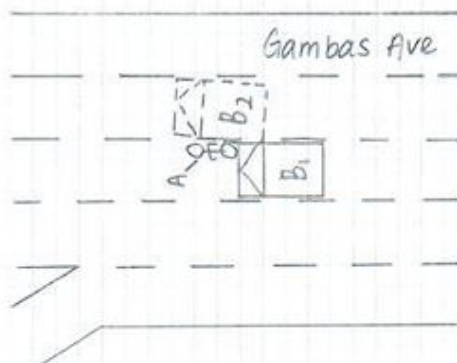
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: FBG8679D
B: XD6443K



Refer to police report T/20210917/7008

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210917/7008

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

2 of 3

Report No. T/20210917/7008

CONTINUATION OF REPORT

Rider			
Name	SHEEREN BINTE ABDUL NAZIB		ID No. S9525968E
Related Vehicle	FBG8679D (Motorcycle)		Contact No. 81864733
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, I was riding my bike FBG8679D along Gambas Avenue on the third lane. I was stationary as the traffic light was red. Out of sudden, I felt an impact from my rear causing me to fall towards left. Vehicle XD6443K had collided onto my bike. After I picked up my bike, the driver of vehicle XD6443K was trying to drive away. When he move off, he collided onto my bike again causing my bike to fall towards the right side. I quickly stopped him and exchanged the particulars with him. I sustained injuries due to the accident and was given 3 days of MC.



































**SINGAPORE
POLICE FORCE**



T/20210917/7008

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

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Report No. T/20210917/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2021 13:10		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHEEREN BINTE ABDUL NAZIB			Address: 11 WOODLANDS DRIVE 72 #04-34 SINGAPORE 738094		
ID Type / ID No.: NRIC NO / S9525968E			Contact No.: Home/Office: Mobile: 81864733		
Nationality: SINGAPORE CITIZEN			Email: sheereen07@hotmail.com		
Sex: Female	Age: 26	Date of Birth: 07/07/1995	Type of Informant: Rider		
Race: Indian			Language: English	Institution / School Name:	
Occupation: RIDER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/09/2021 18:25	Type of Location:
Location: GAMBAS AVENUE				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG8679D	Motorcycle					0
XD6443K	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210917/7008

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

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Report No. T/20210917/7008

CONTINUATION OF REPORT

Rider			
Name	SHEEREN BINTE ABDUL NAZIB		ID No. S9525968E
Related Vehicle	FBG8679D (Motorcycle)		Contact No. 81864733
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, I was riding my bike FBG8679D along Gambas Avenue on the third lane. I was stationary as the traffic light was red. Out of sudden, I felt an impact from my rear causing me to fall towards left. Vehicle XD6443K had collided onto my bike. After I picked up my bike, the driver of vehicle XD6443K was trying to drive away. When he move off, he collided onto my bike again causing my bike to fall towards the right side. I quickly stopped him and exchanged the particulars with him. I sustained injuries due to the accident and was given 3 days of MC.

**SINGAPORE
POLICE FORCE**

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



T/20210917/7008

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Report No. T/20210917/7008

CONTINUATION OF REPORTSketch 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 / TPIB /
BOON YEN KIAN
Contact No.: 65476172

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
17/09/2021 13:10

Classification Of Case: