

# 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 ..... 10/10/2021 22:39 (SGT)  
Date of Accident ..... 09/10/2021 18:00 (SGT)  
Exact Location of Accident ..... 435 Yishun Ave 6, Block 435, Singapore 760435  
Additional Location Information ..... Open space carpark of 435 Yishun avenue 6  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBE9684S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KAHARUDDIN BIN SAJAT  
- ..... SXXXX477F  
Email Address ..... soonankayson@gmail.com  
Mobile Phone No ..... (Phone) +65-91892044  
Alternative Phone No ..... +65-91892044

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... RXZ135  
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 ..... 133

### INSURANCE COMPANY

Name of Insurance Company ..... FWD Singapore Pte. Ltd.  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... PNMC2021-00002301  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KOH SOON AN  
NRIC No ..... TXXXX995G

Date Of Birth .....	19/08/2001
Occupation .....	Indoor
Date Of Driving Pass .....	14/09/2020
Driving experience .....	1 YEAR AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91892044
Alt. Phone Number .....	-
Email Address .....	soonankayson@gmail.com
Address .....	436 YISHUN AVENUE 11
Address complement .....	#03-212
Postcode .....	760436
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friends father
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 on 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 .....	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

On 9th October 2021, I was travelling in carpark of Blk 437 Yishun Avenue 6.

I was travelling at the speed of 10km/hr on a straight road, looking for a parking spot. Suddenly a white Honda motorcar SJM9769U abruptly moved off from a car lot.

The car was too fast that driver was unable to stop car on time. This incident happened too fast that i was caught off guard. By the time i realized what was happening, i was already flung out and my motorcycle ended up flying on car's bonnet.

Lady driver came out immediately upon seeing me on the road. She apologized for failing to notice me before moving off. She told me how she was focussed on adjusting her mirror. Traffic police bike TP410 came soon.

We were told to lodge our claims or reports.

Lady driver refused to furnish her driver's particulars. Another Chinese man came soon riding a bicycle. He claimed he was the car owner and insisted i use his license instead to lodge any report needed. He is Mr Yong Zhi Wei, male/1981 NRIC S8110935D.

He is contactable at 93863935.

There were two motorcyclists who witnessed the incident. They are Md Arfiq 90621064 and Md Rifky 96161871.

I was treated at KTPH afterwards.

I sustained multiple scratches on my left arm/eye/shoulder.

I also suffered from abdominal pain and multiple bruising over right and left thigh and my groin area. I was also unable to move my left toe and suffered from headaches.

I was given three days of MC.

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 ..... SJM9769U  
 Vehicle Manufacturer ..... Honda  
 Vehicle Model ..... Fit  
 Vehicle Variant ..... -  
 Vehicle Colour ..... White  
 Vehicle Category ..... Private car  
 Name of Driver ..... MR YONG ZHI WEI (DRIVER SPOUSE)  
 NRIC No ..... SXXXX935D  
 Contact Number ..... (Phone) +65-93863935  
 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 ..... Koh soon an  
 Gender ..... Male  
 Phone No ..... (Phone) +65-91892044  
 Address ..... 436 YISHUN AVENUE 11  
 Address Complement ..... #03-212  
 Post Code ..... 760436  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... Left toe painful and both thighs got internal bruises.  
 Left hip painful.  
 Left shoulder painful and left upper and lower arm got minor  
 bruises.  
 Left eye below got bruises.  
 Injured person in which vehicle? ..... FBE9684S  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

#### WITNESS DETAILS

##### WITNESS 1

Name ..... Md Arfiq  
 Phone ..... (Phone) +65-90621064  
 Email ..... -

##### WITNESS 2

Name ..... Md Rifky  
 Phone ..... (Phone) +65-96161871  
 Email ..... -

**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:

10 Oct 2021

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
MOHAMED SAIFULLAH S/O SYED MASOOD  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

ACCIDENT DIAGRAM Ver. 30042021

Vehicle A: FBE 9684S  
Vehicle B: SJM 9769U

**VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SAIFULLAH S/O SYED MASOUD**

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.:



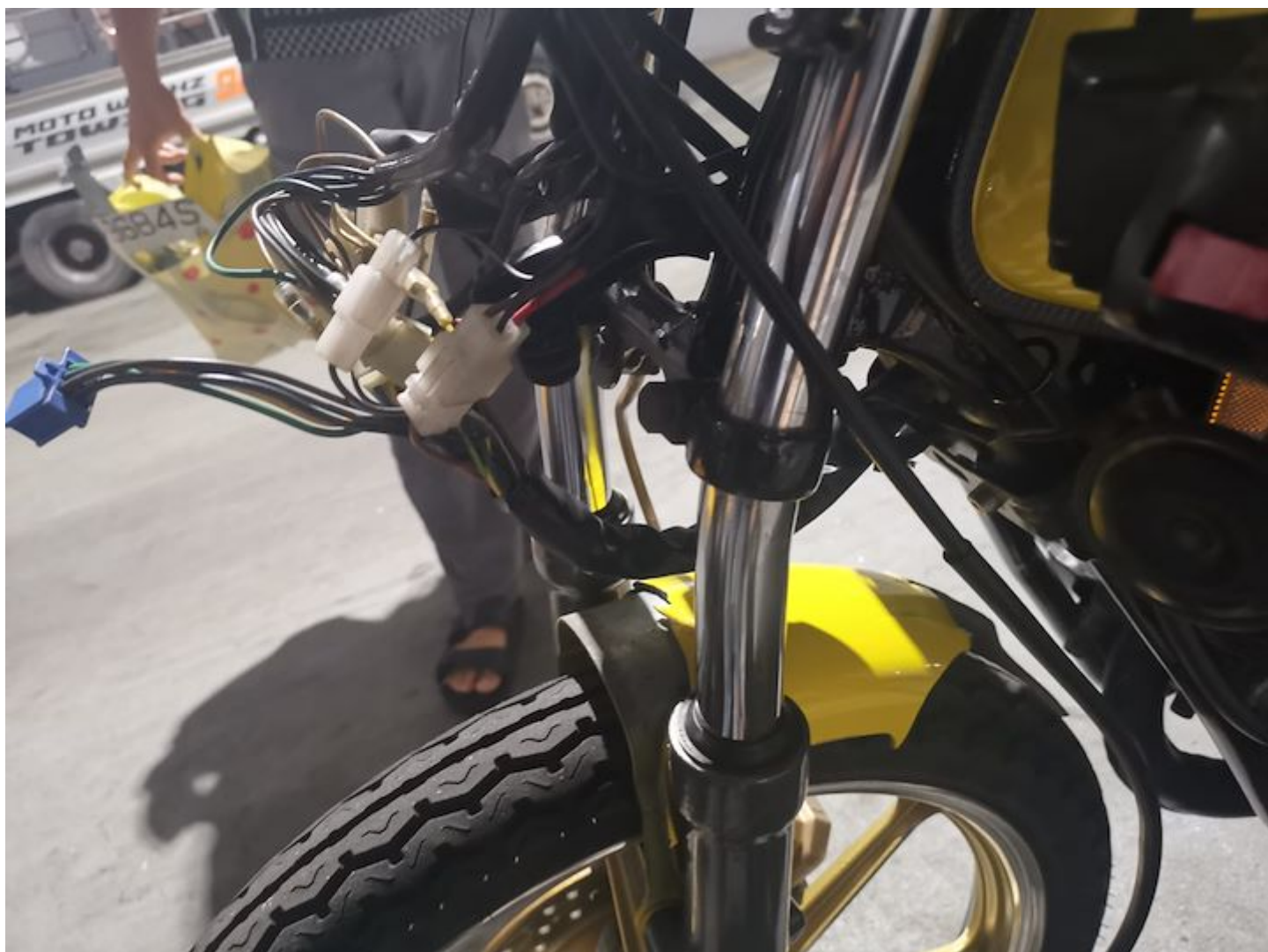






















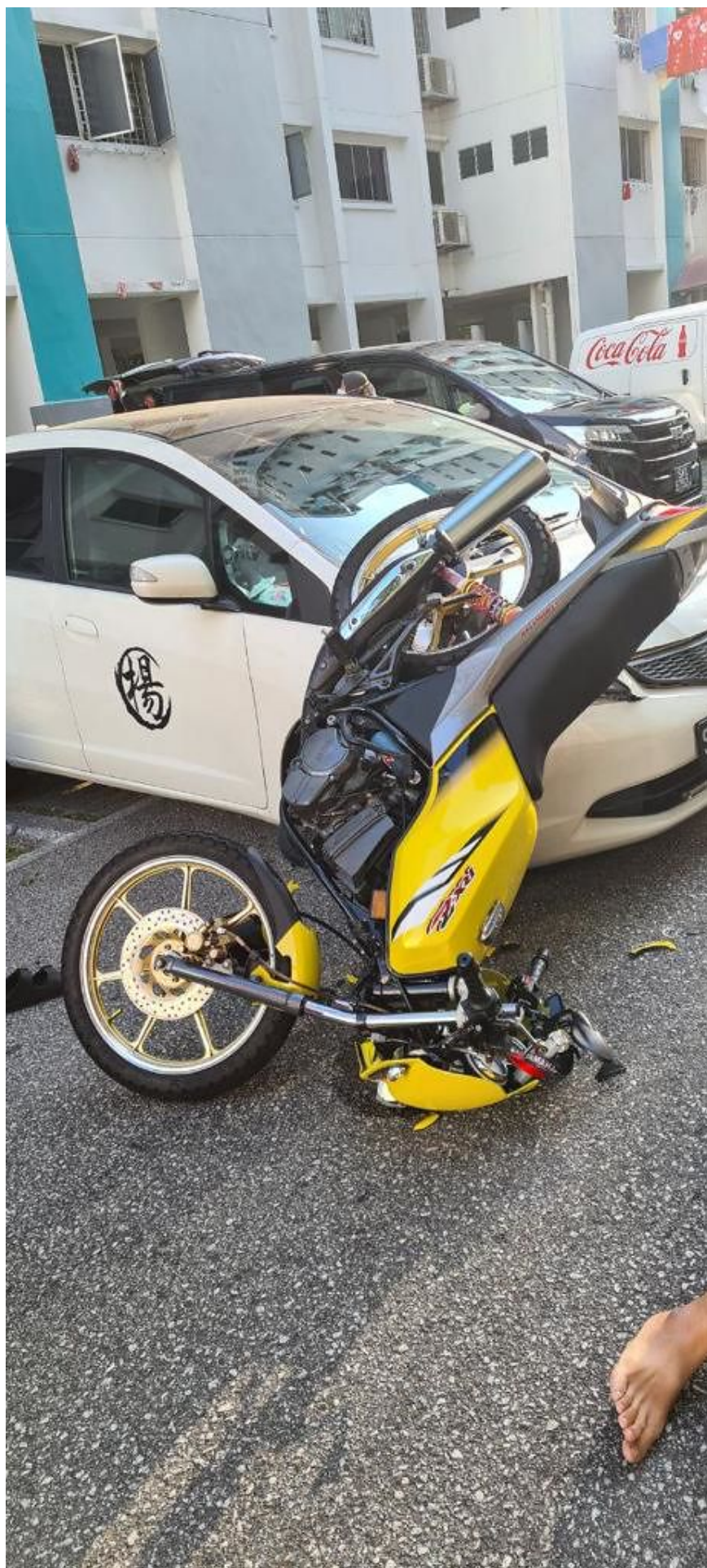




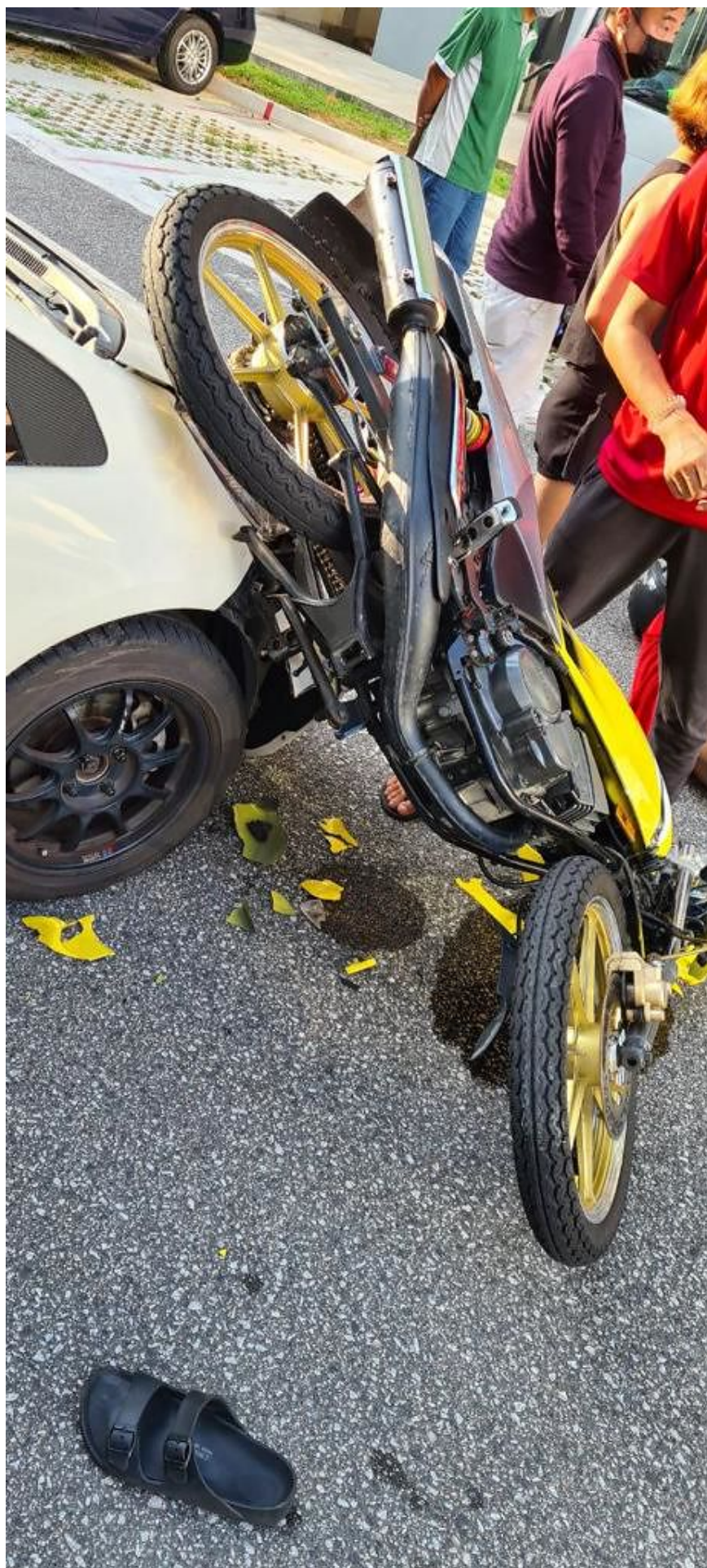




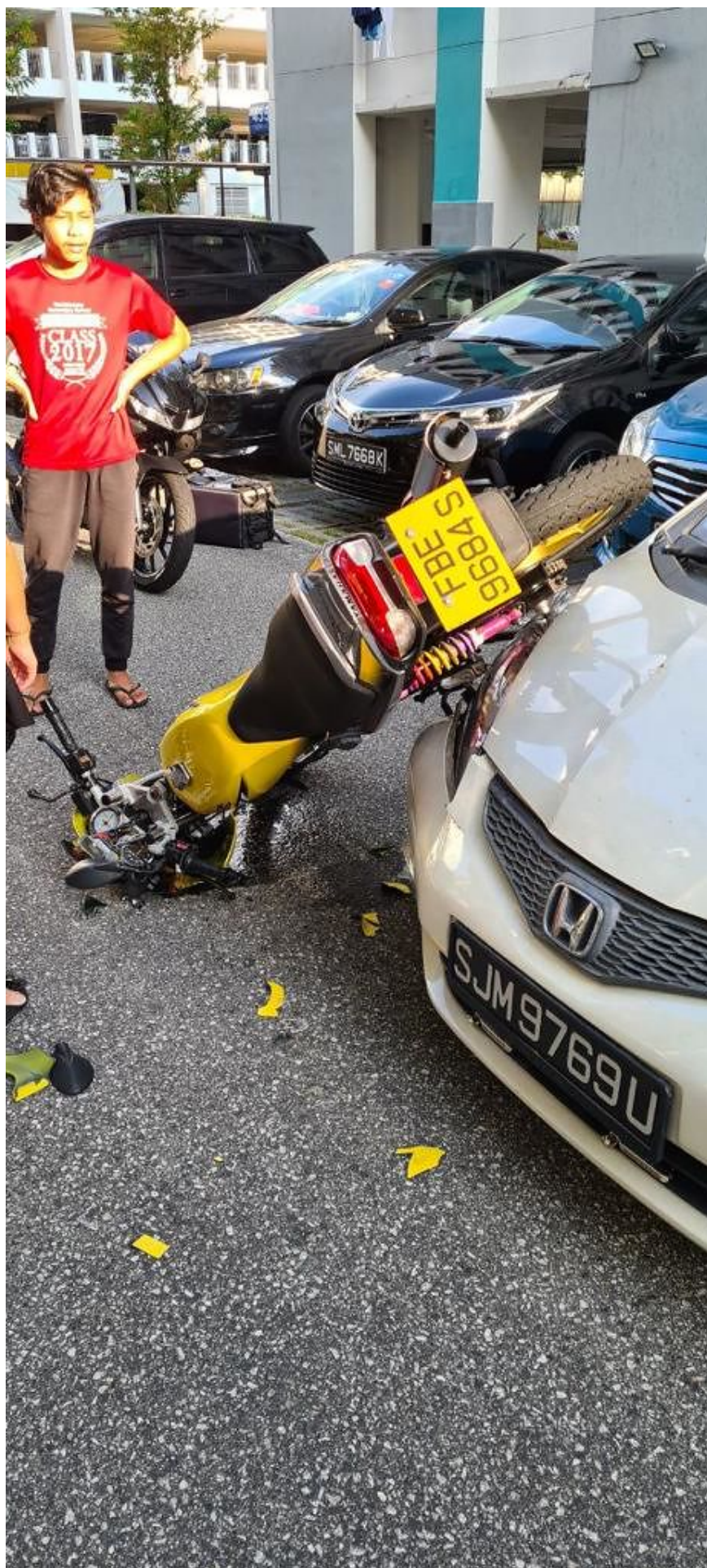






















**SINGAPORE  
POLICE FORCE**



T/20211010/7002

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

1 of 3

Report No. T/20211010/7002

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/10/2021 01:52		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KOH SOON AN			Address: APT BLK 436 YISHUN AVENUE 11 #03-212 SINGAPORE 760436		
ID Type / ID No.: NRIC NO / T0128995G			Contact No.: Home/Office: Mobile: 91892044		
Nationality: SINGAPORE CITIZEN			Email: SOONANKAYSON@GMAIL.COM		
Sex: Male	Age: 20	Date of Birth: 19/08/2001	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/10/2021 18:00	Type of Location: Car Park
Location:  YISHUN AVENUE 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 15 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBE9684S	Motorcycle					0
SJM9769U	Car	HONDA	FIT	White	Slightly Damaged	1





**SINGAPORE  
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T/20211010/7002

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

2 of 3

Report No. T/20211010/7002

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KOH SOON AN	ID No.	T0128995G
Related Vehicle	FBE9684S (Motorcycle)	Contact No.	91892044
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	09/10/2021		Date09/10/2021
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

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I was travelling at the speed of 10km/hr on a straight road, looking for a parking spot.  
Suddenly a white Honda motorcar SJM9769U abruptly moved off from a car lot.  
The car was too fast that driver was unable to stop car on time.  
This incident happened too fast that i was caught off guard.  
By the time i realized what was happening, i was already flung out and my motorcycle ended up flying on car's bonnet.  
Lady driver came out immediately upon seeing me on the road.  
She apologized for failing to notice me before moving off.  
She told me how she was focussed on adjusting her mirror.  
Traffic police bike TP410 came soon.  
We were told to lodge our claims or reports.  
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He claimed he was the car owner and insisted i use his license instead to lodge any report needed.  
He is Mr Yong Zhi Wei, male/1981 NRIC S8110935D.  
He is contactable at 93863935.  
There were two motorcyclists who witnessed the incident.  
They are Md Arfiq 90621064 and Md Rifky 96161871.  
I was treated at KTPH afterwards.  
I sustained multiple scratches on my left arm/eye/shoulder.  
I also suffered from abdominal pain and multiple bruising over right and left thigh and my groin area.  
I was also unable to move my left toe and suffered from headaches.  
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**SINGAPORE  
POLICE FORCE**



T/20211010/7002

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

3 of 3

Report No. T/20211010/7002

**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 / TPIB /  
SYED MUHAMMAD ISA BIN OMAR  
ALHABSHEE  
Contact No.: 65476214  
NP168

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


Date/Time:  
10/10/2021 01:52

Classification Of Case:



7:46
4G


Kaka 113962d5-98cf-4c96-ad78-757...


Celebrate living  
fwd.com.sg

Certificate of Insurance

Please call **+65-6322-2072** for FWD Emergency Assistance if Your Motorcycle breaks down or is involved in an accident.

All accidents must be reported within 24 hours or by the next working day of the incident regardless of whether it will lead to a claim.

Policy number: **PNMC2021-00002301**  
Plan name: Third Party  
Motorcycle plate number: FBE9684S  
Your name (As the policyholder): Kaharuddin Bin Sajat  
Coverage start date: 25/05/2021  
Coverage end date: 24/05/2022  
Covered geographical area: Singapore, West Malaysia and Southern Thailand  
Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle  
Finance company:  
Important things to know:  
Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by us. These documents should be read together as one. You must make sure that any person you give permission to ride Your Motorcycle understands your duties under this Policy and complies with its conditions.  
Your Policy is only valid if Your Motorcycle is being used for commercial use in accordance with your contract.  
This Policy does not cover use for any renting or leasing purposes.  
We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).  
Issued on: 25/05/2021  
  
Khor Kee Eng  
Chief Executive Officer  
FWD Singapore Pte Ltd  
Please immediately inform us at **+65-6820-8888** or email us at **contact.sg@fwd.com** if any details in this Certificate of Insurance needs to be changed.  
FWD Singapore Pte. Ltd. 6 Temasek Boulevard, # 18-01 Suntec Tower 4, Singapore 038986 T (65) 6820 8888. Registration No. 200501737H