

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. 30642023

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

Policyholder's Signature _____
Date & Time: _____

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

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

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