

# 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 ..... 09/11/2021 13:34 (SGT)  
Date of Accident ..... 05/11/2021 18:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SIMEI AVENUE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBQ9275B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMAD FAZAKIR BIN ABDUL RASHID  
NRIC No ..... SXXXX517Z  
Email Address ..... FAZAIMAH82@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-88288072  
Alternative Phone No ..... (Office) +65-88288072

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... ADV 150  
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 ..... Auto  
CC ..... 150

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... D21MTMC01000143  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMAD FAZAKIR BIN ABDUL RASHID  
NRIC No ..... SXXXX517Z

Date Of Birth .....	27/02/1980
Occupation .....	Indoor
Date Of Driving Pass .....	17/10/2002
Driving experience .....	19 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-88288072
Alt. Phone Number .....	(Office) +65-88288072
Email Address .....	FAZAIMAH82@GMAIL.COM
Address .....	BLK 804 TAMPINES AVE 4
Address complement .....	#05-41
Postcode .....	520804
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 .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 .....	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

PLEASE REFER TO POLICE REPORT NO: T/20211106/7035

#### 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 .....	SHD356H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	AXA Insurance Pte Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMZ9590M
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 .....	MOHAMAD FAZAKIR BIN ABDUL RASHID
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBQ9275B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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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**

<p>Sketch Plan</p>	<p>Sketch Plan</p>	<p>Sketch Plan</p>


A: FBQ 9275B  
B: SHD 356H  
C: SMZ 9590M


**Describe Circumstances of the Accident**


Please refer to the police report (T/2024/06/7035).

**Declaration**

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

  
Witnessed by Reporting Centre Personnel



















































**SINGAPORE  
POLICE FORCE**



T/20211106/7035

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

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Report No. T/20211106/7035

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/11/2021 18:16	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MOHAMAD FAZAKIR BIN ABDUL RASHID			Address: 804 TAMPINES AVENUE 4 #05-41 SINGAPORE 520804	
ID Type / ID No.: NRIC NO / S8005517Z			Contact No.: Home/Office:	Mobile: 88288072
Nationality: SINGAPORE CITIZEN			Email: fazaimah82@gmail.com	
Sex: Male	Age: 41	Date of Birth: 27/02/1980	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: Technical/Engineering services manager (eg shipyard manager)			Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/11/2021 18:40	Type of Location: Straight Road
Location:  SIMEI AVENUE				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	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	Conditio	No of
FBQ9275B	Motorcycle	HONDA	ADV150 ABS CVT	Red		0
SHD356H	Car					0
SMZ9590M	Car			White		0





**SINGAPORE  
POLICE FORCE**



T/20211106/7035

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

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Report No. T/20211106/7035

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ9275B	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC01000143	15/01/2021	14/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Rider</b>				
Name	MOHAMAD FAZAKIR BIN ABDUL RASHID		ID No.	S8005517Z
Related Vehicle	FBQ9275B (Motorcycle)		Contact No.	88288072
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	05/11/2021		Date	05/11/2021
No. of Days granted Medical Leave	14		Degree of	Slight
<b>Driver</b>				
Name	SIMON KOH YANG KWANG		ID No.	S1451403A
Related Vehicle	SHD356H (Car)		Contact No.	98559690
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
<b>Driver</b>				
Name	WU MING YUE		ID No.	S9413628H
Related Vehicle	SMZ9590M (Car)		Contact No.	87803485
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL



**SINGAPORE  
POLICE FORCE**



T/20211106/7035

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

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Report No. T/20211106/7035

**CONTINUATION OF REPORT**

Brief Details.

On 5th Nov 2021 around 1840hrs, i was riding along Simei Ave towards Tampines Town. I stopped as the red traffic light appeared. I stopped about 6 feet behind from a white sport car. Less than 3 seconds, a taxi hit me from behind. I was flung away from my bike and landed on my right side. I was shocked and stayed still for a while. I felt a great pain on my left leg, neck and back. The taxi driver who hit me approached and offer help. He apologised several times and explained if its not raining he could brake on time. The white sport car driver helped me up and called the ambulance. I was standing by the side while waiting for the ambulance. Once the ambulance arrived, i received treatment while awaiting for traffic police to come. The traffic police came and took my particulars and statement and i was conveyed to the Changi General Hospital by the ambulance.

I was discharged on the same day and was given 14 days of hospitalisation leave. I wish to make an insurance claims for my injuries and consensual loss.





**SINGAPORE  
POLICE FORCE**

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



T/20211106/7035

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Report No. T/20211106/7035

**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 /  
MUHAMMAD ZICKIE BIN AHMAD SUYUTI  
Contact No.: 65476904

NP168

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

Date/Time:  
06/11/2021 18:16

Classification Of Case: