



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	15/11/2021 17:49 (SGT)
Date of Accident	05/11/2021 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS DR 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV3287H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RIDUAN BIN RAHMAT
NRIC No	SXXXX749F
Email Address	WAN96@HOTMAIL.SG
Mobile Phone No	(Phone) +65-98200094
Alternative Phone No	(Home) +65-98200094

VEHICLE PARTICULARS

Manufacturer	Kawasaki
Model	Zx150
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	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	PNMC2021-00001565
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD HAZWAN BIN RIDUAN
NRIC No	TXXXX808B



Date Of Birth	26/06/2000
Occupation	Outdoor
Date Of Driving Pass	27/08/2019
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90026898
Alt. Phone Number	-
Email Address	WAN96@HOTMAIL.SG
Address	BLK 161B JLN LOYANG BESAR #02-11
Address complement	-
Postcode	509410
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 - Major/Minor Rd
Weather Conditions	DRIZZLING
Road Surface	Wet

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?	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

REFER TO ATACHED

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	SJR8965A
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	MUHAMMAD HAZWAN BIN RIDUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FV3287H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	ROY
Phone	(Phone) +65-82852529
Email	-

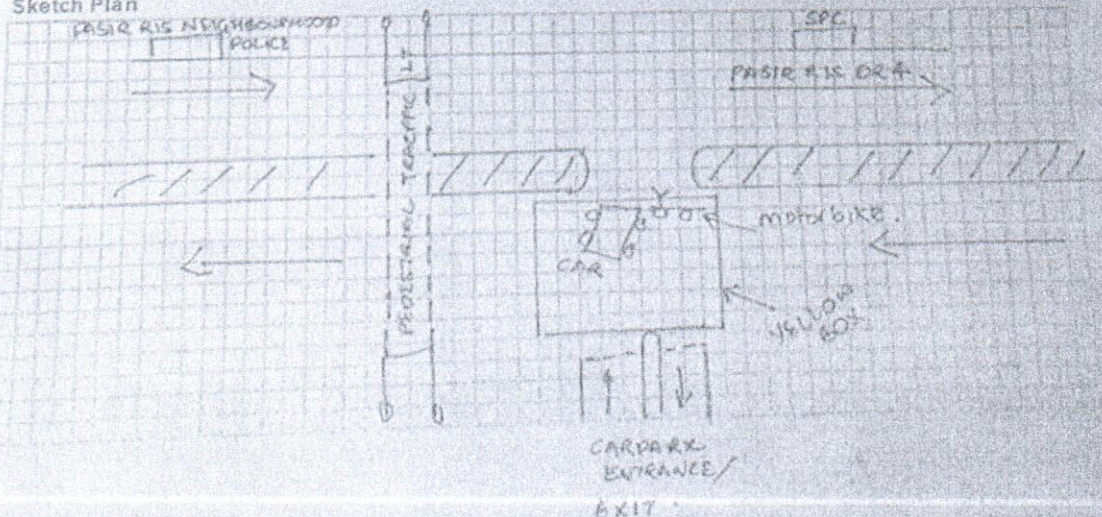
SKETCH PLAN

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8. Report 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: 06/11/21
 Driver's Signature (if driver is not the policyholder) / Date & Time: 06/11/21
 Witnessed by Reporting Centre Personnel: SHUYI

Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT ATTACHED.

REPORT NUMBER: G/20811105/0194

Declaration

We declare the foregoing particulars are true in every respect.

06/11/21
Policyholder's Signature / Date & Time

06/11/21
Driver's Signature (if driver is not the policyholder) / Date & Time

SHUYI
Witnessed by Reporting Centre Personnel



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2021 21:45		Vide Report No.: G/20211105/0144		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD HAZWAN BIN RIDUAN			Address: 161B JALAN LOYANG BESAR #02-11 SINGAPORE 509410		
ID Type / ID No.: NRIC NO / T0020808B			Contact No.: Home/Office: Mobile: 90026898		
Nationality: SINGAPORE CITIZEN			Email: HAZWANRIDUAN2000@GMAIL.COM		
Sex: Male	Age: 21	Date of Birth: 26/06/2000	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: NSF			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/11/2021 17:45	Type of Location: Straight Road
Location: PASIR RIS DRIVE 4				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FV3287H	Motorcycle	KAWASAKI	KR150	Red	Seriously Damaged	0
SJR8965A	Car	KIA	Cerato	Maroon	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20211105/7030

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

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Report No. T/20211105/7030

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FV3287H	FWD Singapore Pte. Ltd	PNMC2021-00001565	05/04/2021	04/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HAZWAN BIN RIDUAN	ID No.	T0020808B
Related Vehicle	FV3287H (Motorcycle)	Contact No.	90026898
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	05/11/2021	Date	05/11/2021
No. of Days granted Medical Leave	07	Degree of	Slight
Driver			
Name	CHEONG WEN CAI	ID No.	NIL
Related Vehicle	SJR8965A (Car)	Contact No.	98211025
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

Brief Details.

On the above mentioned date and time, I was riding along Pasir Ris Dr 4 towards Pasir Ris Dr 1, when suddenly a car came out from a minor road (opp Blk 217 Pasir Ris St 21) to turn right of Pasir Ris Dr 4 (towards Pasir Ris Dr 3) and I was not able to stop on time and collided the front left the car. Due to the collision I fell on my left side of my motorcycle and suffered bruises and cut on both of my legs. Ambulance and traffic police arrived and I was then conveyed to Changi General Hospital.



**SINGAPORE
POLICE FORCE**



T/20211105/7030

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

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Report No. T/20211105/7030

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

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 05/11/2021 21:45
Classification Of Case:

This report is lodged at Pasir Ris NPC Kiosk 1
NP168