

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 18/12/2021 12:27 (SGT)
Date of Accident 04/12/2021 20:30 (SGT)
Exact Location of Accident Farrer Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP9488J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD SYADDAD
NRIC No S9112979E
Email Address dart2203@outlook.sg
Mobile Phone No (Phone) +65-88178295
Alternative Phone No +65-88178295

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Mx king t150
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 150

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number PNMC2021-0002539
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD REJAB BIN JUMAT
NRIC No S9932975J

| | |
|--|-----------------------------------|
| Date Of Birth | 16/10/1999 |
| Occupation | Outdoor |
| Date Of Driving Pass | 13/06/2019 |
| Driving experience | 2 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-89113565 |
| Alt. Phone Number | - |
| Email Address | jabjabby05@gmail.com |
| Address | BLK 405 ANG MO KIO AVE 10 #10-671 |
| Address complement | - |
| Postcode | 560405 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Sibling |
| 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? | 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 | Woodlands East Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18007679999 |
| Police Station Address | 3 Woodlands Drive 63 Singapore 737890 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20211211/2072.

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 | SKU9726P |
| 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 | VEHICLE B |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|--------------------------|
| Name of injured person | MUHAMMAD REJAB BIN JUMAT |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | FBP9488J |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation**.
6. The 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.
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



Accident report SS1Y21CI0005

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**SINGAPORE
POLICE FORCE**



T/20211211/2072

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20211211/2072

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 11/12/2021 17:43 | Vide Report No.: F/20211205/7043 | Station Diary No.: 84 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant: MUHAMMAD REJAB BIN JUMAT | | | Address: APT BLK 405 ANG MO KIO AVENUE 10 #10-671 SINGAPORE 560405 | |
| ID Type / ID No.: NRIC NO / S9932975J | | | Contact No.: Home/Office: Mobile: 89113565 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 22 | Date of Birth: 16/10/1999 | 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: 04/12/2021 20:30 | Type of Location: Straight Road |
| Location: FARRER ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Not Controlled | | 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 | Condition | No of Passenger |
|-------------|------------|--------|-------|-------|-----------|-----------------|
| FBP9488J | Motorcycle | YAMAHA | | | | 0 |
| SKU9726P | Car | | | | | 1 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211211/2072

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20211211/2072

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------------|--|-----------------------------------|
| Rider | | | |
| Name | MUHAMMAD REJAB BIN JUMAT | ID No. | S9932975J |
| Related Vehicle | FBP9488J (Motorcycle) | Contact No. | 89113565 |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B Date of Expiry: NIL |
| Date Treatment | 04/12/2021 | Date Discharge | 07/12/2021 |
| No. of Days granted Medical Leave | 14 | Degree of Injury | Serious |
| Driver | | | |
| Name | NG KIANG WU | ID No. | T0091026G |
| Related Vehicle | SKU9726P (Car) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 04/12/2021 at about 2030hrs, while I was riding along Farrer Road towards Adam Road, at the junction near Leedon Heights, I met with an accident. I was making a lane change from lane 3 to lane 4 when a car crashed into me from the rear. I could not recall anything else after that however, I was conveyed to hospital in a conscious state.

I was discharged from hospital on 07/12/2021 and given 14 days of medical leave. I suffered the following injuries:

1. right distal fibula fracture (infrasyndesmotic)
2. neck and lower back sprain
3. superficial abrasions over right foot, ankle, knee, elbow and left shoulder

My medical certificate is NUH21302971.

I have previously lodged a police report while I was in hospital however, I have forgotten to include details like my vehicle number. I have also spoken to IO Fahrul Razi on the matter and he advised me to make amendments to the report by including the missing details.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20211211/2072

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Report No. T/20211211/2072

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
L /
Staff Sgt MUHAMMAD HUSAINI
BIN HUSSIN

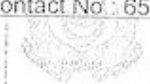
Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/12/2021 17:43

Officer In Charge Of Case:
TP / GIT /
Other SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE
Contact No: 65476214

Classification Of Case:



Signature:

Singapore Police Force



SINGAPORE
POLICE FORCE



F/20211205/7043

1 of 2

POLICE REPORT (NP299)

Report No. F/20211205/7043

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

| | | |
|--|--|---------------------|
| Date/Time Report Made 05/12/2021 17:37 | Vide Report No. | Station Diary No. |
| Name Of Informant MUHAMMAD REJAB BIN JUMAT | Address 405 ANG MO KIO AVENUE 10 #10-671 SINGAPORE 560405 | |
| ID Type / ID No. NRIC NO / S9932975J | Contact No. Home/Office: | Mobile: 89113565 |
| Nationality SINGAPORE CITIZEN | Email Address JABJABBY05@GMAIL.COM | |
| Occupation NSF | Sex Male | Age 22 |
| Institution/School Name | Date of Birth 16/10/1999 | Race Malay |
| Date/Time Of Incident 04/12/2021 20:30 - 05/12/2021 00:00 | Language English | |
| | Location Of Incident 405 ANG MO KIO AVENUE 10 #10-671 SINGAPORE 560405 | |

Brief details.

A car hit me from the back while i was riding my bike. Once i was done changing lane few seconds later i wanted to turn left so i signal left and as i was about to turn, the next moment all i remember is a impact on the back of my bike and i flung away from my bike about 1-2m away from my bike. i quickly stand up as i was in shock and pain i took off my helmet and lie down on the side of the pavement. the driver of the vehicle came out of the car and come to me to check on me. After that A passerby(rider) came to help me and then he call the ambulance and the traffic police moments later the ambulance came and took

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 05/12/2021 17:37 |
| Officer In-Charge Of Case: | Classification Of Case: |



SINGAPORE
POLICE FORCE



F/20211205/7043

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POLICE REPORT (NP299)

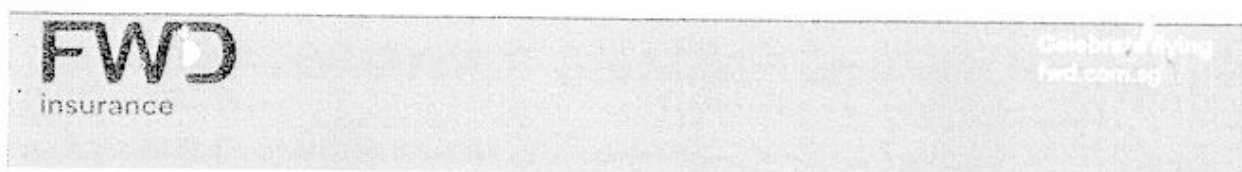
CONTINUATION OF REPORT

Report No. F/20211205/7043

me to the nearest hospital NUH.

| | | | |
|-------------------|--------------------------------------|---------------------------|--|
| Subjects Involved | | | |
| Suspect | | | |
| Person Name | Ng Kiang Wu | | |
| ID Type | NRIC NO | ID No | T0091026G |
| Gender | Male | Age | 20-21 |
| Race | Chinese | Language | English |
| Victim | | | |
| Person Name | MUHAMMAD REJAB BIN JUMAT | | |
| ID Type | NRIC NO | ID No | S9932975J |
| Gender | Male | Age | 22 |
| Race | Malay | Language | English |
| Occupation | NSF | Address | 405 ANG MO KIO AVENUE 10 #10-671 SINGAPORE 560405 |
| Mobile No | 89113565 | Is Informant A Victim? | Yes |
| Person Name | MUHAMMAD REJAB BIN JUMAT (Informant) | | |

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 05/12/2021 17:37 |
| Officer In-Charge Of Case: | Classification Of Case: |



Motorcycle and Personal Accident

Please call +65 6722 4477 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: PNMC2021-00002539

Plan name: Third Party

Motorcycle plate number: FBP9488J

Your name (As the policyholder): Muhamad Syaddad

Coverage start date: 06/07/2021

Coverage end date: 05/07/2022

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 personal use in accordance with your contract.

This Policy does not cover use for hire or reward, delivery of goods, and any renting or leasing purposes.

We confirm that this Policy complies with the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 129)

Issued on: 08/06/2021

col f

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 on
this Certificate of Insurance needs to be changed

For more information, please visit www.fwd.com.sg or call our customer service hotline at +65 6820 8888