

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 23/12/2021 14:47 (SGT)
Date of Accident 14/12/2021 13:30 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS6611Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMAD IRFAN BIN MUHAMAD FAHMY
NRIC No TXXXX062D
Email Address irfanfahmy@gmail.com
Mobile Phone No (Phone) +65-87425854
Alternative Phone No +65-87425854

VEHICLE PARTICULARS

Manufacturer Yamaha
Model XSR155
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 - Reporting only
Vehicle Category Motorcycle
Transmission Manual
CC 155

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D21MTMC01004131
Cover Note Number -

DRIVER

Name of Driver MUHAMAD IRFAN BIN MUHAMAD FAHMY
NRIC No TXXXX062D

Date Of Birth	24/06/2001
Occupation	Indoor
Date Of Driving Pass	23/06/2021
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87425854
Alt. Phone Number	+65-87425854
Email Address	irfanfahmy@gmail.com
Address	BLK 233 JURONG EAST STREET 21 #06-418
Address complement	-
Postcode	600233
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	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	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 T/20211221/7033

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	SMS281B
Vehicle Manufacturer	LandRover
Vehicle Model	Discovery
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMN2613R
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
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	MUHAMAD IRFAN BIN MUHAMAD FAHMY
Gender	Male
Phone No	(Phone) +65-87425854
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBS6611Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

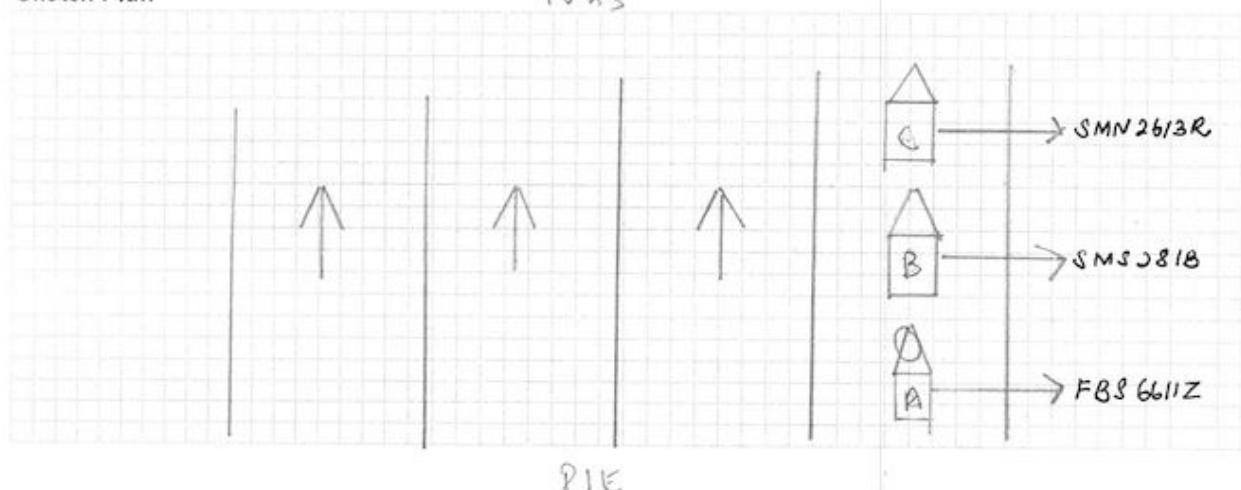
SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Whe 23/12/21 12pm
Policyholder's Signature / Date & Time

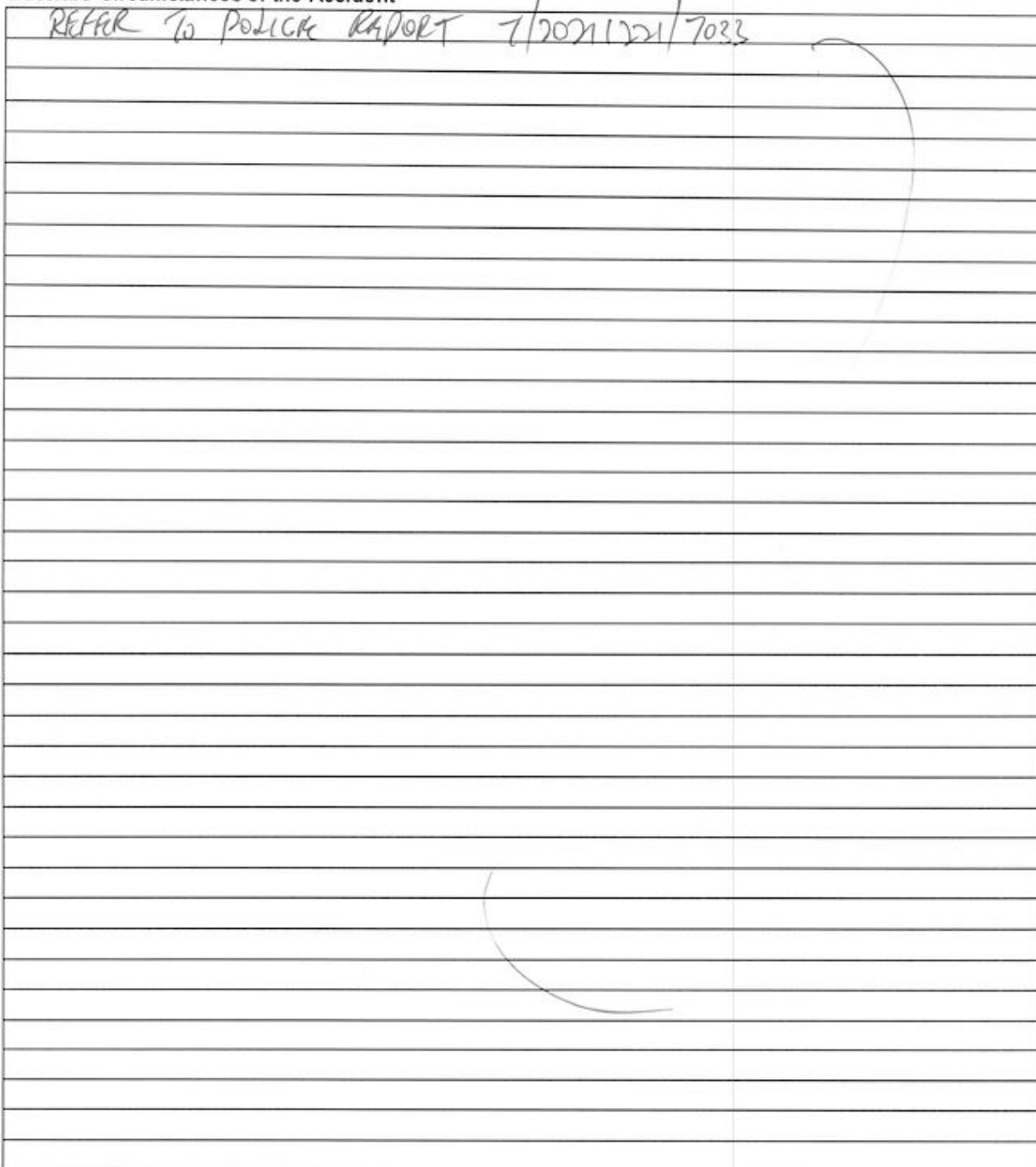
Tuas
Driver's Signature (If driver is not the policyholder) / Date & Time

23/12/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/2021/221/7033



Declaration

We declare the foregoing particulars are true in every respect.

 23 Dec 2021
Policyholder's Signature / Date &
Time 12 pm

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

 23/12/2021
Witnessed by Reporting Centre
Personnel

































SINGAPORE POLICE FORCE



T/20211221/7033

1 of 3

Report No. T/20211221/7033

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2021 17:31	Vide Report No.: G/20211214/0122	Station Diary No.:
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Informant's Particulars			
Name of Informant: MUHAMAD IRFAN BIN MUHAMAD FAHMY		Address: 233 JURONG EAST STREET 21 #06-418 SINGAPORE 600233	
ID Type / ID No.: NRIC NO / T0119062D		Contact No.: Home/Office: Mobile: 87425854	
Nationality: SINGAPORE CITIZEN		Email: IRFANFAHMY@GMAIL.COM	
Sex: Male	Age: 20	Date of Birth: 24/06/2001	Type of Informant: Rider
Race: Malay		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: 14/12/2021 13:30	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: Dual Carriage Way		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	Conditio	No of
FBS6611Z	Motorcycle	YAMAHA	XSR155+MA NUAL	Silver		0
SMN2613R	Car	HONDA	Vezel	White	No Damage	1
SMS281B	Car	LAND ROVER	Discovery	Brown	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20211221/7033

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

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Report No. T/20211221/7033

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS6611Z	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100413 1	28/06/2021	27/06/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMAD IRFAN BIN MUHAMAD FAHMY	ID No.	T0119062D
Related Vehicle	FBS6611Z (Motorcycle)	Contact No.	87425854
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	14/12/2021	Date	15/12/2021
No. of Days granted Medical Leave	11	Degree of	Serious

Brief Details.

I was riding behind car number: SMS281B on the first lane at 1:30pm at PIE near Nexus school. The traffic was quite moderate to heavy as it is peak hour. I was only driving at 70-80km/h. The car immediately jambrake and i am not able to swerve to the lane 2 as there will be incoming vehicle. I applied my emergency brakes front and rear brake but i collided to the boot of the car. I woke up on the ground with my bike between my thighs. There were people who help me get out from my bike as my bike was pinning me down. They brought me to the side of the expressway at PIE. I asked the driver why did he jambrake and he told me because the car infront of him jambraked. I was bleeding from my mouth and i lose my front tooth with the other loose. I needed assistance to stand and sit.



**SINGAPORE
POLICE FORCE**

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



T/20211221/7033

3 of 3

Report No. T/20211221/7033

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 /
TAN JUN YAN
Contact No.: 65476311

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

Date/Time:
21/12/2021 17:31

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921CN0005 Vehicle Registration No: FBS6611Z
 Name (as shown in NRIC): Muhammad Irfaan NRIC/FIN/Passport No: TXXXX062D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 87425854
 Email Address: _____
 Date of Accident: 14/12/2021 Time of Accident: 13:30
 Place of Accident: Pine Roadway MAS
 Insurance Company: Sampo

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

INSURED VEHICLE NUMBER TO FBS6611Z

Policyholder / Driver's Signature
Date:

23/12/2021
Reporting Centre Personnel's Signature
Name: Roshan
NRIC/FIN No.: U0000000
Date:

RafflesHospital

Your Trusted Partner for Health

MEDICAL CERTIFICATE

(DUPLICATE/AMENDMENT)

MC No : 3910804
 NRIC : T0119062D
 NAME : MUHAMAD IRFAN BIN MUHAMAD FAHM
 ADMISSION DATE : 14 Dec 2021
 DISCHARGE DATE : 15 Dec 2021
 VISIT NO : 2021815845

Issue Date: 15 Dec 2021 (12:26)

This is to certify that the above mentioned has been given:

HOSPITALIZATION / POST HOSPITALIZATION LEAVE
 For 11 days
 From 14 Dec 2021 to 24 Dec 2021

PRINCIPAL DOCTOR : YANG CHING YU (RD) (02858D)
 PREPARED BY : CHAW YAW LIM (M61168I)
 DEPARTMENT : Inpatient, Raffles Hospital
 ADDRESS : 585 North Bridge Road Raffles Hospital 188770

Printed: 15 Dec 2021, 12:49PM

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.
 *This certificate is electronically generated. No signature is required.



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