SK0L21CM000E / KAN FOOK SING MOTOR WORKSHOP [539147] ENTRY DATE & TIME: 22/12/2021 17:37 (SGT) SUBMITTED BY: Lee Nai Vien VERSION: 1 (22/12/2021 17:37 (SGT))



SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

- 4. The issue and acceptance of this principalities companies is not an admission of policy flability 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	7.00.7100
Country/State of Loss	Singapore

Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	Singapore PASIR RIS DR 8
DETA	ILS OF OWN VEHICLE
Vehicle Registration Number	FBS911Y
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	SUKHAIMI BIN SAHARI S1546112H SUKHAIMI20@GMAIL.COM (Phone) +65-98441194
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repai your vehicle? Vehicle Category Transmission CC	Aerox
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	ThirdParty No PNMC2021-00000255
DRIVER	
Name of Driver	

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DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver		-
Contact Number		-
Address		-
Address complement	•	-
Postcode		-
Insurance Company Name	4.5	-
Nature Of Damage		-
Details of property damaged in accident		-
No. Of Passenger (Including Driver)		-

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Police Station Of Origin:

Punggol N.P.C

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

1 of 4 Report No. T/20211222/2014

REPORT OF A TRAFFIC ACCIDENT

22/12/202		lade:	Vide Report No.:	Station Diary No.:		
Informant	s Partici	ılars 💮 💮				
Name of In			Address:			
SUKHAIMI	BIN SAF	IARI	821663	DRIVE #15-268 SINGAPORE		
ID Type / II			Contact No.:			
NRIC NO /	S154611	2H	Home/Office: Mobile: 98441194			
Nationality:			Email:			
SINGAPO	RE CITIZ	EN				
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	59	04/10/1962	Rider	•		
Race:			Language:	Institution / School Name:		
Malay						
Occupation:			Driving Licence Information:			
FOODPANDA RIDER			Class: 2B,3 Date of Expiry:			

General Infori	mation of the Accident	Sample of Delice Court of Science 2			
Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 21/12/2021 12:40	Type of Location Bend	
Location:					
PASIR RIS D	RIVE 8	Road Surface:		Road Speed Limit:	
Clear		Dry		Road Speed Little.	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossin		Traffic Volume: Light	
Type of Collis Between Mov	ion: ing Vehicles - Head To R	ear		Anyone conveyed by ambulance: Yes	

Details of V	ehicle Involve	d				
Vehicle No.:	Type	Make	Model	Color	Condition	No of Passenger
FBS911Y	Motorcycle	YAMAHA	AEROX GDR155A CVT	Black	Seriously Damaged	0
SLQ3188R	Car					1

Details of Vehicle Insurance	CILLER CONTROL
Platette At Maria a Marinanaa	
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	#1810112 TO SOURCE (1
STORAGE VALUE VA	2 1 2 de mar de mar de la company de la comp
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Vehicle No. Instrance Company	
- EMCLIFIC NUMBER SHIPE RESIDENT AND	v Date
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Tel No: 1800-6049999



Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 2 of 4 Report No. T/20211222/2014

CONTINUATION OF REPORT

Details of Vo	hilele Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS911Y	FWD Singapore Pte. Ltd	PNMC2021-	08/01/2021	07/01/2022
		00000255		

Details of Perso	n involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL	-	Use of Ped	destrian	Cross	sing: NA
Rider						
Name	SUKHAIMI BIN SAH	ARI		ID No		S1546112H
Related Vehicle	FBS911Y (Motorcycle	e)		Conta	ct No.	98441194
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	21/12/2021		Date Discl			2/2021
No. of Days grant	ted Medical Leave	03	Degree of Injury Slight			
Driver						
Name	LYDIA LIM			ID No.		NIL
Related Vehicle	NIL			Contact No.		90210384
Hospital/Clinic	NIL .			Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	nt NIL Date Disc				NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 21/12/2021 at about 1240hrs, I was riding my bike bearing the plate number of FBS911Y. I am a food panda rider delivering order along Pasir Ris Drive 8 towards TPE where I met an accident. There was a pedestrian crossing before the exit to TPE. I made a stopped at the stopping line as there was a cyclist that wanted to cross over. Suddenly, I felt a strong impact at the rear of my motorcycle and I fell off the bike. My motorcycle then fell on me and I was blanked for a while. I was hit by a car bearing the plate number of SLQ3188R. I was then helped by a passerby and he called for an ambulance. Shortly after traffic police and ambulance reached the scene. I was checked by the paramedic and was conveyed to Changi General Hospital for a check up. My motorcycle was towed away by traffic police. I was given 3 days of hospitalization leave. I wish to add that the passerby that helped me has taken a few pictures of the accident and have forwarded me all the pictures if needed for the accident investigation. That is all.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

3 of 4 Report No. T/20211222/2014

CONTINUATION OF REPORT





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 4 of 4 Report No. T/20211222/2014

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 F / Other MOHD ZAIRY BIN ZUBAIDI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/12/2021 09:50
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD-SYAKIR-BIN-ADANAN- Contact No.R65476236 POLICE FORCE ON 158	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	