SF0E221A0001 / F.T Fasttrack ENTRY DATE & TIME: 10/01/2022 13:58 (SGT) SUBMITTED BY: Freddie Tan VERSION: 1 (10/01/2022 13:58 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate 3. Information provided must be as trustile 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 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.

This report will be forwarded by the traditions of the call Records management Centre established by the Called and the copies of this report will, for a fee, be made available upon application by interested parties.
 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

10/01/2022 13:58 (SGT) 08/01/2022 18:15 (SGT) Near 929 Tampines Street 91, Block 929, Singapore 520929 open space carpark Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBL9173M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No Alternative Phone No

ahmad syafiq bin ahmad ishak TXXXX311F ahmadshadow0920@gmail.com (Phone) +65-81255935 +65-81255935

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Cb190x

Honda

Private use

No - Claiming third party Motorcycle Manual

184

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

C Accident report SF0E221A0001

NTUC Income Insurance Co-operative Ltd Comprehensive

No

5122059826 5122059826

ahmad syafiq bin ahmad ishak TXXXX311F

Date Of Birth Occupation

Date Of Driving Pass
Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address

Address complement

Postcode

Address

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name
Police Station Phone No

Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

refer to police report

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No

29/01/2001

04/02/2021

11 MONTHS

+65-81255935

s520288

Yes

No

Clear

Dry

No

Yes

Yes

Yes

1

No

No

2

(Phone) +65-81255935

ahmadshadow0920@gmail.com

blk 288 tampines st22 #06-342

Collision - Change/cross lane

Tampines Neighbourhood Police Centre

6 Tampines Ave 4 Singapore 529682

(Phone) +65-18005871999 (Fax) +65-65871699

Indoor

Male

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour Vehicle Category SLS5170S Mazda 3

Blue Private hire

Accident report SF0E221A0001

Name of Driver NRIC No

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

pang sze wee jeremy SXXXX015H

(Phone) +65-94368800

-

MSIG Insurance (Singapore) Pte. Ltd.

-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Gender Phone No Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

ahmad syafiq bin ahmad ishak

Male

(Phone) +65-81255935

blk 288 tampines st 22 #06-342

S520288

S52028 20

refer to medical report

FBL9173M

Yes



Police Station Of Origin:



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Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Report No. T/20220108/2121

Tel No: 1800-5871999 **CONTINUATION OF REPORT**

Any Pedestrian Involved: No No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA				
Rio :					No.		
Name	AHMAD SYAFIQ BIN AHMAD ISHAK			ID No.		T0102311F	
Related Vehicle	FBL9173M (Motorcycle)			Contact No.		81255935	
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B Date of Expiry: NIL	
Date Treatment	08/01/2022 Date Disc			charge 08/01/2022			
No. of Days gran	ted Medical Leave	05	Degree of	Injury	Sligh		
PN						A week a district A was made what	
Name :	PANG SZE WEE JEREMY			ID No.		S6802015H	
Related Vehicle	SLS5170S (Car)		Contact No.		94368800		
Hospital/Clinic	NIL .			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	Date Treatment NIL .			Date Discharge NIL			
No. of Days granted Medical Leave NIL		Degree of Injury NIL					

Brief Details.

On the above mentioned date, time and location.

I had just sent a food order to the nearby block and I was riding along the road in the carpark and was headed to the exit when I saw that there was a car(SLS5170S) that was exiting from a lot(No:276) on my left side. By the time that I noticed it, it was too late for me to stop. The car then hit the left side of my bike which caused my bike to topple to the right side and I had also fell on my right side.

The driver then came out to help my bike back to standing again. We had also exchanged particulars and took photos respectively. I then shifted my bike to the side and called for my brother.

My brother-in-law then came and spoke to the driver and also called for the ambulance who came and conveyed me to CGH. There was also traffic police who attended to us.

I was given 5 days of MC.