

# 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 ..... 13/01/2022 17:12 (SGT)  
Date of Accident ..... 17/11/2021 12:00 (SGT)  
Exact Location of Accident ..... Ghim Moh Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBG2911Y  
  
INSURED/POLICYHOLDER  
  
Is company? ..... No  
Name Of Registered Owner ..... SHARUDIN BIN AHMAD  
NRIC No ..... SXXXX350Z  
Email Address ..... HASZRIN97@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-92300440  
Alternative Phone No ..... (Home) +65-92300440

## VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... X1-R135  
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 ..... 0

## INSURANCE COMPANY

Name of Insurance Company ..... FWD Singapore Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... PNMC2020-00005295  
Cover Note Number ..... -

## DRIVER

Name of Driver ..... HASZRINISZWAN BIN AHMAD  
NRIC No ..... SXXXX573G

Date Of Birth 10/04/1997  
 Occupation Indoor  
 Date Of Driving Pass 26/03/2019  
 Driving experience 2 YEARS AND 8 MONTHS  
 Gender Male  
 Mobile Number (Phone) +65-92300440  
 Alt. Phone Number -  
 Email Address HASZRIN97@GMAIL.COM  
 Address APT BLK 917 JURONG WEST ST 91 #12-138  
 Address complement -  
 Postcode 640917  
 Is the driver the policyholder? No  
 If No, Relationship of the Driver with the Insured Friend  
 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? No  
 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 Jurong West Neighbourhood Police Centre  
 Police Station Phone No (Phone) +65-18002689999  
 Alt. Police Station Phone No (Fax) +65-62672438  
 Police Station Address 700 Corporation Road Singapore 649818  
 Was notice of intended Prosecution given? No  
 If yes, against whom? -

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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 SMA2425K  
 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 ..... HASZRINISZWAN BIN AHMAD  
 Gender .....  
 Phone No .....  
 Address .....  
 Address Complement .....  
 Post Code .....  
 Approximate Age Years Old .....  
 Injuries Sustained .....  
 Injured person in which vehicle? .....  
 Were seat belts worn? ..... FBG2911Y  
 Was this injured conveyed to hospital by ambulance? ..... Yes  
 Yes



**SKETCH PLAN****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 willful 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. 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A - FBG291Y  
B - GM12425K



Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20211117/2005D

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/11/2021 21:42		Vide Report No.:		Station Diary No.: 5026	
<b>Informant's Particulars</b>					
Name of Informant: HASZRINISZWAN BIN AHMAD			Address: APT BLK 917 JURONG WEST STREET 91 #12-138 SINGAPORE 640917		
ID Type / ID No.: NRIC NO / S9711573G			Contact No.: Home/Office: Mobile: 92300440		
Nationality: SINGAPORE CITIZEN			Email: haszrin97@gmail.com		
Sex: Male	Age: 24	Date of Birth: 10/04/1997	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/11/2021 12:00	Type of Location: Straight Road
Location:  GHIM MOH ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG2911Y	Motorcycle	YAMAHA	X-1R		Seriously Damaged	0
SMA2425K	Car	NISSAN	NOTE 1.2 CVT		Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20211117/2005D

2 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20211117/2005D

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	HASZRINISZWAN BIN AHMAD	ID No.	S9711573G
Related Vehicle	FBG2911Y (Motorcycle)	Contact No.	92300440
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/11/2021	Date Discharge	17/11/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	chua hian hou	ID No.	S7241742I
Related Vehicle	SMA2425K (Car)	Contact No.	96907482
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 17/11/2021 at about 1200hrs, I was riding my motorcycle, FBG2911Y, along Ghim Moh Road towards Mount Sinai Road on the right lane of 2 lane road. While riding passed blk 19 Ghim Moh Road, suddenly, a car, SMA2425K, exited from the carpark (blk 7 & 19 Ghim Moh Rod) and made a right turn. Immediately, I applied e-brake however was unable to stop my vehicle on time. Hence I had collided onto the right side of the car.

I then fell and lay down on the road. I was still conscious on that point of time. The driver and some passerby made a check on me. Moments later, Ambulance arrived and made a check on me. As I was about to be conveyed, Traffic Police then arrived. I was given 3 days of medical certificate (17/11/2021 - 19/11/2021). I sustains abrasion on right leg and left forearm. I was told that I have nose bleed however require me to book an appointment for further check-up. My motorcycle front head light and right side are damaged.

**SINGAPORE  
POLICE FORCE**

T/20211117/2005D

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20211117/2005D

**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

J /

Sgt 1 IBRAHIM BIN ROSLI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

17/11/2021 21:42

Classification Of Case: