

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 23/01/2022 19:23 (SGT)
Date of Accident 21/01/2022 11:30 (SGT)
Exact Location of Accident 420 North Bridge Rd, Singapore 188727
Additional Location Information NORTH BRIDGE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ3580X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAN YONG HUA
NRIC No S1818632B
Email Address g2cyh1994ray@gmail.com
Mobile Phone No (Phone) +65-97818201
Alternative Phone No +65-97818201

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Jupiter Ic135
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 135

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number PNMC2021-00001721
Cover Note Number -

DRIVER

Name of Driver CHAN YONG HUA
NRIC No S1818632B

Date Of Birth	07/09/1967
Occupation	Indoor
Date Of Driving Pass	22/12/2005
Driving experience	16 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97818201
Alt. Phone Number	+65-97818201
Email Address	g2cyh1994ray@gmail.com
Address	HDB Saint George's West Garden, 3 Saint George's Road
Address complement	#03-107
Postcode	320003
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	Side Swipe
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?	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	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Brief Details

On 21/01/2022 at about 113hrs to 1140hrs, I was riding my motorbike (fbj3580X) along North Bridge Road at the lane 3 and I did signal right as I want to cut to lane 2. I did check my side mirror and blind spot before changing lane. I then changed lane and was at lane 2 and discovered one car signalling left on lane 1 by using my side vision. As I wish to avoid the car as the car was approaching quite fast to my motorbike I then swerved my motorbike to the left side as such my motorbike had collided with one car (SGT7277J). I then felled down to the left side.

We then exchanged particulars and took photos of the damages. One ambulance was behind my motorbike when this incident has happened and had assisted to call for police. The paramedic had checked on me and the drivers involved, and no one was conveyed to the hospital. I was feeling okay however I have abrasions of my left elbow and left kneecap area. Traffic Police had come to scene and attended to us.

I then rode off the motorbike and I felt that my motorbike alignment was distorted and I can't change the gear speed as such I rode to the repair shop. Once I reached the repair shop I then realised that my body muscle was in pain and I can't really walk properly. I tried to walk to the nearby clinic (St Georges Clinic and Surgery Pte Ltd) and see a doctor and was given 3 days MC (No. MC/100938) from 21/1/22 to 23/1/222. The doctor mentioned that my left shoulder muscle and my left calf and my left foot muscle has been pulled.

My motorbike's damages as below:

1. Front wheel alignment distorted
2. Left side casing crack
3. Side stand bend
4. Gear paddle bend

The other party's car damages as below:

1. Right side mirror cover dropped out
 2. Right side car body dent and scratch
- That's all

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 SGT7277J
 Vehicle Manufacturer Toyota
 Vehicle Model NOAH HYBRID 7-SEATER 1.8X CVT
 Vehicle Variant -
 Vehicle Colour Gray
 Vehicle Category Private car
 Name of Driver SULAIMAN BIN SAKYAM
 NRIC No S1774286H
 Contact Number (Phone) +65-91871016
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHAN YONG HUA
 Gender Male
 Phone No (Phone) +65-97818201
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? FBj3580X
 Were seat belts worn? No
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH**

Policyholder's Signature
Date & Time:

23012022

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT DIAGRAM

Ver. 30042021



[Signature]

Policyholder's Signature
Date & Time:

23/1/22.

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

23012022

Driver's Signature

(If driver is not the policyholder)

Date & Time:

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

MOHAMMAD AZALY BIN ABDULLAH

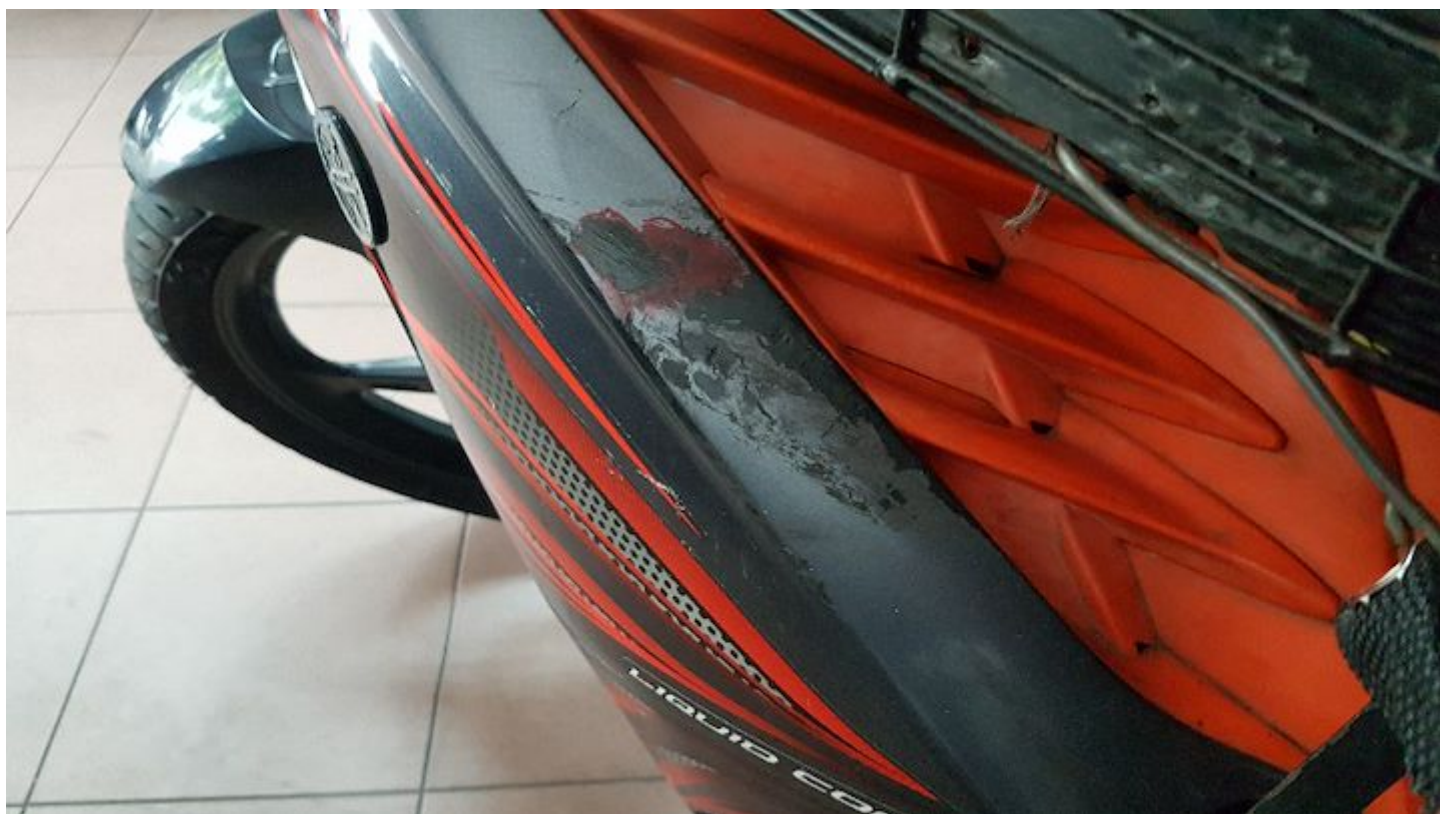
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

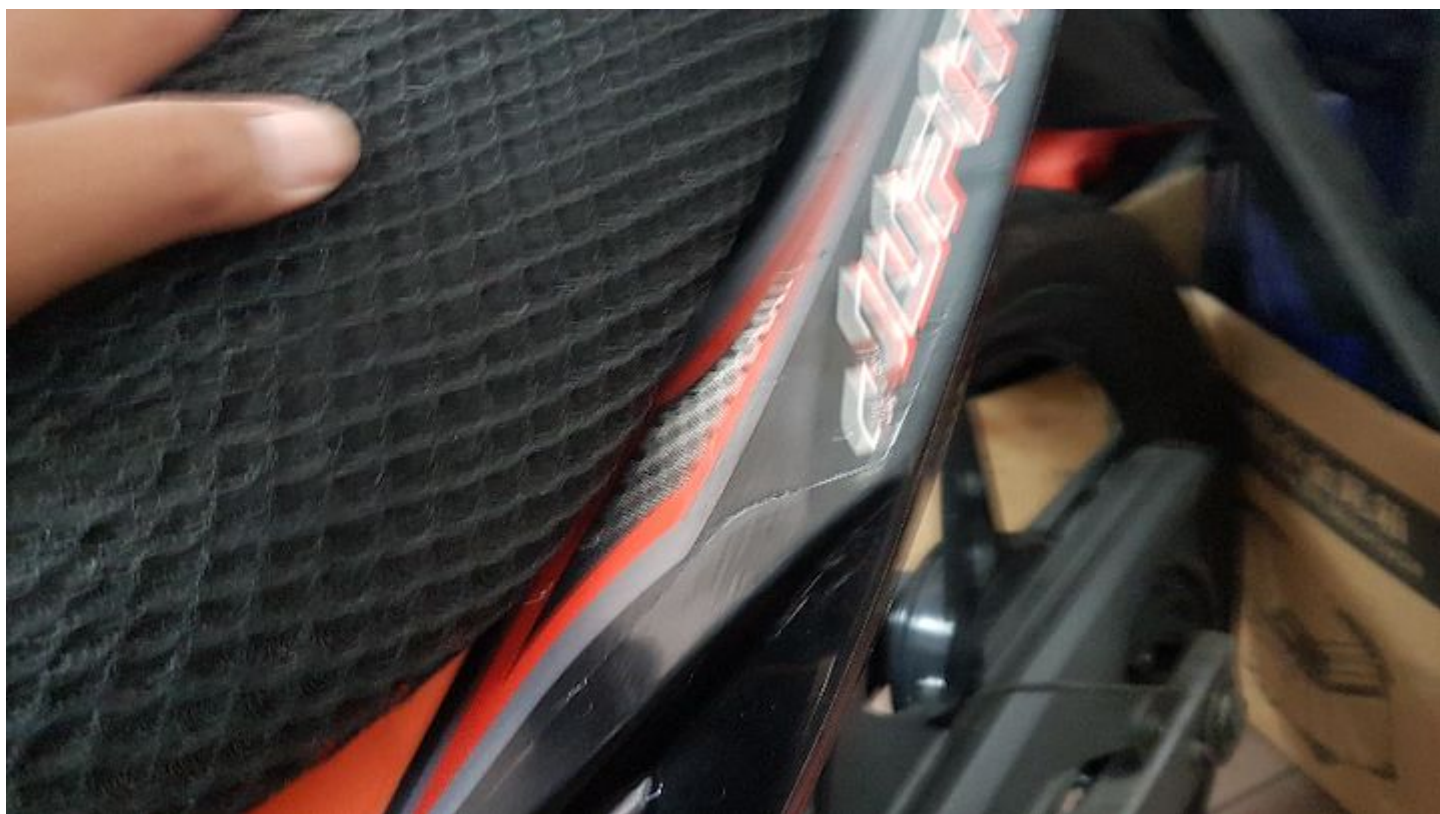




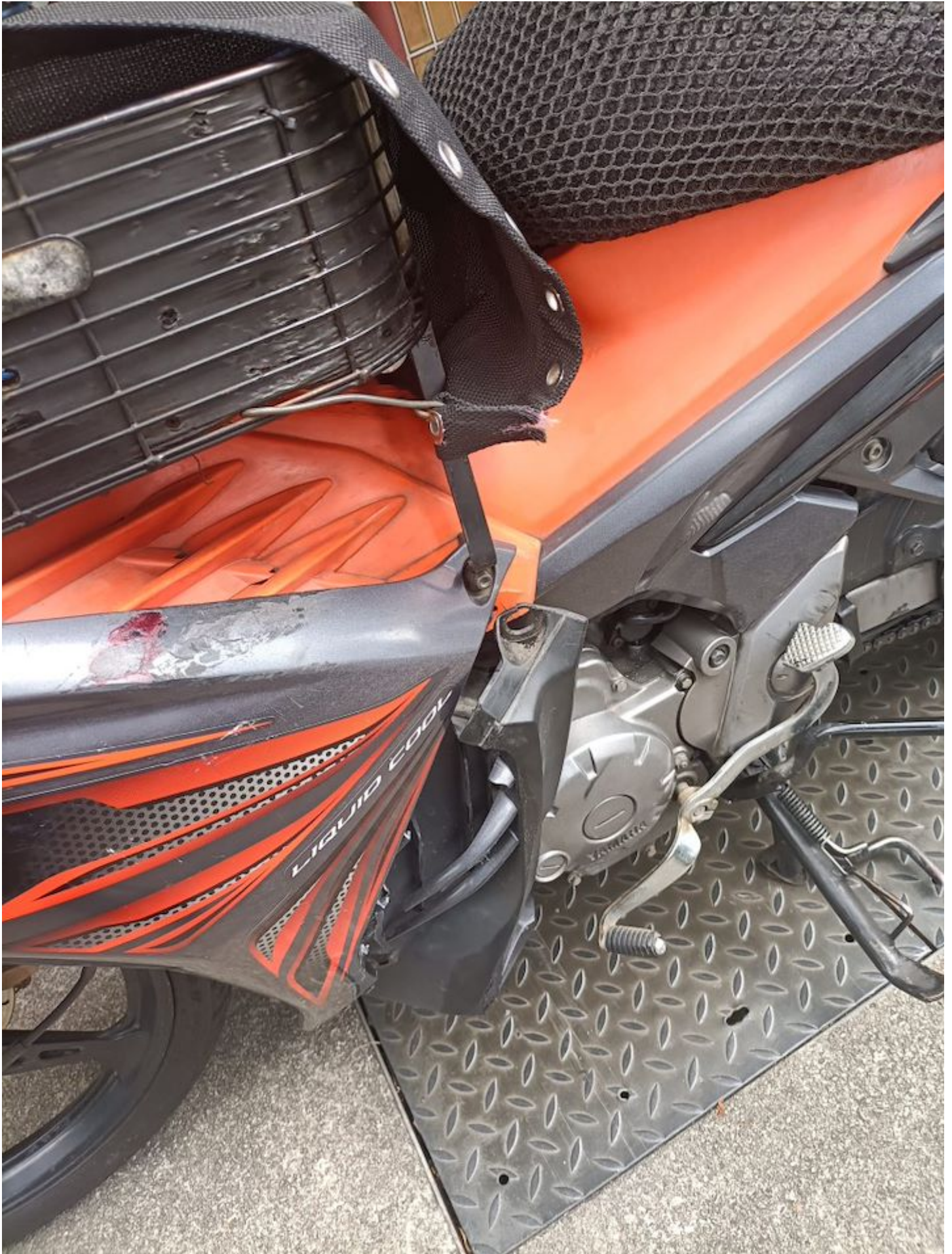



































**SINGAPORE
POLICE FORCE**


T/20220121/2101

1 of 4

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No: T/20220121/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2022 23:12	Vide Report No.:	Station Diary No.: 123
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Informant's Particulars

Name of Informant: CHAN YONG HUA			Address: APT BLK 3 ST. GEORGES ROAD #03-107 SINGAPORE 320003	
ID Type / ID No.: NRIC NO / S1818632B			Contact No.: Home/Office: Mobile: 97818201	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 54	Date of Birth: 07/09/1967	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: MASSEUSE			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/01/2022 11:30	Type of Location: Straight Road
Location: NORTH BRIDGE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ3580X	Motorcycle	YAMAHA	JUPITER 135 MANUAL	Orange	Slightly Damaged	0
SGT7277J	Car	TOYOTA	NOAH HYBRID 7- SEATER 1.8X CVT	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220121/2101

2 of 4

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208678
Tel No: 1800-2949999

Report No. T/20220121/2101

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ3580X	FWD Singapore Pte. Ltd	PNMC2021-00001721	12/04/2021	13/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHAN YONG HUA	ID No.	S1818632B
Related Vehicle	FBJ3580X (Motorcycle)	Contact No.	97818201
Hospital/Clinic	ST GEORGES CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	21/01/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SULAIMAN BIN SAKYAN	ID No.	S1774286H
Related Vehicle	NIL	Contact No.	91871016
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 21/1/22 at about 1130hrs to 1140hrs, I was riding my motorbike (FBJ3580X) along North Bridge Road at the lane 3 and I did signal right as I want to cut to lane 2. I did check my side mirror and blind spot before changing lane. I then changed lane and was at lane 2 and discovered one car signalling left on lane 1 by using my side vision. As I wish to avoid the car as the car was approaching quite fast to my motorbike I then swerved my motorbike to the left side as such my motorbike had collided with one car (SGT7277J). I then felled down to the left side.

We then exchanged particulars and took photos of the damages. One ambulance was behind my motorbike when this incident has happened and had assisted to call for police. The paramedic had checked on me and the drivers involved, and no one was conveyed to the hospital. I was feeling okay however I have abrasions of my left elbow and left kneecap area. Traffic police had come to scene and attended to us.

I then rode off the motorbike and I felt that my motorbike alignment was distorted, and I can't change the



**SINGAPORE
POLICE FORCE**



T/20220121/2101

3 of 4

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11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20220121/2101

CONTINUATION OF REPORT

gear speed as such I rode to the repair shop. Once I reached the repair shop I then realised that my body muscle was in pain and I can't really walk properly. I tried to walk to the nearby clinic (St Georges Clinic and Surgery Pte Ltd) and see a doctor and was given 3 days MC (No. MC/100938) from 21/1/22 to 23/1/22. The doctor mentioned that my left shoulder muscle and my left calf and my left foot muscle has been pulled.

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2. Right side car body dent and scratch

That's all.

**SINGAPORE
POLICE FORCE**

T/20220121/2101

4 of 4

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11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20220121/2101

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
A /
Sgt 2 CHIN SOOK PING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/01/2022 23:12

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:



SINGAPORE
POLICE FORCE
Authentication Stamp
NP168

SIGNATURE

SKETCH PLAN**IMPORTANT NOTICE**

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH**

Policyholder's Signature
Date & Time:

23012022

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Celebrate living
fwd.com.sg

Certificate of Insurance

Please call **+65-6322-2072** 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: PNM2021-00001721

Plan name: Third Party Fire & Theft

Motorcycle plate number: FB3580X

Your name (As the policyholder): Mr Chan Yong Hua

Coverage start date: 12/04/2021

Coverage end date: 11/04/2022

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

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 189).

Issued on: 12/04/2021

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 in
this Certificate of Insurance needs to be changed.

St Georges Clinic and Surgery Pte Ltd

3 St. George's Road 01-105 Singapore 320003

Tel: 62984833

Co. Reg: 201713170Z

INVOICE**CHAN YONG HUA****(S632B)**3 SAINT GEORGE'S ROAD 03-107
SINGAPORE 320003

Invoice No: STG2022_00827

Visit Date: 21-01-2022

Attending Doctor: Dr. Lee Siew Khim

Items :		Amount
Consultation		\$ 20.00
Consultation		\$ 20.00
Medication		\$ 17.00
VOREN TAB 50MG	10Tablet	\$ 4.00
FAMOTIDINE 20MG	10Capsule	\$ 3.00
COBAN 3INCHES BANDAGE 1	Roll	\$ 10.00
Investigation		\$ 0.00
Others		\$ 50.00
SIMPLE DRESSING	0	\$ 50.00
Total :		\$ 87.00
Subsidy Amount :		\$ 10.00
CHAS (Paid On 21-01-2022)		\$ 10.00
Rounding :		\$ 0.00
Grand Total :		\$ 77.00
Paid By:		Amount Outstanding : \$ 0.00

\$77.00 PayNow (Paid on 21-01-2022)

\$0.00 (Paid on 21-01-2022)

Printed on 2022-01-21 16:33:20

RS (CER
ABD

Signa