

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	15/02/2022 17:31 (SGT)
Date of Accident	14/02/2022 13:25 (SGT)
Exact Location of Accident	Serangoon North Ave 6, Singapore
Additional Location Information	SERANGOON NORTH AVE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP94X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHAIRUSSALLEH BIN JUNUS
NRIC No	S7802093H
Email Address	KHALISAUFA@GMAIL.COM
Mobile Phone No	(Phone) +65-97395878
Alternative Phone No	(Home) +65-97395878

VEHICLE PARTICULARS

Manufacturer	Honda
Model	HONDA CB400A
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	399

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNMC2019-00001604-02
Cover Note Number	13/03/2021 TO 12/03/2022

DRIVER

Name of Driver	MUHAMMAD KHALISAU FA BIN KHAIRUSSALLEH
NRIC No	S9703807D

Date Of Birth	06/02/1997
Occupation	Indoor
Date Of Driving Pass	25/06/2021
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97395878
Alt. Phone Number	-
Email Address	KHALISAUFA@GMAIL.COM
Address	BLK 535 SERANGOON NORTH AVE 4 #10-175
Address complement	-
Postcode	550535
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Raining
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?	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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT

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	SND2079Z
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	.....	MUHAMMAD KHALISAU FA BIN KHAIRUSSALLEH
Gender	.....	Male
Phone No	.....	(Phone) +65-97395878
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?	-

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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.

Policyholder's Signature

Date & Time:

GIA/ACC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

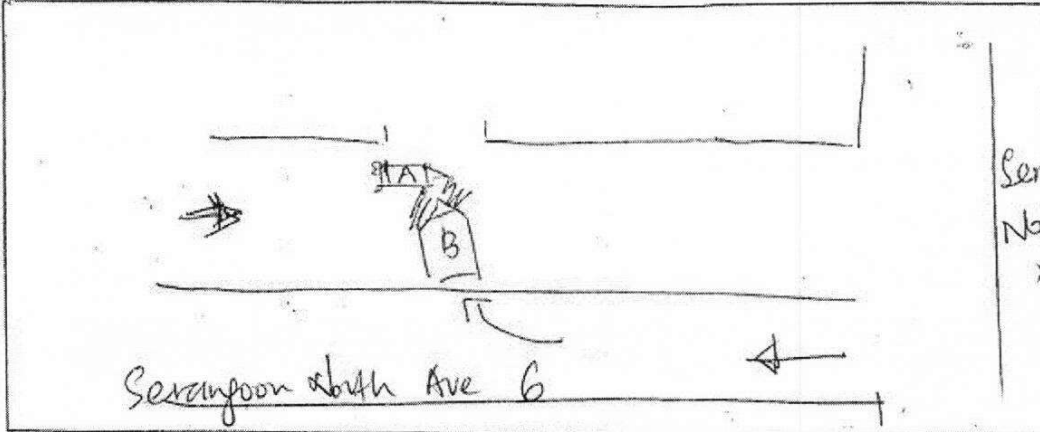
NRIC/FIN No.:

FWD

Vehicle: 7BP 94X

15/02/2022

Date of accident: 14/12/22 Time: 13:25 Location: Serangoon North Avenue 6
 My Vehicle A: FBP94X Vehicle B: SND2079Z Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Police Report No: T/20220215/2024

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Yee Auto Pte Ltd


Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature
 Date & Time: 18/1/23
4:00pm

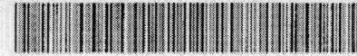
Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 15/1/23
4:05pm


 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
15/02/2022

AH LIM MOTOR COMPANY



**SINGAPORE
POLICE FORCE**



T/20220215/2024

1 of 3

Report No. T/20220215/2024

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2022 11:08		Vide Report No.: F/20220214/0105		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: MUHAMMAD KHALISAUFA BIN KHAIRUSSALLEH			Address: APT BLK 535 SERANGOON NORTH AVENUE 4 #10-175 SINGAPORE 550535		
ID Type / ID No.: NRIC NO / S9703807D			Contact No.: Home/Office: Mobile: 97395878		
Nationality: SINGAPORE CITIZEN			Email: khalisaufa@gmail.com		
Sex: Male	Age: 25	Date of Birth: 06/02/1997	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Police Officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident					
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/02/2022 13:25	Type of Location: T-Junction	
Location: SERANGOON NORTH AVENUE 6 Outside Entrance to ams Sensor Singapore Pte. Ltd					
Weather: Heavy rain		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	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP94X	Motorcycle				Seriously Damaged	1
SND2079Z	Car				Seriously Damaged	1

**SINGAPORE
POLICE FORCE**

T/20220215/2024

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20220215/2024

CONTINUATION OF REPORT**Brief Details.**

On 14/02/2022 at around 1325hrs, I was riding my motorcycle bearing the registration number FBP94X along Serangoon North Avenue 6 towards Serangoon North Avenue 5. I wish to state that at that moment, it was raining heavily and I was travelling at a speed of around 30km/h. As I was travelling straight, approaching a minor road on my left around two metres in front of me, I suddenly noticed a motorcar from the opposite direction had turned towards the aforementioned minor road, crossing my path. The car then stopped in its place, obstructing my lane, leaving around two metres between us. I immediately executed an emergency stop, but to no avail, and my vehicle's front collided with the front left of the motorcar, causing me to lift over and across my handlebars and the motorcar, landing on the road in front. I was later conveyed to Sengkang General Hospital in an ambulance, where on 15/02/2022 at around 0940hrs, I was discharged, having been issued a medical certificate numbered 'EMD202219886' amounting to six days of hospitalisation leave.

**SINGAPORE
POLICE FORCE**

T/20220215/2024

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20220215/2024

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: SN 159
F / SGT 2 ELLIOT ONG JUNKAI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

SIGNATURE

Date/Time:
15/02/2022 11:08

Officer In Charge Of Case:
TP / GIT /
STAFF SGT SYED MUHAMMAD ISA BIN
OMAR ALHABSHEE
Contact No.: 65476214

Classification Of Case:

NP168