

## 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	04/05/2022 16:07 (SGT)
Date of Accident	04/05/2022 08:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ROSEWOOD DRIVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ3171G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JAFREE BIN JOHAR
NRIC No	S1820119D
Email Address	JJAFREE@YAHOO.COM
Mobile Phone No	(Phone) +65-94511898
Alternative Phone No	+65-94511898

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	AEROX GDR155A CVT ABS
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	155

#### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNMC2020-00004772-01
Cover Note Number	-

#### DRIVER

Name of Driver	MUHAMMAD DANNY PUTERA JAFREE
NRIC No	T0100845A

Date Of Birth	12/01/2001
Occupation	Indoor
Date Of Driving Pass	16/05/2019
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-94511898
Alt. Phone Number	-
Email Address	DANNYPUTERAA@GMAIL.COM
Address	BLK 302 WOODLANDS STREET 31 #02-309
Address complement	-
Postcode	730302
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 - Cross Junction
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO THE SKETCH PLAN

#### 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	SHB5111A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	CHUA PEI KAI DERRICK
NRIC No	S1322219C
Contact Number	(Phone) +65-90064454
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 DANNY PUTERA JAFREE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ3171G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

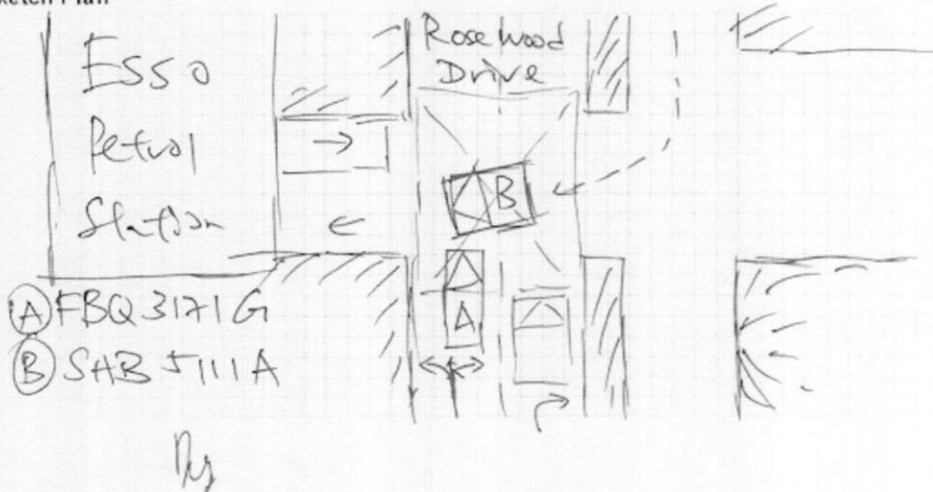
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
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7. By the lodgement of this report to 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

As per police report no.: T/20220504/7014

I'm claiming 3rd Party at H C Auto P/L

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel







**SINGAPORE  
POLICE FORCE**



T/20220504/7014

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20220504/7014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/05/2022 12:35		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD DANNY PUTERA JAFREE			Address: 302 WOODLANDS STREET 31 #02-309 SINGAPORE 730302		
ID Type / ID No.: NRIC NO / T0100845A			Contact No.: Home/Office: Mobile: 94527587		
Nationality: SINGAPORE CITIZEN			Email: DANNYPUTERAA@GMAIL.COM		
Sex: Male	Age: 21	Date of Birth: 12/01/2001	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/05/2022 08:10	Type of Location: Straight Road
Location:  ROSEWOOD DRIVE				
Weather: After Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ3171G	Motorcycle	YAMAHA	Aerox 155	Yellow	Seriously Damaged	0
SHB5111A	TAXI	TOYOTA	Prius	Maroon	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20220504/7014

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20220504/7014

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ3171G	FWD Singapore Pte. Ltd	PNMC2020-00004772-01	10/03/2022	09/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD DANNY PUTERA JAFREE	ID No.	T0100845A
Related Vehicle	FBQ3171G (Motorcycle)	Contact No.	94527587
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	04/05/2022	Date	04/05/2022
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	CHUA PEI KAI DERRICK	ID No.	S1322219C
Related Vehicle	SHB5111A (TAXI)	Contact No.	90064454
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

On 04/05/2022 at about 0810 hrs, while i was driving my motor vehicle A (FBQ3171G) along the Rosewood Drive heading to Woodlands Ave 1. Suddenly a motor taxi B (SHB5111A) which was driving along opposite direction turning into Esso petrol station from my right, his front left portion hit onto the front portion of my bike (FBQ3171G). I felt down about 1-2 meter away. i go for medical checkup and get for 3 days MC. i'm lodging this report to claim the insurer of SHB5111A.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220504/7014

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Report No. T/20220504/7014

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
BOON YEN KIAN  
Contact No.: 65476172

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
04/05/2022 12:35

Classification Of Case:



POLICE REPORT #4