

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 07/05/2022 09:43 (SGT)
Date of Accident 24/04/2022 20:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information RIVER VALLEY ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ2745H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ABDUL AZIZ BIN MUHAMMAD
NRIC No S8024921G
Email Address aziz2240a@gmail.com
Mobile Phone No (Phone) +65-96426061
Alternative Phone No (Home) +65-96426061

VEHICLE PARTICULARS

Manufacturer Yamaha
Model OTHER MODEL
Variant -
Exact purpose for which vehicle was being used at time of accident -
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 PNMC2022-00000995
Cover Note Number -

DRIVER

Name of Driver ABDUL AZIZ BIN MUHAMMAD
NRIC No S8024921G

Date Of Birth	19/08/1980
Occupation	Outdoor
Date Of Driving Pass	07/02/2001
Driving experience	21 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96426061
Alt. Phone Number	(Home) +65-96426061
Email Address	aziz2240a@gmail.com
Address	BLK 739 WOODLANDS CIRCLE #12-393
Address complement	-
Postcode	730739
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	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?	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	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
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	SKU3283P
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)	-

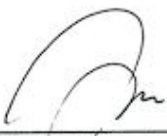
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ABDUL AZIZ BIN MUHAMMAD
Gender	Male
Phone No	(Phone) +65-96426061
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER TO POLICE REPORT
Injured person in which vehicle?	FBQ2745H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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

 YILIN
 Witnessed by Reporting Centre Personnel

Refer By Police Report.

Describe Circumstances of the Accident

Refer police report

Declaration

We declare the foregoing particulars are true in every respect.

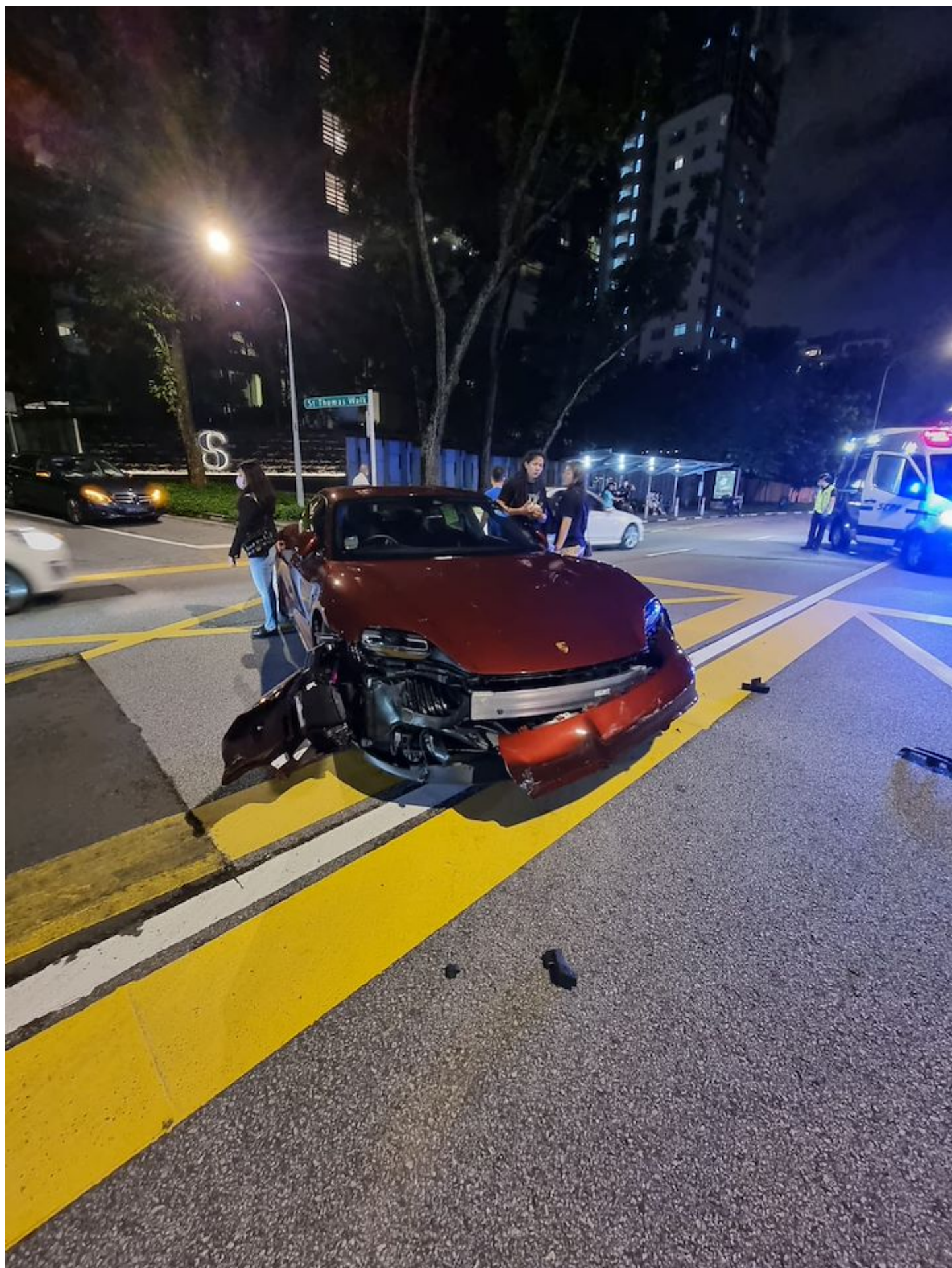

Policyholder's Signature / Date & Time

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

YILIN

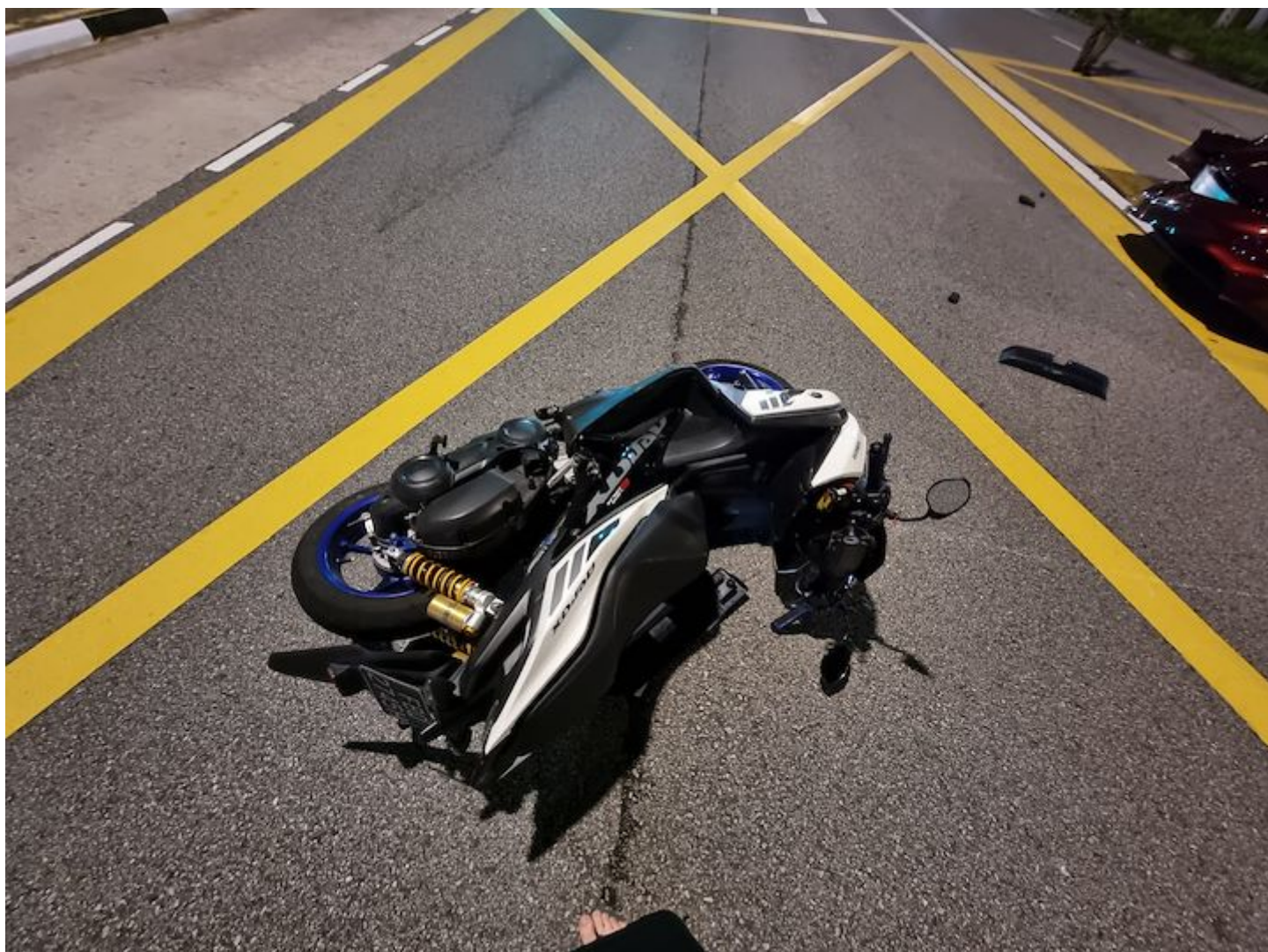
Witnessed by Reporting Centre Personnel



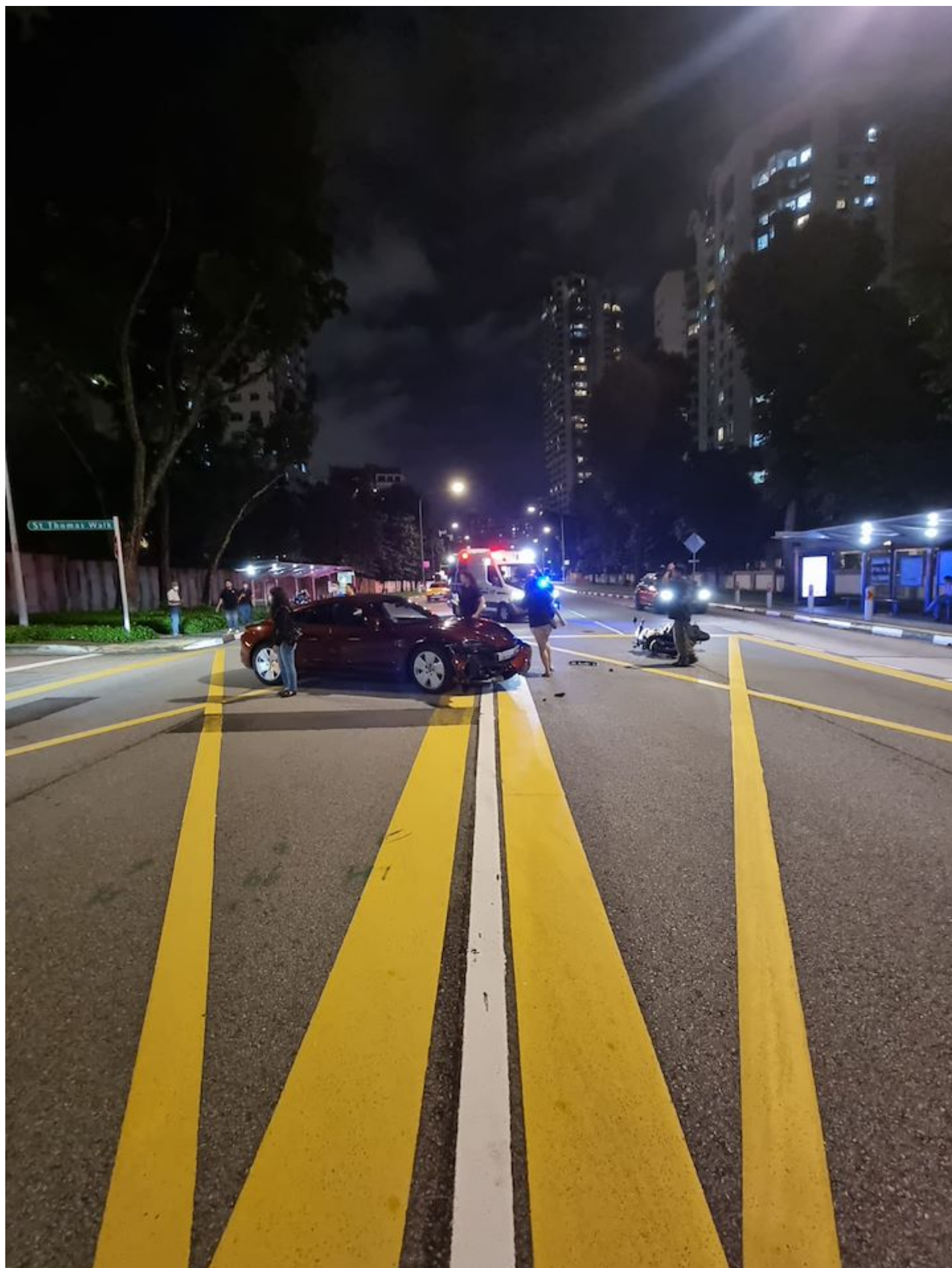


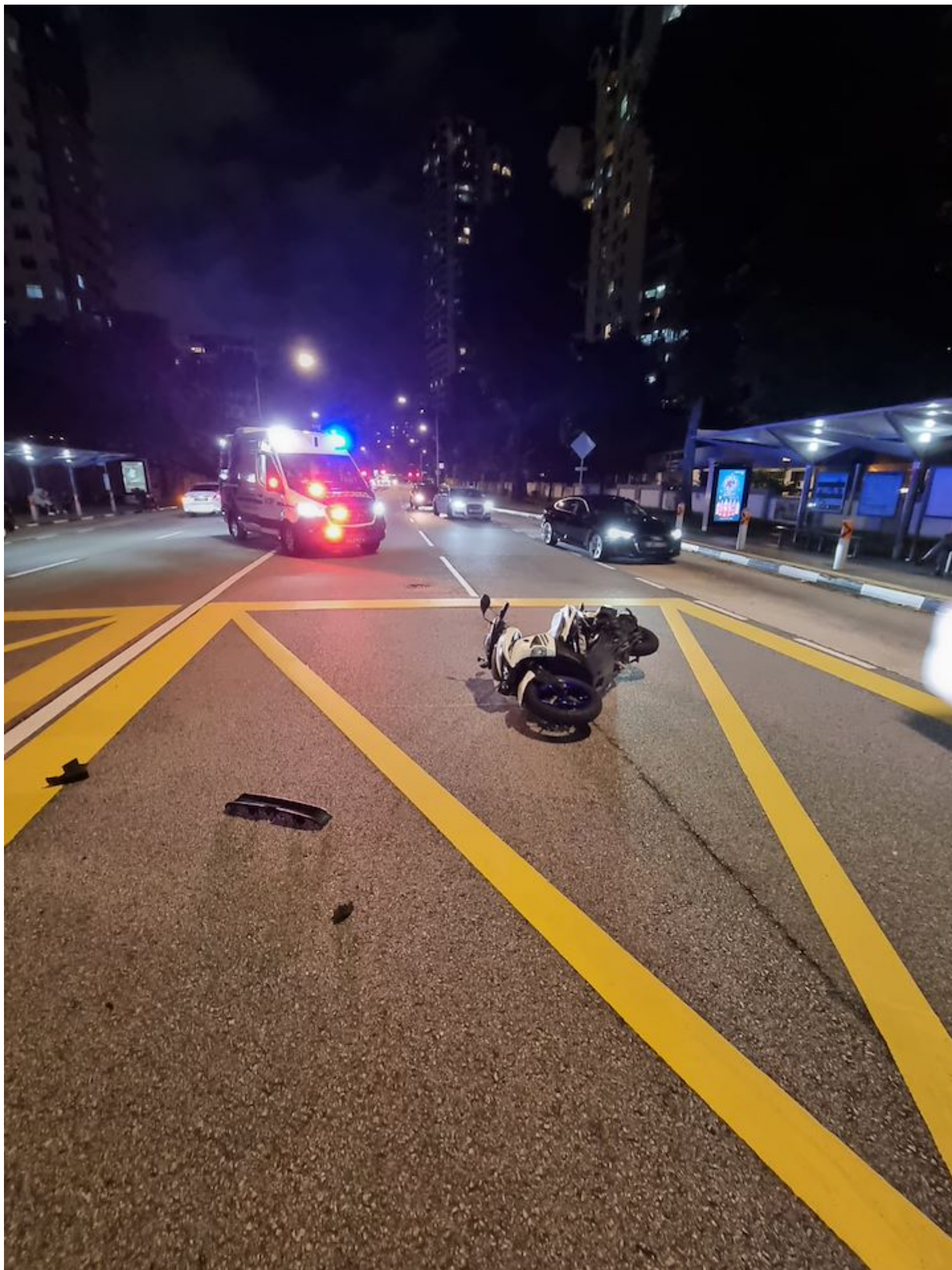


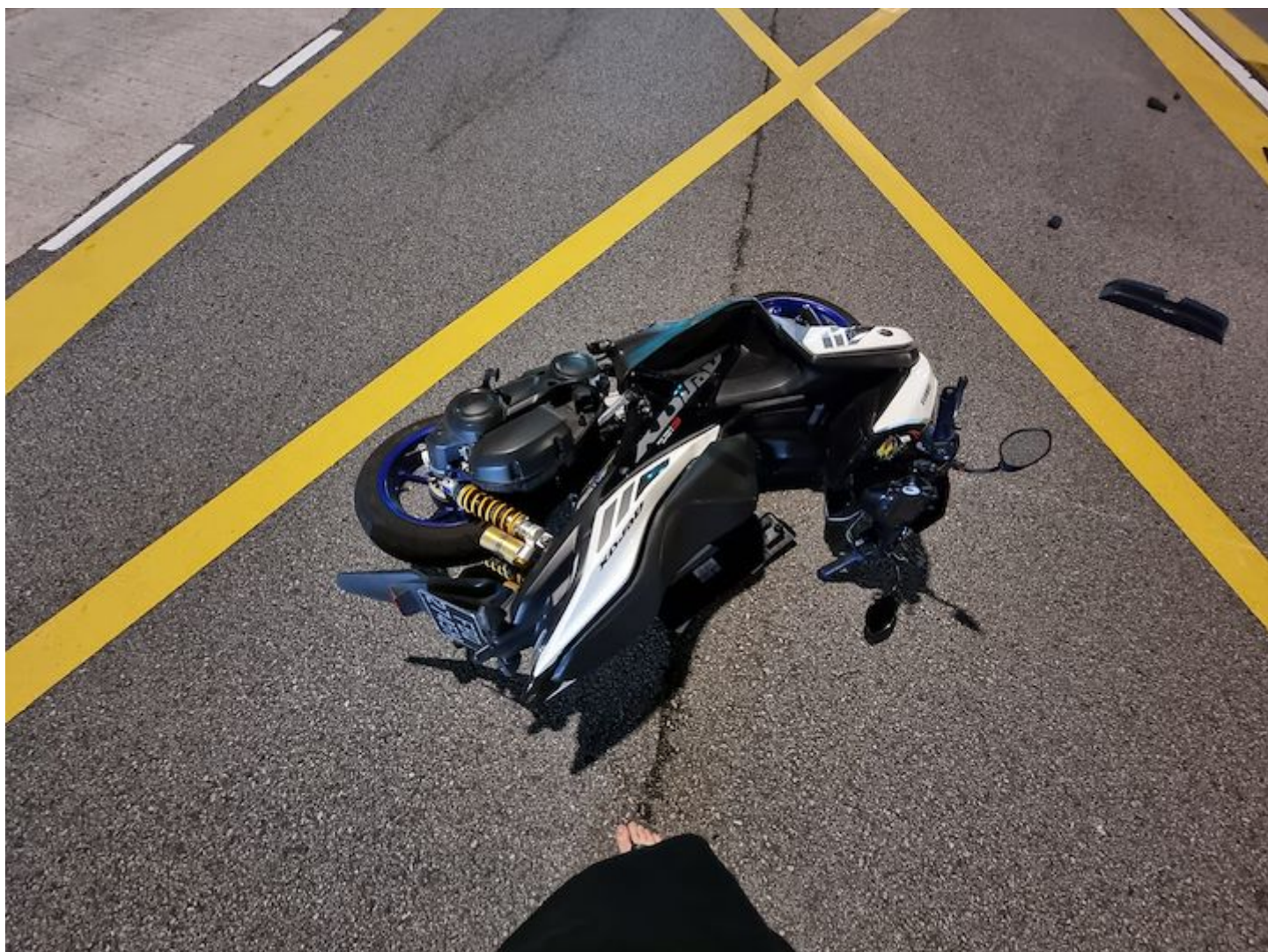


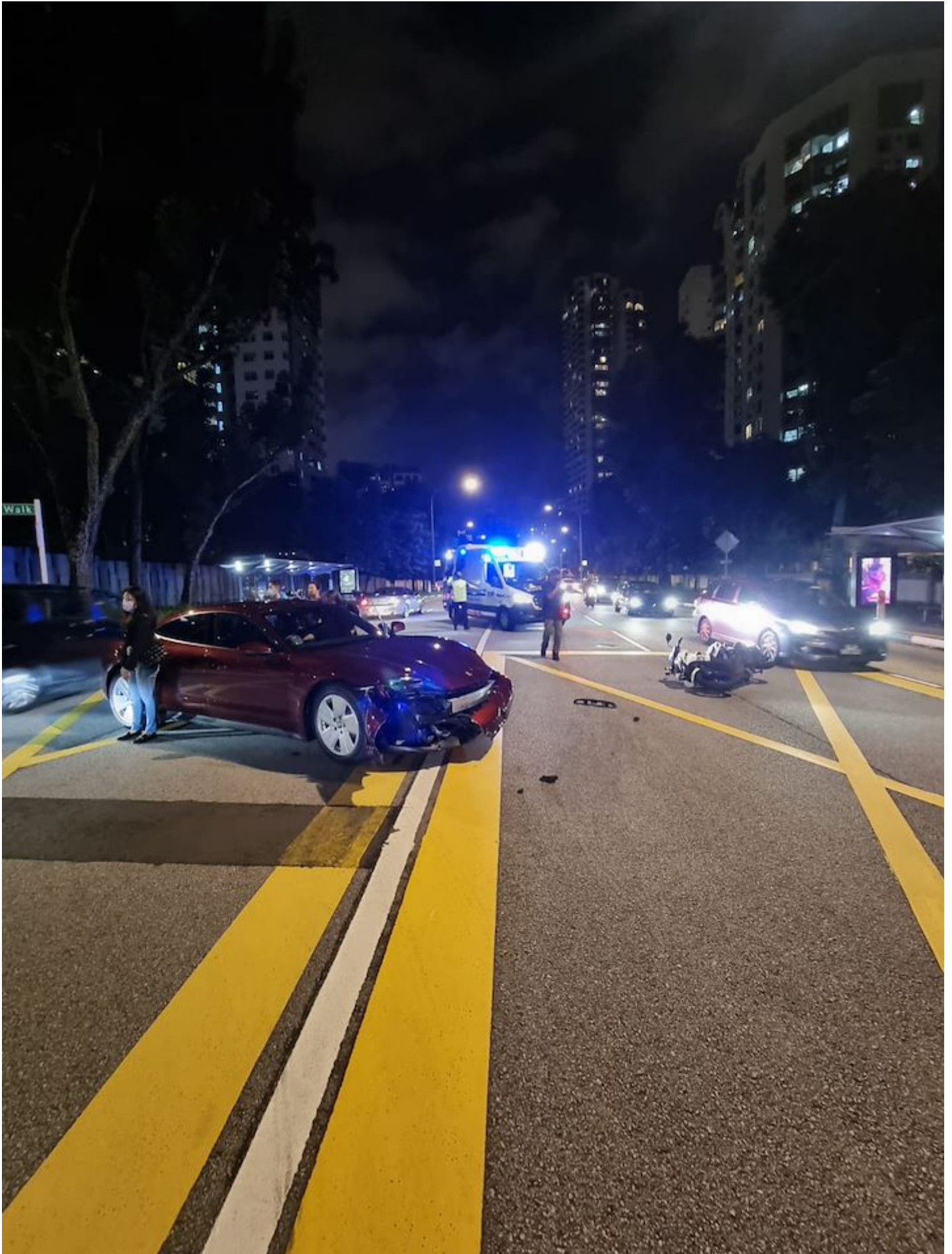




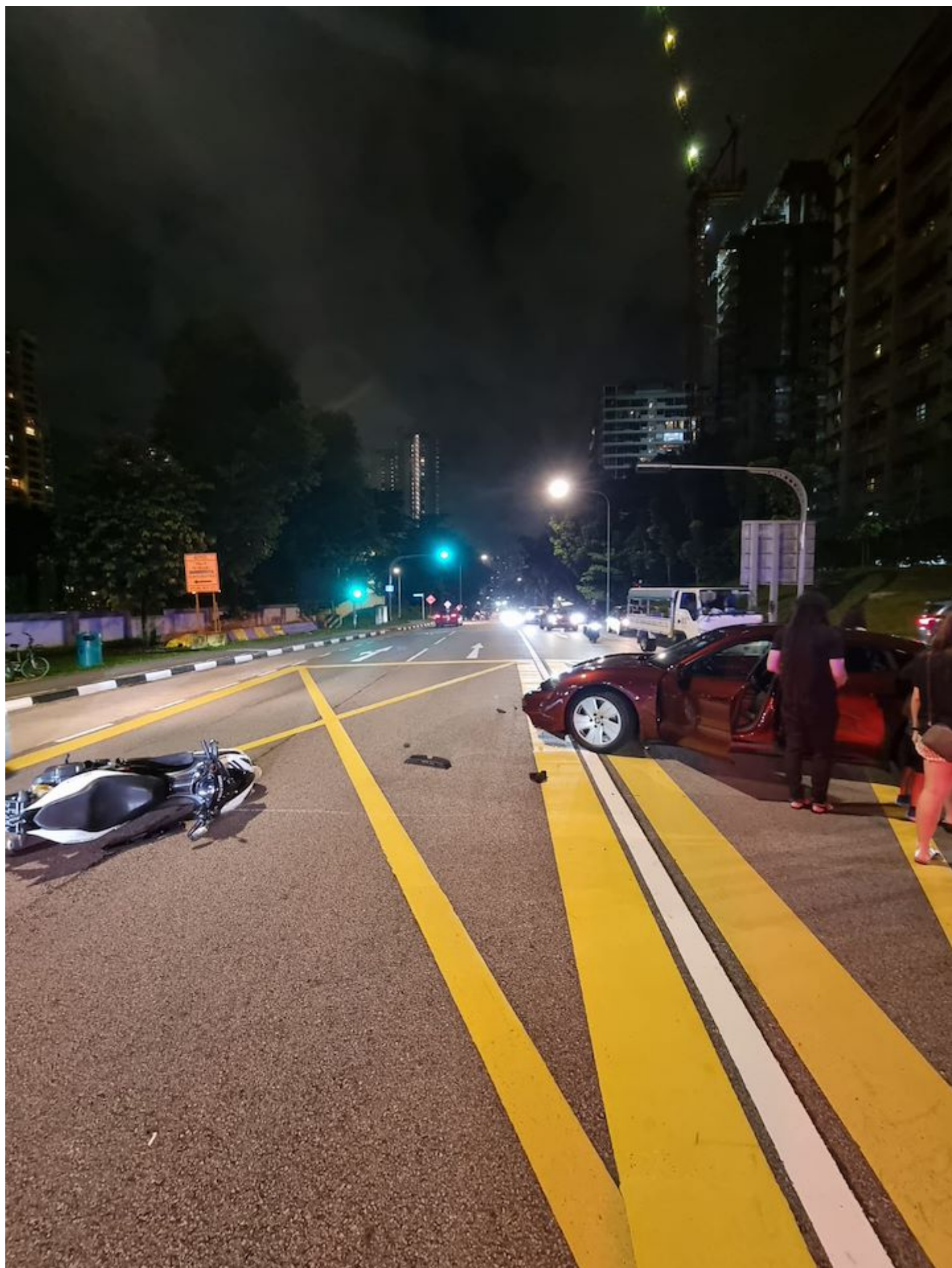


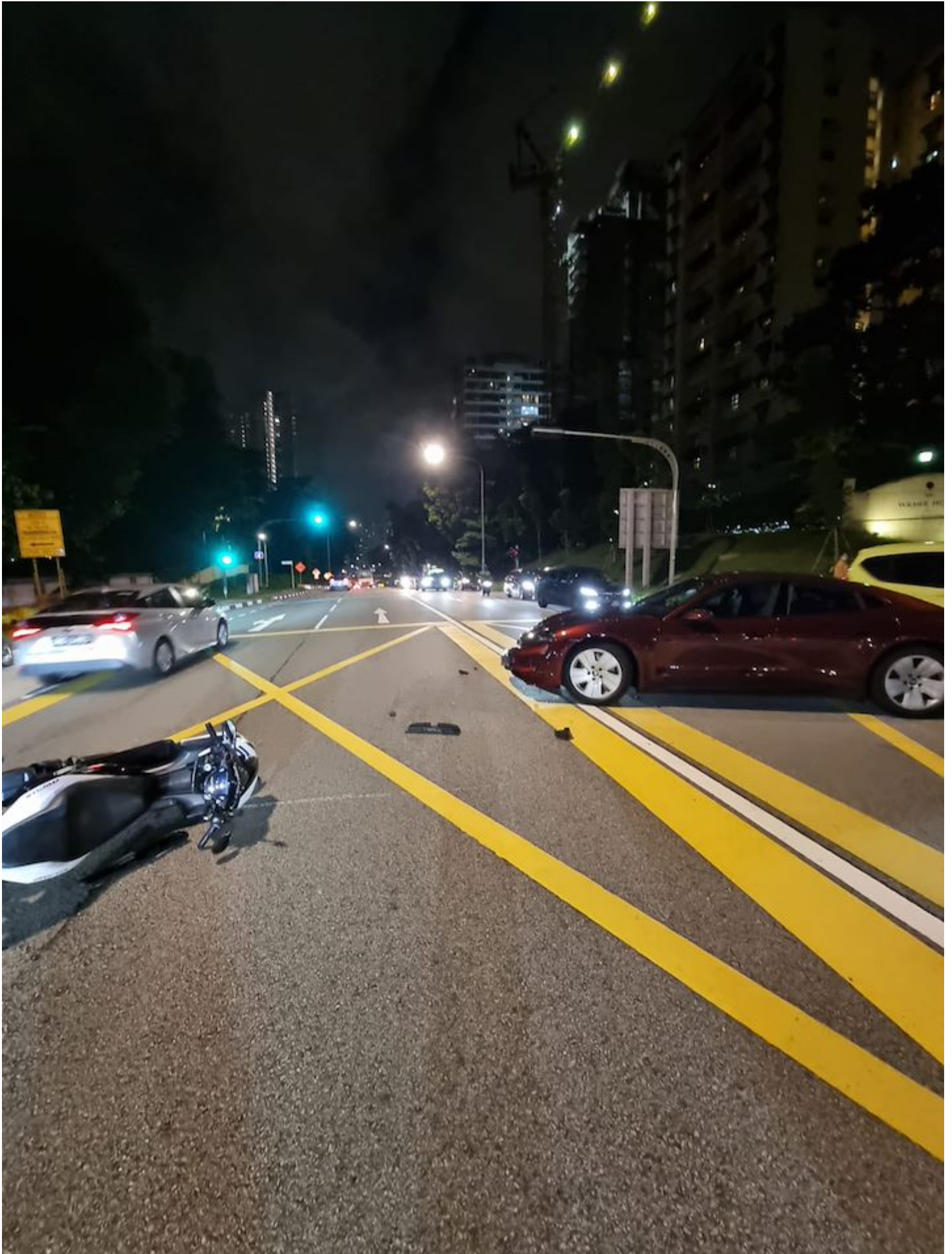


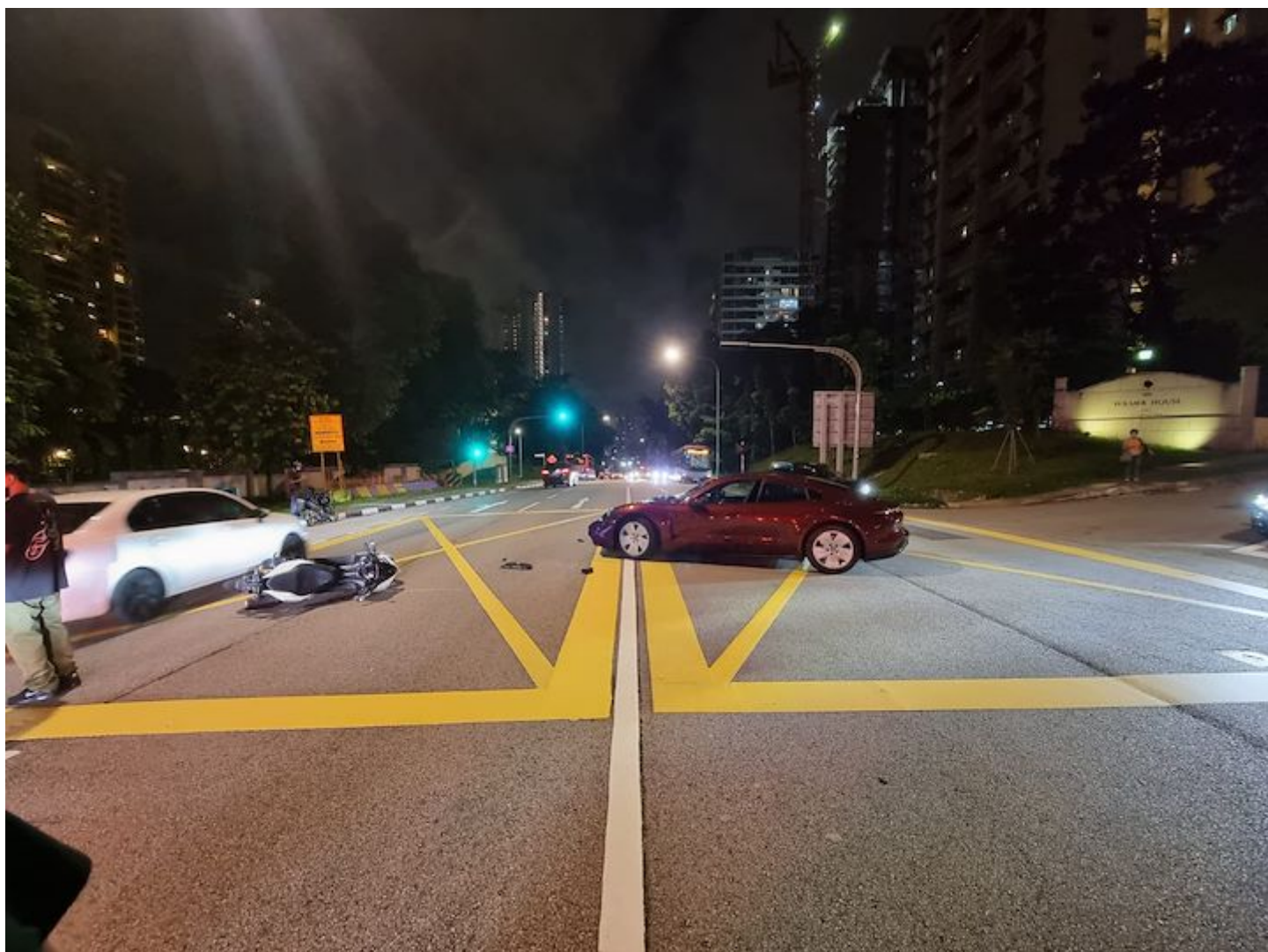






















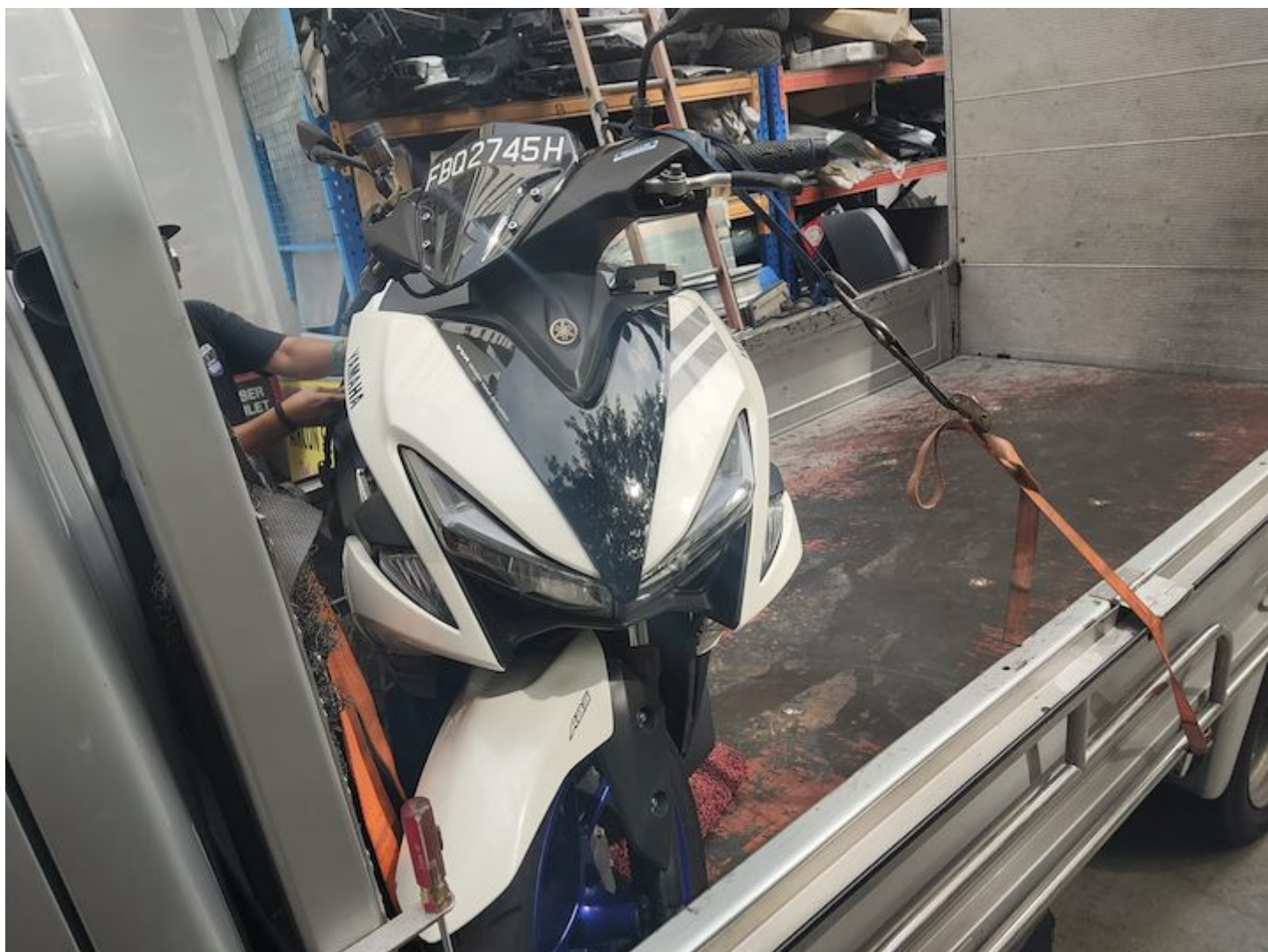






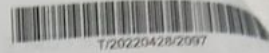







**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T120220428/2097

2 of 3


Report No: T120220428/2097

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL AZIZ BIN MUHAMMAD	ID No.	S8024921G
Related Vehicle	FBQ2745H (Motorcycle)	Contact No.	96426061
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	24/04/2022	Date Discharge	28/04/2022
No. of Days granted Medical Leave	38	Degree of Injury	Serious

Brief Details.

On 24/04/2022 at about 2000hrs, I was riding my motorcycle FBQ2745H along River Valley Road. I am not sure of the road but I believe it is at Saint Thomas Walk, but there was a red car coming out from a T-junction into River Valley Road and did not stop nor slow down at the stop line. I was unable to react in time and I collided onto the right side of the car. As a result, I was flung over the car and landed on the ground. Subsequently I fell unconscious. When I woke up, I discovered that I was at Singapore General Hospital. The hospital diagnosed intracranial haemorrhage. I was discharged on 28/04/2022 at given 38 days of MC. I could not remember much of the accident.

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1/20220428/2097
3 of 3
Report No: T/20220428/2097

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: L / STAFF SGT KHAIRUL ARIFIN BIN KAMAL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/04/2022 17:15
Officer In Charge Of Case: TP / GIT / SI VILTON HIA WEE SIANG Contact No.: 65476232	Classification Of Case:

NP168

SINGAPORE POLICE FORCE

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3
Report No: T/20220428/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2022 17:15 Vide Report No.: Station Diary No.: 49

Informant's Particulars

Name of Informant: ABDUL AZIZ BIN MUHAMMAD		Address: APT BLK 739 WOODLANDS CIRCLE #12-393 SINGAPORE 730739	
ID Type / ID No.: NRIC NO / S8024921G		Contact No.: Home/Office: Mobile: 96426061	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 19/08/1980	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: DELIVERY RIDER		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/04/2022 20:00	Type of Location: T-Junction
Location: RIVER VALLEY ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
FBQ2745H	Motorcycle	YAMAHA	AEROX GDR155R CVT	Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ2745H	FWD Singapore Pte. Ltd	PNMC2022-00000995	28/02/2022	27/02/2023