

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	31/12/2021 16:42 (SGT)
Date of Accident	30/12/2021 14:30 (SGT)
Exact Location of Accident	Near 853 Hougang Central, Block 853, Singapore 530853
Additional Location Information	JUNCTION OF UPPER SERANGOON ROAD AND HOUGANG AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC7898R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD TAUFIQ LEE
NRIC No	S9016256Z
Email Address	mhmtdtfq@gmail.com
Mobile Phone No	(Phone) +65-91855262
Alternative Phone No	+65-91855262

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	T135
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	135

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	PNMC2021-00001923
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD ZULISTIQAL REDHA BIN MOHD ZULKEFLEE
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NRIC No	S9936540D
Date Of Birth	17/11/1999
Occupation	Outdoor
Date Of Driving Pass	17/02/2021
Driving experience	10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96578693
Alt. Phone Number	-
Email Address	mhmdtfq@gmail.com
Address	256 COMPASSVALE ROAD
Address complement	#03-682
Postcode	540256
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 - 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Azimmie
Gender	Male

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 POLICE REPORT : T/20211231/7022 LODGED AT TRAFFIC POLICE

Brief Details

On 30/12/2021 at about 1430hrs, I was riding one black Yamaha T135 (spark) bearing registration plate number FBC7898R along the middle lane of Upper Serangoon Road towards Kovan.

I proceeded to go straight at the junction of Upper Serangoon Road and Hougang Ave 5. As I was passing through the junction on the before-mentioned roads, one blue Comfort Delgro taxi bearing

Registration plate number SHA3892Y made a U-turn from the other side of the road in a very fast manner. I was not able to avoid the taxi in time and as a result, our vehicle collided causing me to fall to my left. I wished to state that I had the right way and was riding at about 40km/hour.

I started feeling pain on my right thigh and left knee. I had abrasions on both my legs and on my lip as well. I wish to state that coincidentally there was Traffic Police at scene who activated ambulance. The traffic police officer took down my particulars as well as the taxi driver. We did not manage to exchange particulars. Ambulance came and made a check on me and my pillion namely Azimmie Raihan Bin Aziz (HP: 96329342). We were then conveyed to Sengkang General Hospital. We were treated and I was given 5 days MC. Azimmie was treated at SKGH and required stitches and his left ankle.

I do not know the extent of the damage on my motorcycle but I saw that the front region was totally smashed. The damage to the taxi was that the rear bumper came out slightly and the left side has dents. There is no in-built camera on my motorcycle. I am not sure if there is any in-car camera in the taxi or any CCTV around the vicinity which might have record footage of the accident.

I was not given any incident number for the accident.

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 SHA3892Y
Vehicle Manufacturer Hyundai
Vehicle Model AE IONIQ HEV 1.
Vehicle Variant -
Vehicle Colour Blue
Vehicle Category Taxi
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) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MOHAMAD ZULISTIQAL REDHA BIN MOHD ZULKEFLEE
Gender Male
Phone No (Phone) +65-96578693
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? FBC7898R
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person Azimmie
Gender Male
Phone No (Phone) +65-96329342
Address -
Address Complement -
Post Code -
Approximate Age Years Old -

Injuries Sustained	-
Injured person in which vehicle?	FBC7898R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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
WONG JUN KEAT**

Policyholder's Signature
Date & Time:

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

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

31/12/2021

ACCIDENT DIAGRAM

A: FBC 7808R
B: SH4 3892 Y

HOUGHANS AVE 5

upper
Sungay road

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30/12/2021 AT ABOUT 1430HOURS , I WAS TRAVELLING ALONG UPPER SERANGOON ROAD TOWARDS KOVAN . WHEN THE TRAFFIC LIGHT WAS GREEN , I WAS GOING STRAIGHT AT THE JUNCTION . SUDDENLY VEHICLE B FROM OPPOSITE OF MY VEHICLE AND MAKING U TURN WITHOUT CHECKING . I APPLIED MY BRAKE BUT FRONT OF MY BIKE COLLIDED ONTO LEFT SIDE OF VEHICLE B .

DECLARATION

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 31/12/2021

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

(SRP) (SRP) (SRP) (SRP) (SRP)

2



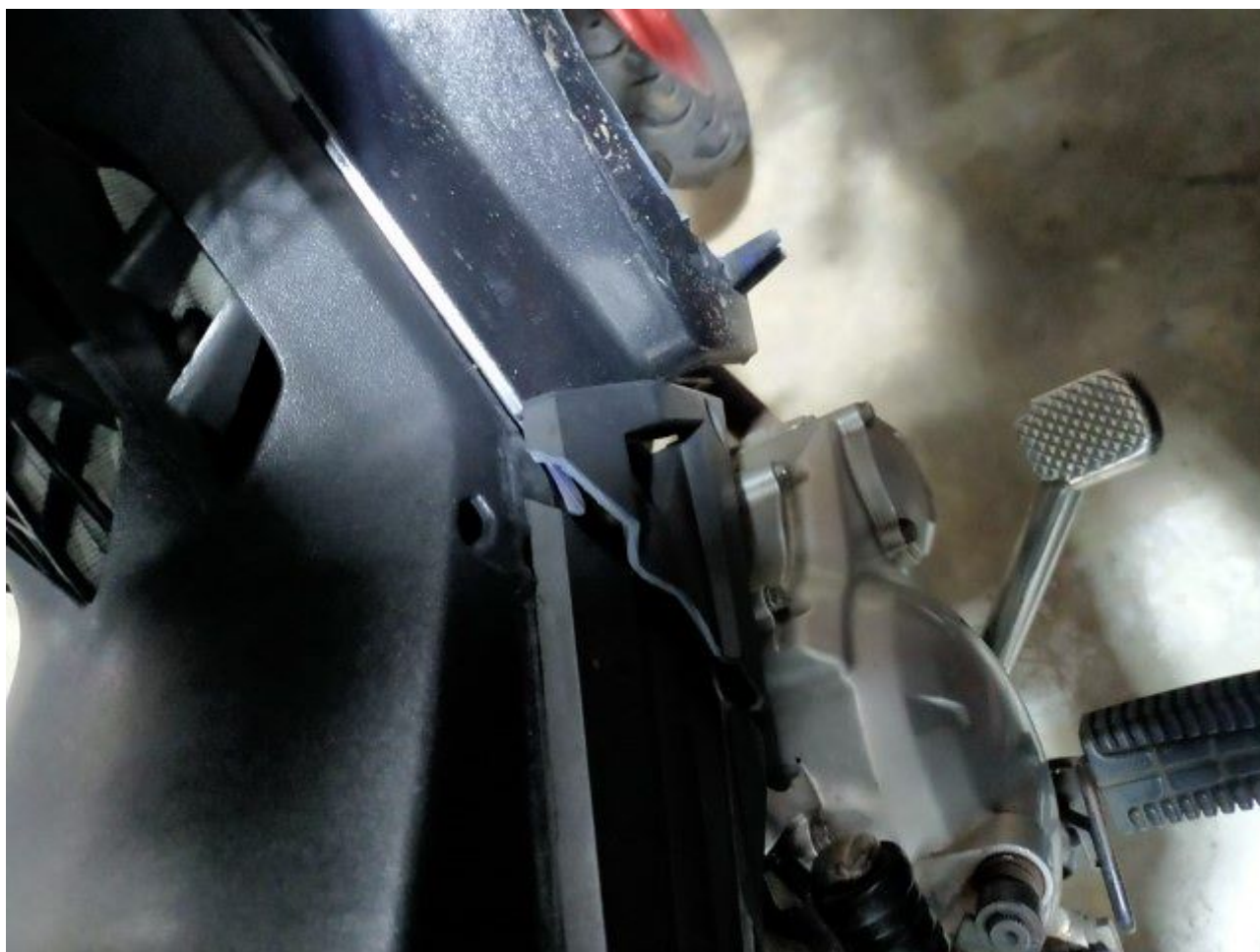






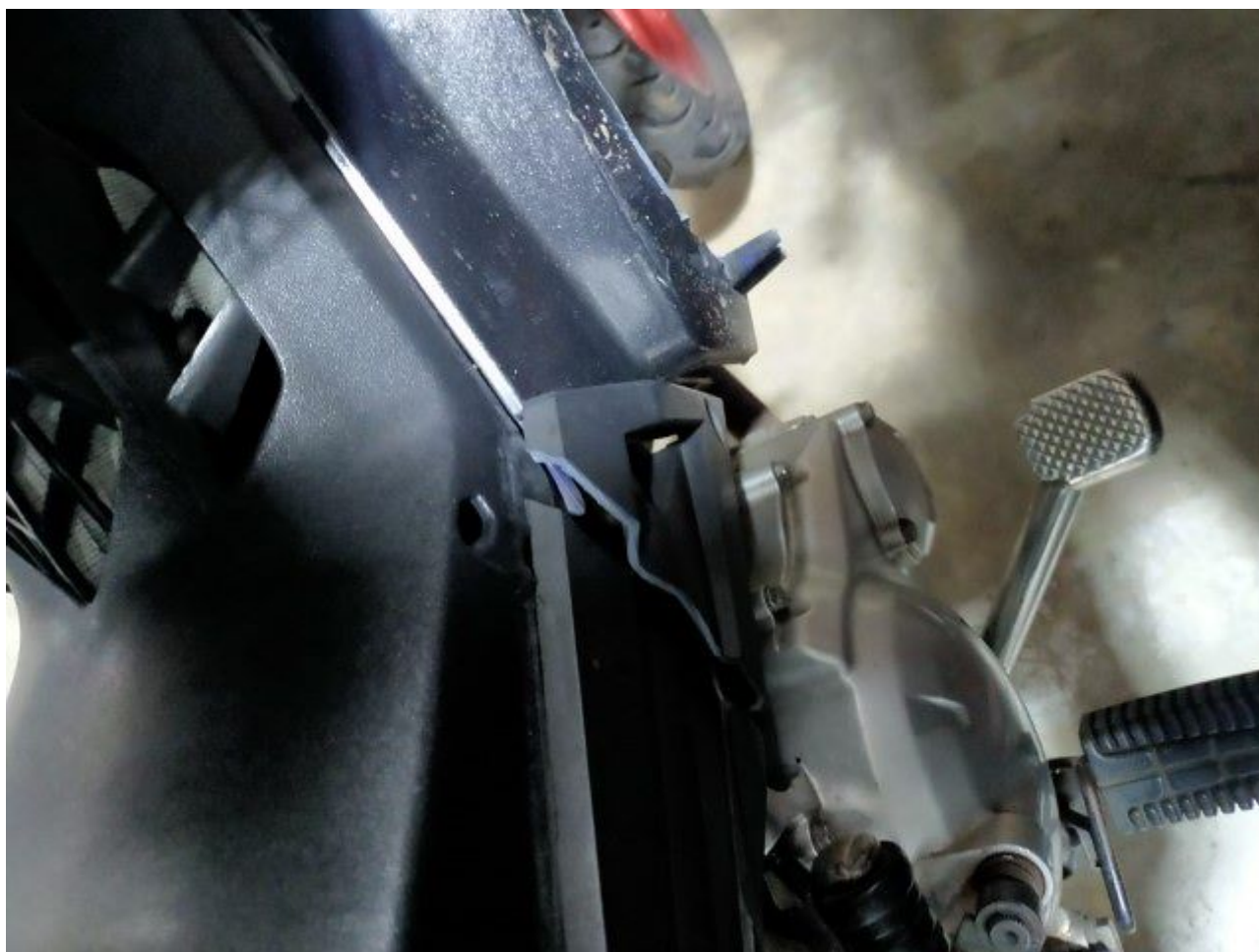










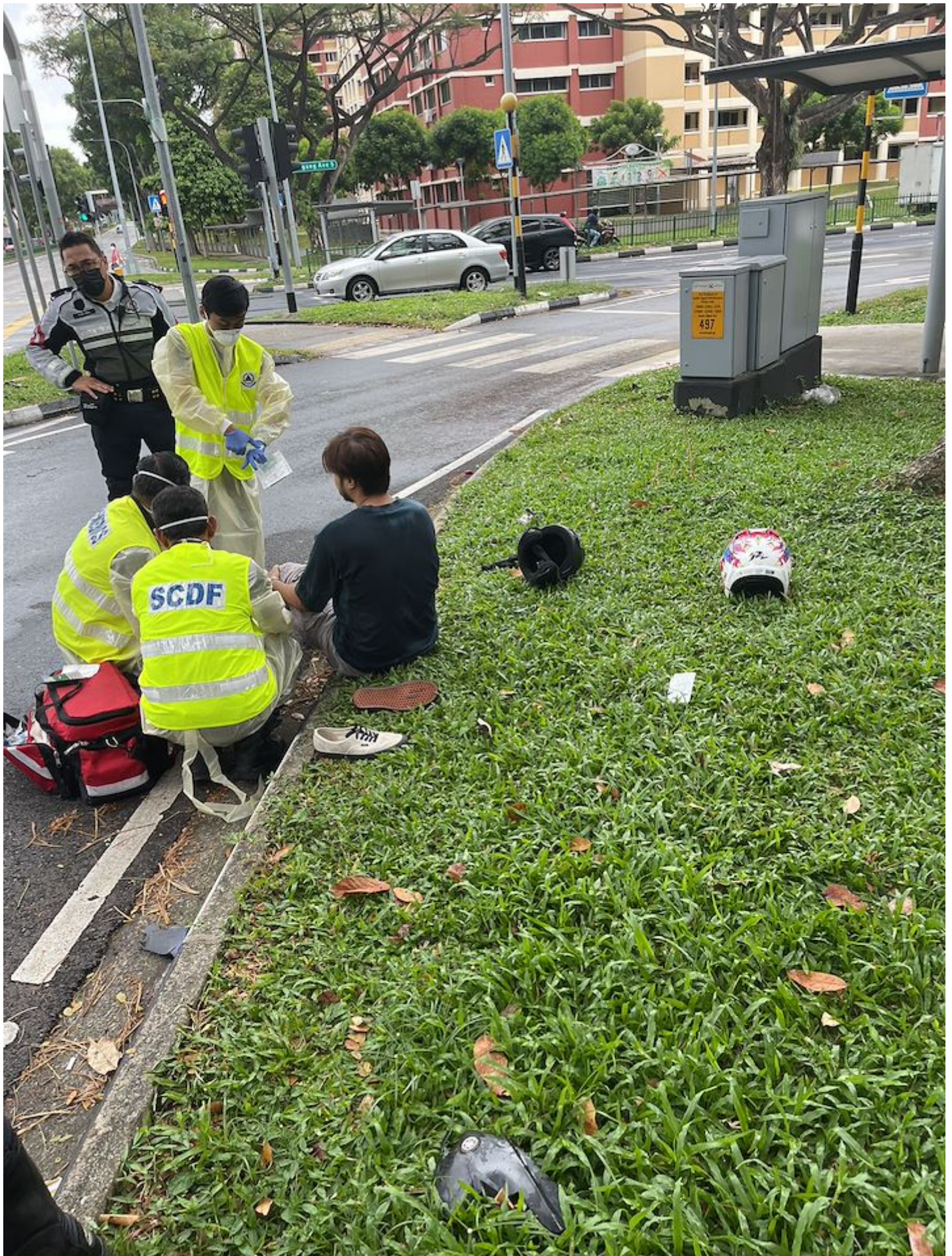
















**SINGAPORE
POLICE FORCE**



T/20211231/7022

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

1 of 4
Report No. T/20211231/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2021 14:20		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: MOHAMAD ZULISTIQAL REDHA BIN MOHD ZULKEFLEE		Address: 256 COMPASSVALE ROAD #03-882 SINGAPORE 540256	
ID Type / ID No.: NRIC NO / S9936540D		Contact No.: Home/Office:	Mobile: 96578693
Nationality: SINGAPORE CITIZEN		Email: ZULISTIQALREDHA@GMAIL.COM	
Sex: Male	Age: 22	Date of Birth: 17/11/1999	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/12/2021 14:30	Type of Location: X-Junction
Location: UPPER SERANGOON ROAD				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBC7898R	Motorcycle	YAMAHA	T135 SPARK	Black	Seriously Damaged	1
SHA3892Y	Car	HYUNDAI		Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211231/7022

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

2 of 4
Report No. T/20211231/7022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC7898R	FWD Singapore Pte. Ltd	PNMC2021-00001923	25/04/2021	24/04/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Pillion				
Name	AZIMMIE RAIHAN BIN AZIZ		ID No.	T0119083G
Related Vehicle	FBC7898R (Motorcycle)		Contact No.	96329342
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	30/12/2021		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Serious
Rider				
Name	MOHAMAD ZULISTIQAL REDHA BIN MOHD ZULKEFLEE		ID No.	S9936540D
Related Vehicle	FBC7898R (Motorcycle)		Contact No.	96578693
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	30/12/2021		Date	30/12/2021
No. of Days granted Medical Leave	05		Degree of	Slight

Brief Details.

On 30/12/2021 at about 1430hrs, I was riding one black Yamaha T135 (spark) bearing registration plate number FBC7898R along the middle lane of Upper Serangoon Road towards Kovan. I proceeded to go straight at the junction of Upper Serangoon Road and Hougang Avenue 5. As I was passing through the junction on the before-mentioned roads, one blue comfort delgro taxi bearing registration plate number SHA3892Y made a U-turn from the other side of the road in a very fast manner. I was not able to avoid the taxi in time and as a result, our vehicles collided causing me to fall to my left. I wish to state that I had the right of way and was riding at about 40km/hour.

I started feeling pain on my right thigh and left knee. I had abrasions on both my legs and on my lip as well. I wish to state that coincidentally there was Traffic Police at scene who activated ambulance. The traffic police officer took down my particulars as well as the taxi driver. We did not manage to exchange particulars. Ambulance came and made a check on



**SINGAPORE
POLICE FORCE**



T/20211231/7022

Police Station Of Origin:
Traffic Police
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3 of 4
Report No. T/20211231/7022

CONTINUATION OF REPORT

me and my pillion namely Azimmie Raihan Bin Aziz (HP: 96329342). We were then conveyed to Sengkang General Hospital. We were treated and i was given 5 days MC. Azimmie was warded at SKGH and required stitches and his left ankle.

I do not know the extent of the damage on my motorcycle but i saw that the front region was totally smashed. The damage to the taxi was that the rear bumper came out slightly and the left side has dents. There is no in-built camera on my motorcycle. I am not sure if there is any in-car camera in the taxi or any CCTV around the vicinity which might have recorded footage of the accident.

I was not given any incident number for the accident.



**SINGAPORE
POLICE FORCE**

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



T/20211231/7022

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Report No. T/20211231/7022

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:

NP185

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

Date/Time:
31/12/2021 14:20

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA0A21CV0003 Vehicle Registration No: FBC7898R
 Name (as shown in NRIC): MOHAMAD ZULISTIQAL REDHA BIN MOHD ZULKEFLEE NRIC/FIN/Passport No: SXXXX540D
 (*Vehicle Driver/Vehicle Owner) (* Please delete as appropriate)
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 96578693
 Email Address: _____
 Date of Accident: 30/12/2021 Time of Accident: 14:30 (SGT)
 Place of Accident: JUNCTION OF UPPER SERANGOON ROAD AND HOUGANG AVE 5
 Insurance Company: FWD Singapore Pte. Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND: ATTACHED ACCIDENT PHOTOS

 Policyholder / Driver's Signature
 Date:

SUSAN

 Reporting Centre Personnel's Signature
 Name: F S NEO
 NRIC/FIN No.:
 Date: 03/01/2022

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: PNMC2021-00001923

Plan name: Third Party

Motorcycle plate number: FBC7898R

Your name (As the policyholder): Muhammad Taufiq Lee

Coverage start date: 25/04/2021

Coverage end date: 24/04/2022

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle

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: 25/04/2021



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.