

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	18/05/2022 15:50 (SGT)
Date of Accident	24/04/2022 20:45 (SGT)
Exact Location of Accident	Joo Chiat Pl, Singapore
Additional Location Information	JUNCTION WITH MANGIS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM1020T
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD HAFIZ BIN MD SUKIMAN
NRIC No	SXXXX343G
Email Address	dzulhidayat1982@gmail.com
Mobile Phone No	(Phone) +65-87547371
Alternative Phone No	+65-89231774

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400
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	355

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	PNMC2021-00004873
Cover Note Number	-

DRIVER

Name of Driver	DZUL HIDAYAT BIN MASOD
NRIC No	SXXXX464B

Date Of Birth	10/09/1982
Occupation	Outdoor
Date Of Driving Pass	21/02/2022
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89231774
Alt. Phone Number	-
Email Address	dzulhidayat1982@gmail.com
Address	BLK 549 BEDOK NORTH AVENUE 1 #07-452
Address complement	-
Postcode	460549
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 - Head on collision
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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20220425/7089

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML626C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

Name of Driver	TIO TIONG YEW
NRIC No	SXXXX683J
Contact Number	(Phone) +65-88799049
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	DZUL HIDAYAT BIN MASOD
Gender	Male
Phone No	(Phone) +65-89231774
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBM1020T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	BLAKE
Phone	(Phone) +65-82577517
Email	-

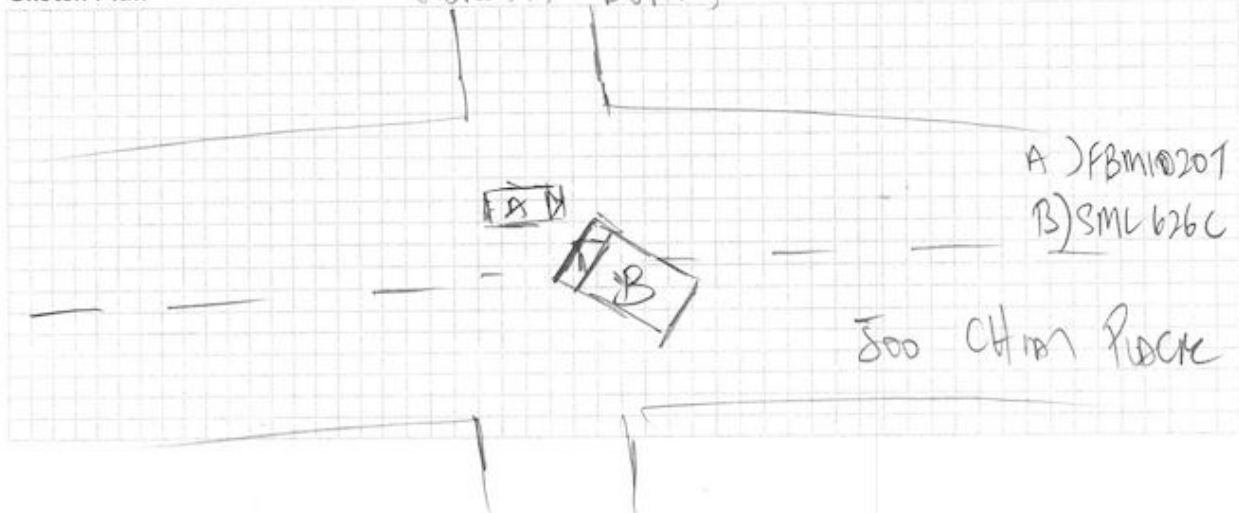
SKETCH PLAN**IMPORTANT NOTICE**

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. The 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.
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

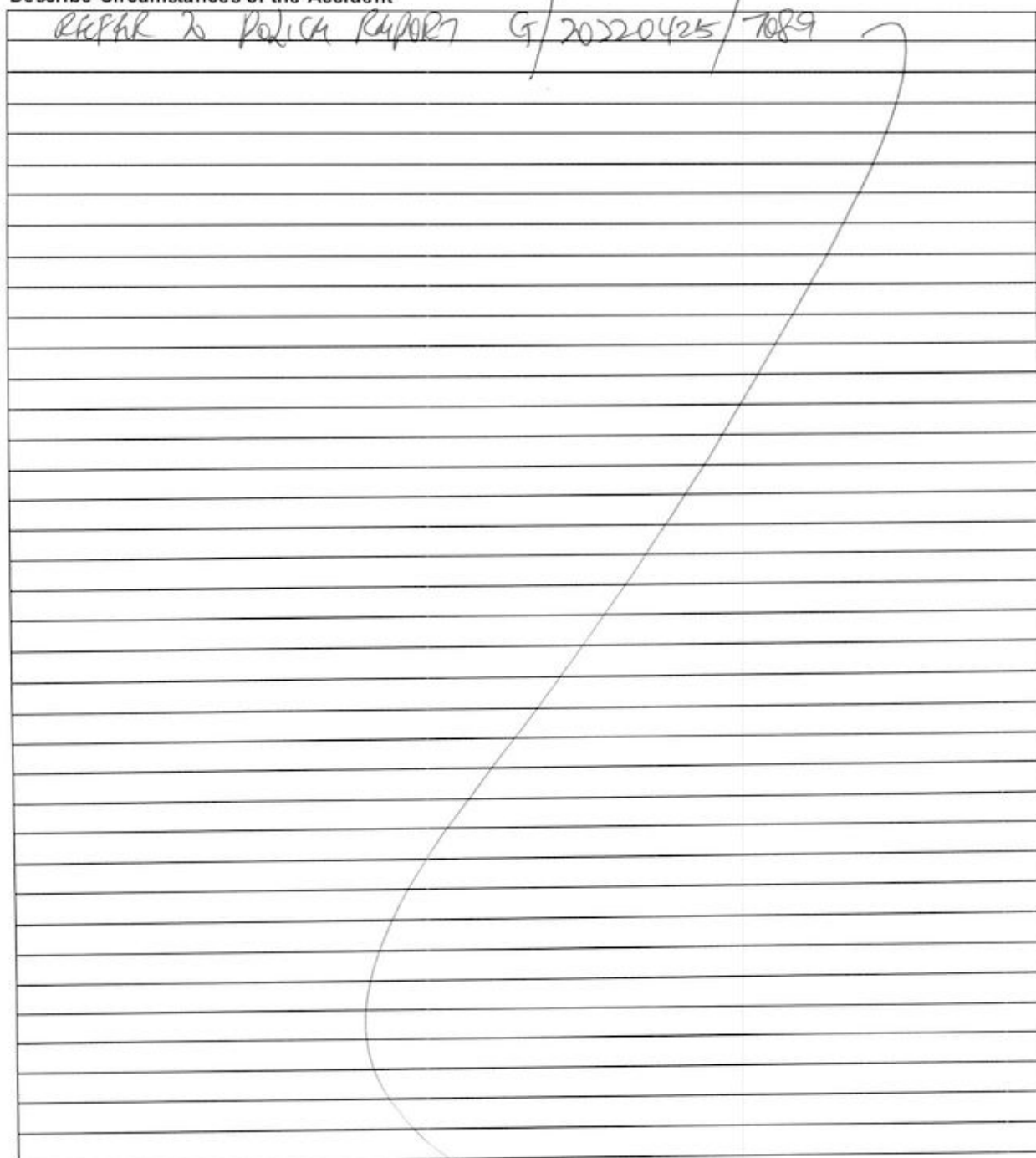
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT G/20220425/7089



Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

 18/05/2022 15.16 PM

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

 18/05/2022

Witnessed by Reporting Centre
Personnel























25/04/2022 18:20

Name Of Informant DZUL HIDAYAT BIN MASOD	Address 549 BEDOK NORTH AVENUE 1 #07-452 SINGAPORE 460549			
ID Type / ID No. NRIC NO / S8227464B	Contact No. Home/Office:		Mobile: 89231774	
Nationality SINGAPORE CITIZEN	Email Address DZULHIDAYAT1982@GMAIL.COM			
Occupation Motorcycle delivery man	Sex Male	Age 39	Date of Birth 10/09/1982	Race Boyanese
Institution/School Name	Language English			
Date/Time Of Incident 24/04/2022 20:30 - 24/04/2022 20:45	Location Of Incident MANGIS ROAD			

Brief details.

I was involved in an accident on 24 Apr around 8.45pm. I was going straight from Joo Chiat PI, Vehicle SML626C on the opposite direction turn right into Mangis Rd without checking and I have to Emergency Brake and fall.

My motor (FBM1020T) was damaged. For myself, i went a&e at cgh for xray due to some abrasion on my leg n was given a 3days M.C..

Contacts and details were exchanged and driver agreed to settle it privately as acknowledge it is his fault

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/04/2022 18:20
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



G/20220425/7089

2 of 2

Report No. G/20220425/7089

turning without proper checking.

Consent of this report is to acknowledge that if the other party agrees to be part of the settlement.

Signature Of Interpreter:
Not applicable

Date/Time:
25/04/2022 18:20

Officer In-Charge Of Case:

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220425/7089

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220425/7089

turning without proper checking.

Purpose of this report is to acknowledge that if the other party were to backout or unable to settle it privately, I'd have to proceed with insurance claiming instead.

No actions needed as of now.

Subjects Involved			
Victim			
Person Name	DZUL HIDAYAT BIN MASOD		
ID Type	NRIC NO	ID No	S8227464B
Gender	Male	Age	39
Race	Boyanese	Language	English
Occupation	Motorcycle delivery man	Address	549 BEDOK NORTH AVENUE 1 #07-452 SINGAPORE 460549
Mobile No	89231774	Is Informant A Victim?	Yes
Person Name DZUL HIDAYAT BIN MASOD (Informant)			

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
25/04/2022 18:20



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: SN092251000H Vehicle Registration No: FBM10707
 Name (as shown in NRIC): DZUL HADY/B7 NRIC/FIN/Passport No: SXXXX3436
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 89237114
 Email Address: _____
 Date of Accident: 24/04/2022 Time of Accident: 20:48
 Place of Accident: 500 Chitay Road / Month 18 foam
 Insurance Company: FWD

(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:

BIKE USE FOR PERSONAL NOT WORKING

Policyholder / Driver's Signature
Date:

18/05/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: Prof. J. Wong
Date: