

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 28/06/2022 15:07 (SGT)
Reported by Driver
Date of Accident 27/06/2022 09:30 (SGT)
Exact Location of Accident Jurong West Street 93, Singapore
Additional Location Information BLK 930 OPEN CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS4939S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEW KONG WAH
NRIC No SXXXX833A
Email Address a-ndy@live.com
Mobile Phone No (Phone) +65-86872828
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Nc750xa
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 745

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number PNMC2021-00001608-01

DRIVER

Name of Driver CHEW CHUN HOW
NRIC No SXXXX092A
Date Of Birth 06/05/1989
Occupation Indoor

Date Of Driving Pass	20/06/2017
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-86872828
Alt. Phone Number	-
Email Address	a-ndy@live.com
Address	BLK 915 JURONG WEST ST 91 #06-196
Address complement	-
Postcode	640915
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 - 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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT J/20220628/7020

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV3696P
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	SYED MUHAMMAD LUQMAN BIN SYED MOHDAR BAHRON
NRIC No	SXXXX542Z
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	CHEW CHUN HOW
Gender	Male
Phone No	(Phone) +65-86872828
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBS4939S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.

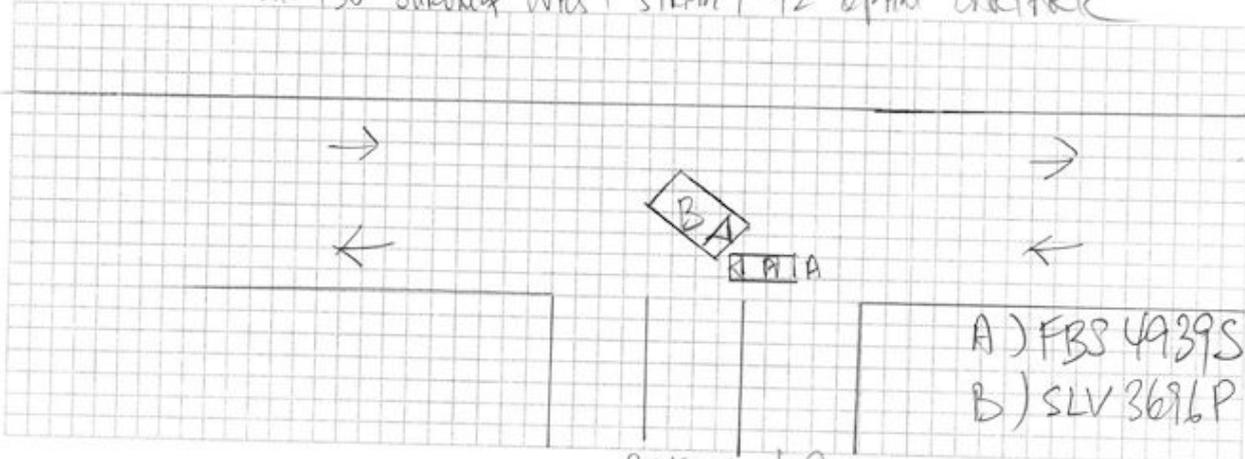
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

B1K 930 JURONG WEST STRIP 92 OPAN CARPARK



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT J/20220628/7020

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



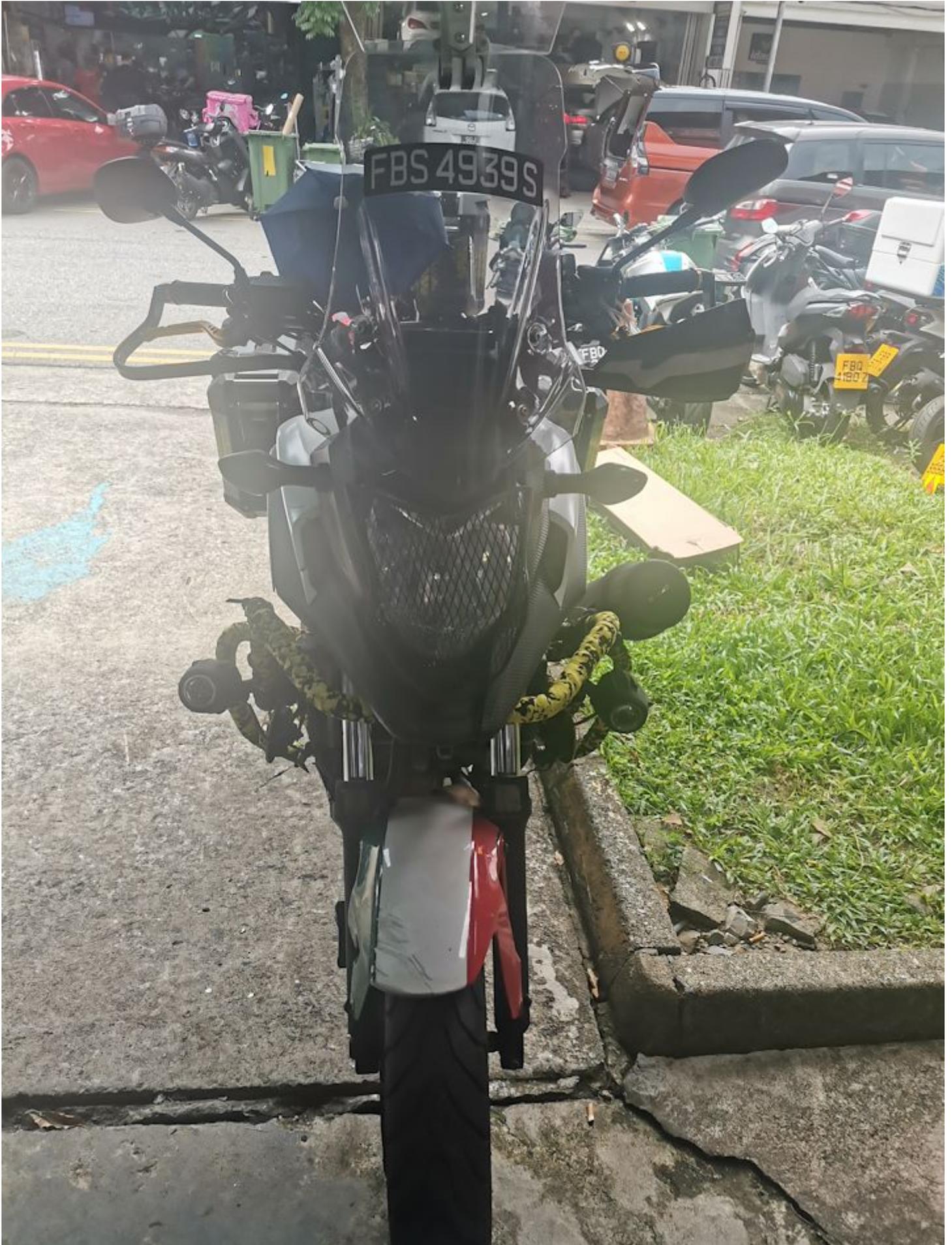
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel





























**SINGAPORE
POLICE FORCE**



J/20220628/7020

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220628/7020

BAHRON that how he don't see incoming traffic and turn as he making false claim that I should stop and let him turn recklessly.

My left knee bleeding, right ankle pain , left elbow minor bruise as well as forearm , right elbow fractured as I got difficulty moving my fingers and pain while moving motions, my back spine pain, my left waist minor bruising and bleed.

Ambulance came 20 mins later to take care of my wound and put a temporary cast on my right elbow and asking whether they send to their hospital, I rejected their offer as I need to go to Tan Tock Seng hospital for my eye follow up appointment that being fixed 4 weeks ago and I told them I'll go Tan Tock Seng hospital Accident and emergency to consult after my late eye appointment after 4pm. Two Traffic Police came to investigate and do reporting and officer said if I have three days Mc Medical certificate then I need to make a police report for them to do further investigation.

Doctor from A&E sent me for X-rays for my right arm and right feet, Doctor Carlo said my right arm elbow fractured due to the car impact and need to apply casting at least for one and half month and given me 7 days MC medical certificate and an appointment to see bone specialist on 1st July 9am at Tan Tock Seng bone hand Specialist.

Detail of other party

Name : SYED MUHAMMAD LUQMAN BIN SYED MOHDAR BAHRON

DOB: 13/11/1984

NRIC: S8437542Z

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: 28/06/2022 13:08
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20220628/7020

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220628/7020

Phone number : 8374 2894

As we exchanged particular

Subjects Involved			
Suspect			
Person Name	SYED MUHAMMAD LUQMAN BIN SYED MOHDAR BAHRON		
ID Type	NRIC NO	ID No	S8437542Z
Gender	Male	Age	38-38
Race	Bangladeshi	Language	English
Occupation	Accountant (excluding tax accountant)	Mobile No	83742894
Complexion	Dark	Build	Slim
Height About	194cm	Hair Colour	Black
Hair Style	Medium-Natural Curls		
Victim			
Person Name	CHEW CHUN HOW		
ID Type	NRIC NO	ID No	S8990092A
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Odd job person	Address	915 JURONG WEST STREET 91 #06-196 SINGAPORE 640915
Mobile No	86872828	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
28/06/2022 13:08

Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20220628/7020

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220628/7020

Person Name	CHEW CHUN HOW (Informant)
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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: 28/06/2022 13:08
Officer In-Charge Of Case:	Classification Of Case: