SN09226U0006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 01/07/2022 12:37 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (01/07/2022 12:37 (SGT))

# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 01/07/2022 12:37 (SGT) Reported by Date of Accident 24/06/2022 23:00 (SGT) Exact Location of Accident Marina Blvd, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBN6927P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MOHAMMAD HAZIQ BIN BAHARUDIN NRIC No SXXXX952E Email Address mdhaziq.baharudin@gmail.com Mobile Phone No (Phone) +65-97981524 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Mtm850a 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?

Vehicle Category Transmission CC

Yamaha

No - Claiming third party Motorcycle Manual

847

**INSURANCE COMPANY** 

Name of Insurance Company FWD Singapore Pte. Ltd. Policy Number / Cover Note Number PNMC2019-0004985-02

DRIVER

Name of Driver MOHAMMAD HAZIQ BIN BAHARUDIN NRIC No SXXXX952E Date Of Birth 11/05/1991 Occupation Outdoor

Date Of Driving Pass 09/03/2018 Driving experience 4 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-97981524 Alt. Phone Number Email Address mdhaziq.baharudin@gmail.com Address BLK 645 JURONG WEST STREET 61 #07-116 Address complement Postcode 640645 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20220627/7050 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** 

**SLE2296G** 

**BMW** 

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG SAY HONG
NRIC No	SXXXX915D
Contact Number	(Phone) +65-92355185
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	MOHAMMAD HAZIQ BIN BAHARUDIN
Gender	Male
Phone No	(Phone) +65-97981524
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBN6927P
Were seat belts worn?	-
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.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

l 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

Sketch Plan

A) #BN 6927 | B SU2296 G

B) SU2296 G

B) SU2296 G

BOATO, WORK

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yholder's Sign	nature / Date &	Driver's Signature ( & Time	f driver is not the	oolicyholder) / Date	Witnessed by Reporting Centre Personnel













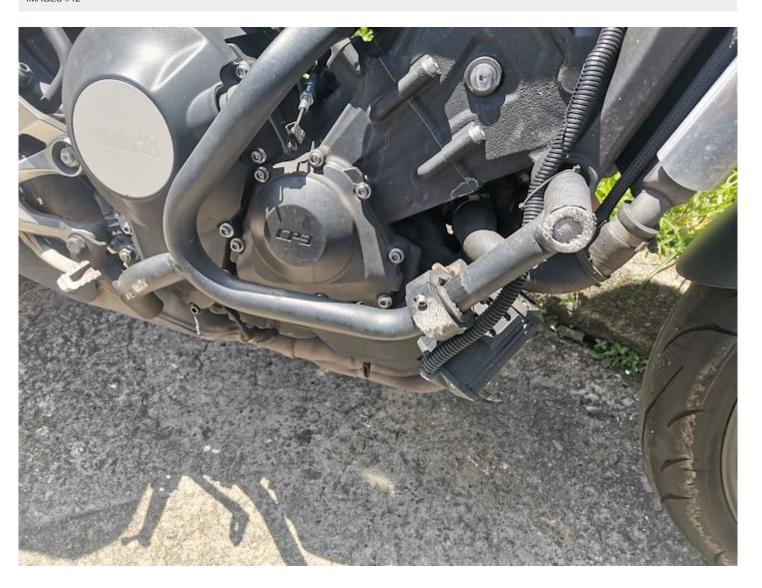




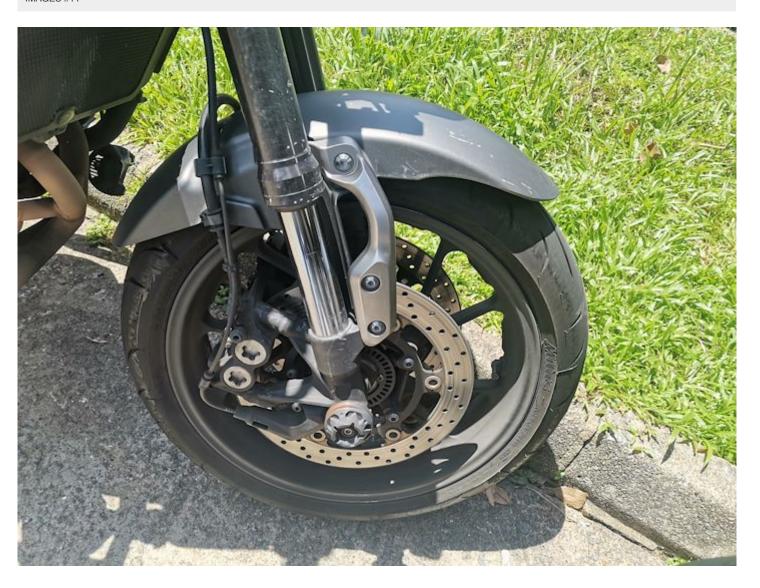




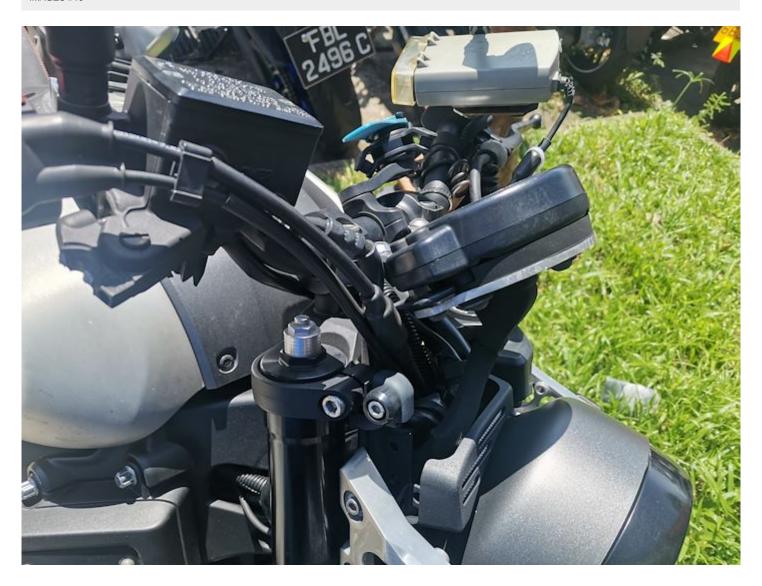






































Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20220627/7050

## REPORT OF A TRAFFIC ACCIDENT

	me Report I 022 20:52	Made:	Vide Report No.: A/20220624/0147		Station Diary No.:
Informa	nt's Partic	ulars			
	f Informant: IMAD HAZI UDIN		Address: 645 JURONG WEST STREE 640645	T 61 #07-116 s	SINGAPORE
	ype / ID No.: C NO / S9116952E		Contact No.: Home/Office: Mobile: 97981524		81524
National SINGAP	ity: ORE CITIZ	EN .	Email: MDHAZIQ.BAHARUDIN@GM	MAIL.COM	
Sex: Male	Age: 31	Date of Birth: 11/05/1991	Type of Informant: Rider		
Race: Malay		•	Language: English	Institution / School Nam	
Occupat	Occupation:		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/06/2022 23:0	Type of Location Straight Road	
Location: MARINA BOU	JLEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h	
	Traffic Flow: Traffic Control: One Way Not Controlled				
				Traffic Volume: Light	

Details of V	ehicle Involve	d			THE REAL PROPERTY.	1
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBN6927P	Motorcycle	YAMAHA	MTM850A (XSR900)	Silver		0
SLE2296G	Car	BMW		Orange	Slightly Damaged	0

Details of V	ehicle Insurance	BE SIDE COLUMN	Sh Bill Stables	Classes Sales
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



T/20220627/7050

Effective

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

Details of Vehicle Insurance
Vehicle No. Insurance Company

2 of 4 Report No. T/20220627/7050

**Expiry Date** 

#### CONTINUATION OF REPORT

Insurance No

FBN6927P	FWD Singapore Pte. Ltd			019- 85-02	22/11/2021	21/11/2022	
Details of Pe	rson involved		STEE.				
Any Pedestria	an Involved: No						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA				
Rider	EX THE SOMETHING AND A	Line N.	WEE		Design to S		
Name	MOHAMMAD HAZIQ BI	MOHAMMAD HAZIQ BIN BAHARUDIN		ID No.	S9116952E		
Related Vehic	cle FBN6927P (Motorcycle)	FBN6927P (Motorcycle)		Contact N	o. 97981524	97981524	
Hospital/Clini	SINGAPORE GENERAL	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry	ring Date of Expiry: NIL		
Date	25/06/2022	Da	ate	25/06/2022			
No. of Days g	ranted Medical Leave 03	3 De	egree of				
Driver			No. of Lot				
Name	NG SAY HONG	NG SAY HONG			ID No. S7712915D		
Related Vehic	cle SLE2296G (Car)	SLE2296G (Car)			o. 92355185	92355185	
Hospital/Clinic	NIL	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Exp	iry: NIL	
Date	NIL	Da	ite	NIL			

#### Brief Details.

Pictures exceed 2mb

No. of Days granted Medical Leave

It was around 11pm-ish, i was making my way back home from dinner with my friend at beach road. While on the way back on Shears ave, i noticed an orange bmw that was tailgating cars, so i filtered to another land and overtook it, trying to distance myself away from him. At the red light before turning left into Marina blvd, i realized that the same bmw was also going the same way. When the light turned green, i went ahead and turn into the 3rd lane, which i found out was obstructed by some roadworks. So in turn i filtered right and while on that lane, i realized that the bmw was behind me, approaching quite quickly. I in turn, went to filter back to the left, thinking that the bwm would continue in that lane since it was unobstructed by any cars. After filtering left, i saw that the traffic light at the end of the road; before the right turn to MCE (AYE) was red and started to break slowly. Next thing i knew i was hit from behind by that same BMW on the 3rd lane of Marina Blvd.

Degree of

NIL

NIL



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 122222222

3 of 4 Report No. T/20220627/7050

CONTINUATION OF REPORT





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

4 of 4 Report No. T/20220627/7050

CONTINUATION OF REPORT

Sket	ch	Plan	

Informant is not able to provide sketch

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: 27/06/2022 20:52
Officer In Charge Of Case: TP / TPIB / NUR ADELINA BINTE MOHAMMAD FUAT Contact No.: 65476066	Classification Of Case: