

# 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 ..... 27/07/2022 17:57 (SGT)  
Reported by ..... Both  
Date of Accident ..... 26/07/2022 19:10 (SGT)  
Exact Location of Accident ..... Seletar North Link, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FW8021U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD KHAIRI BIN BALKIAH  
NRIC No ..... SXXXX781H  
Email Address ..... khairi15@hotmail.com  
Mobile Phone No ..... (Phone) +65-90996617  
Alternative Phone No ..... -

### 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 ..... 399

### INSURANCE COMPANY

Name of Insurance Company ..... FWD Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... PNMC2020-00005026-01

### DRIVER

Name of Driver ..... MUHAMMAD KHAIRI BIN BALKIAH  
NRIC No ..... SXXXX781H  
Date Of Birth ..... 08/02/1993  
Occupation ..... Indoor

Date Of Driving Pass .....	11/10/2019
Driving experience .....	2 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90996617
Alt. Phone Number .....	-
Email Address .....	khairi15@hotmail.com
Address .....	BLK 621B EDGEFIELD WALK #14-51
Address complement .....	-
Postcode .....	822621
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 .....	Hit by fallen tree / Other objects
Weather Conditions .....	Clear
Road Surface .....	SANDY

#### 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
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? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220727/7027

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	-
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	TRUCK
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MUHAMMAD KHAIRI BIN BALKIAH
Gender .....	Male
Phone No .....	(Phone) +65-90996617
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FW8021U
Were seat belts worn? .....	-
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:

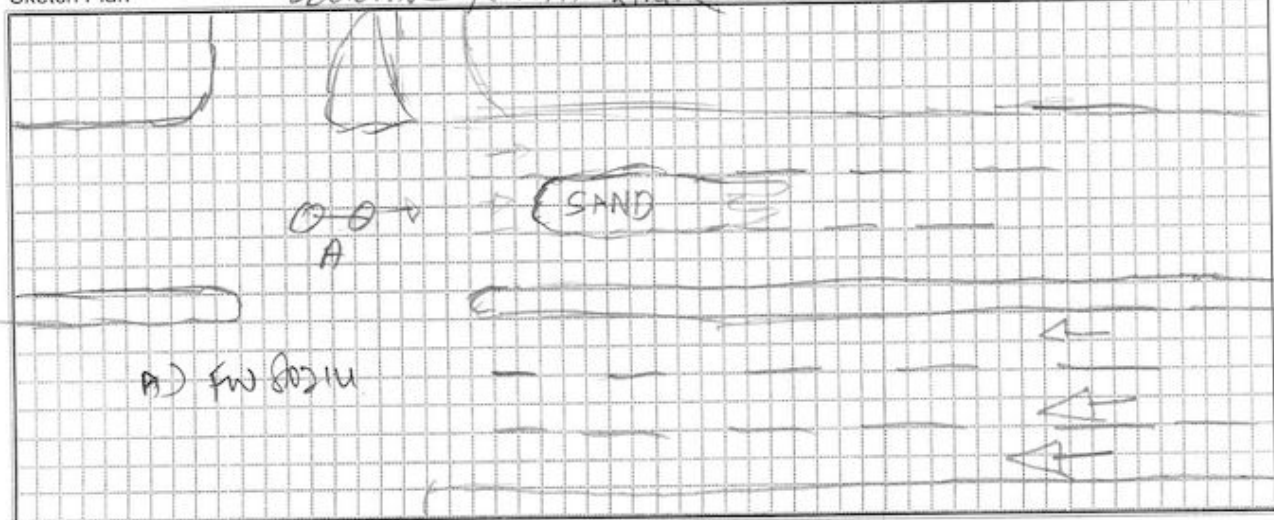
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

*[Signature]* 27/07/2022  
Policyholder's Signature / Date & Time

*[Signature]* 27/07/2022  
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 27/07/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan




Describe Circumstance of the Accident

PLEASE REFER POLICE REPORT 7/20220727/2022

Declaration

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

 27/07/2022  
Policyholder's Signature / Date & Time

 27/07/2022  
Driver's Signature (if driver is not the policyholder) / Date & Time

 27/07/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



















































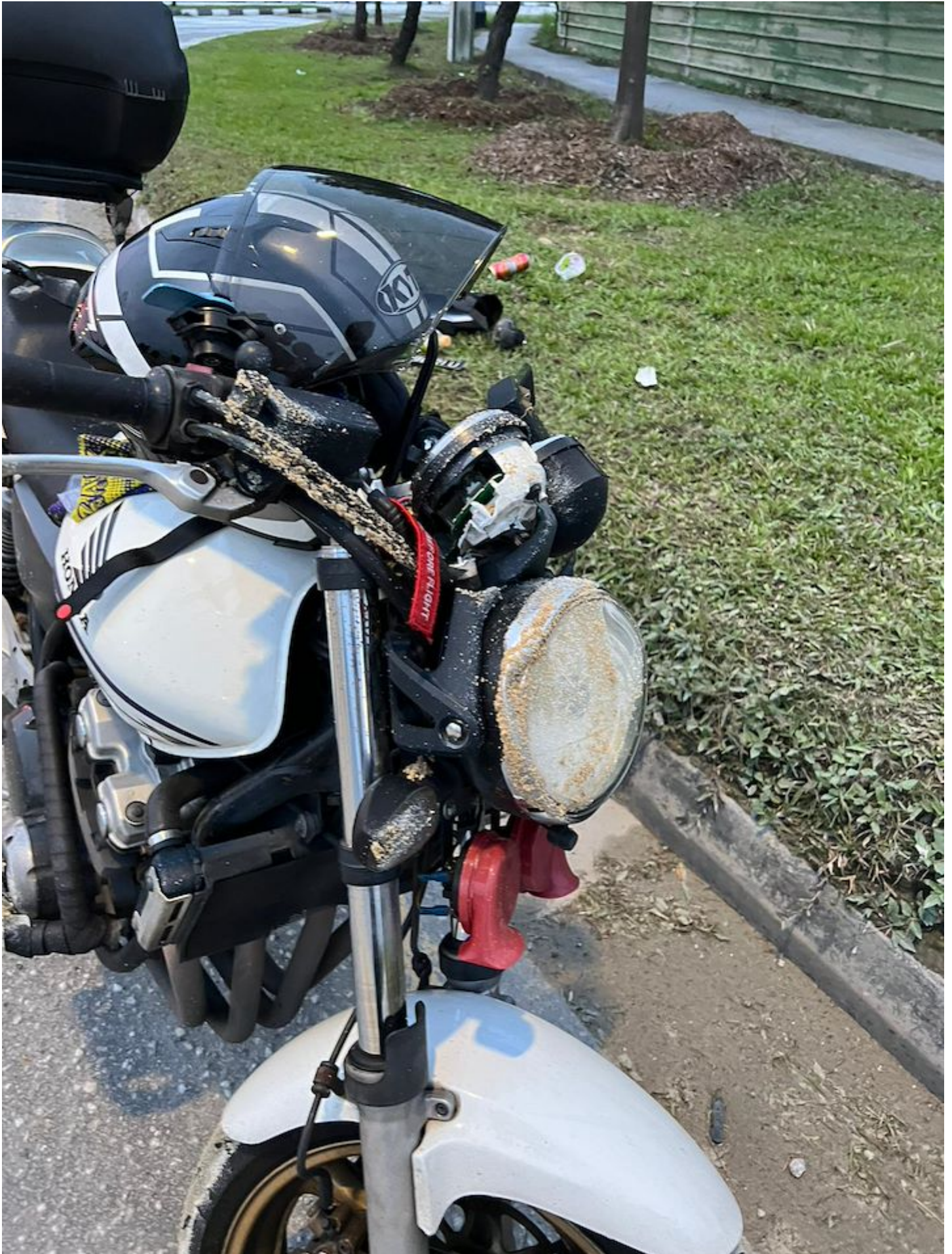




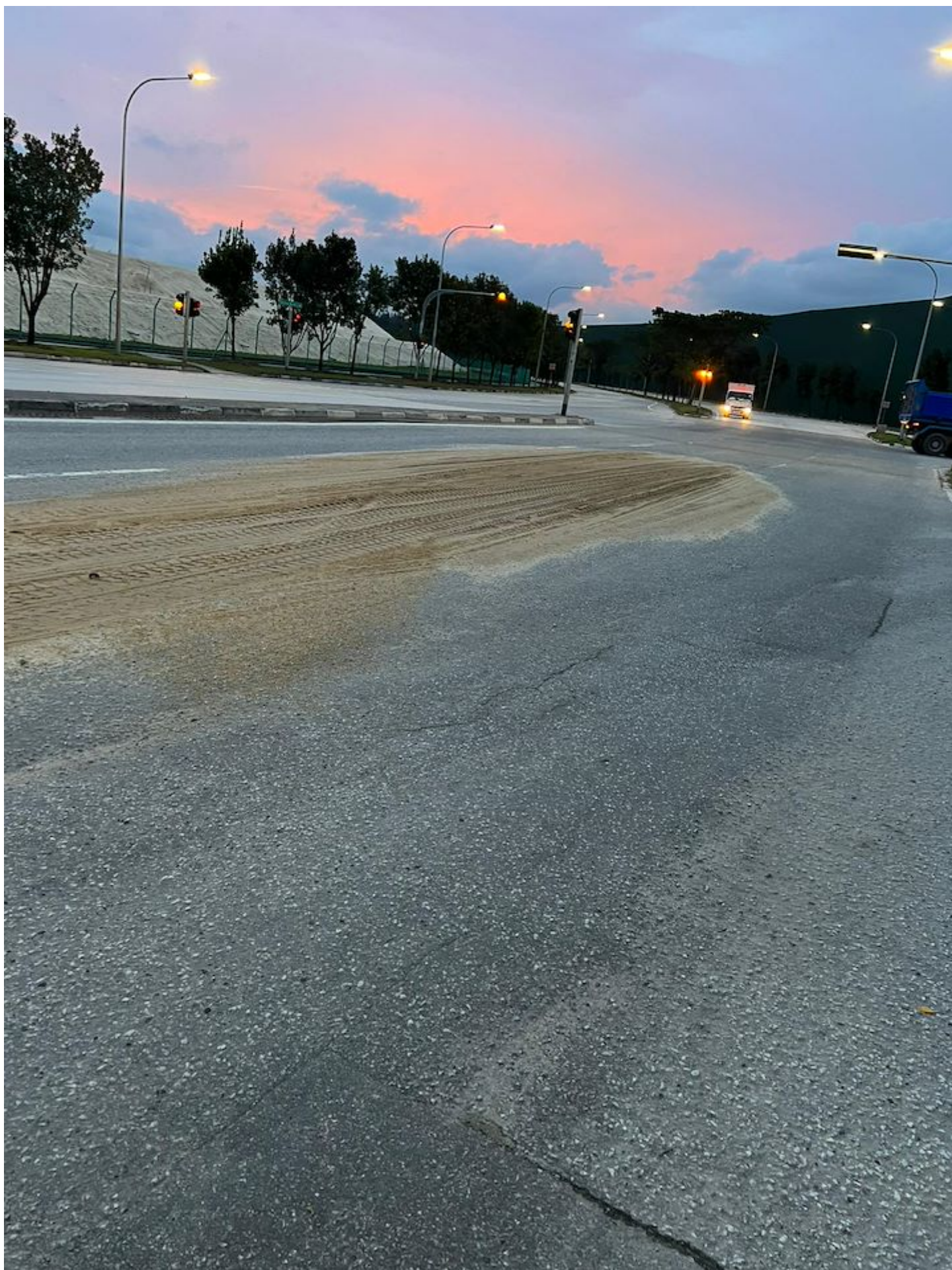




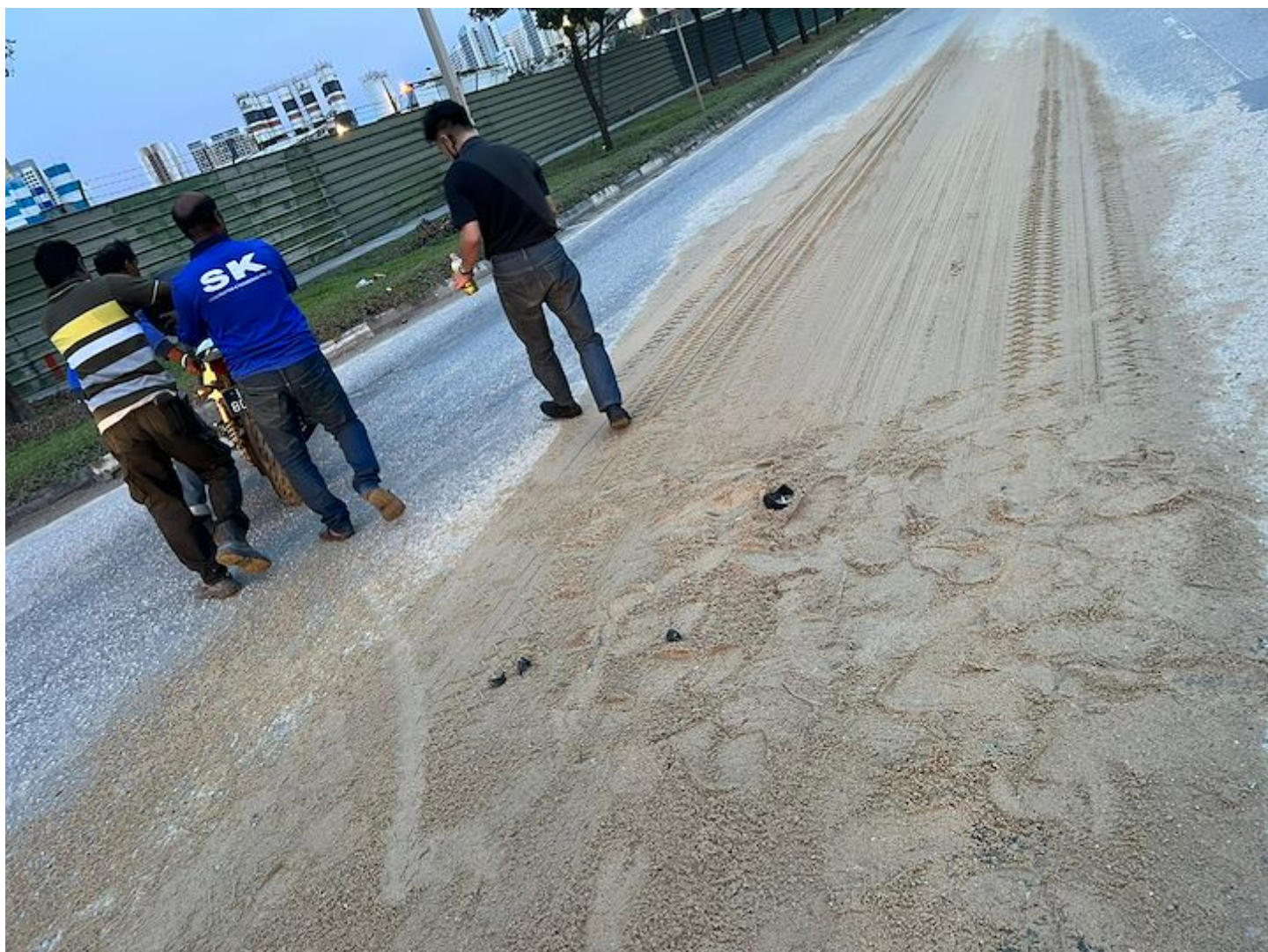















**SINGAPORE  
POLICE FORCE**

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



T/20220727/7027

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Report No. T/20220727/7027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/07/2022 15:38		Vide Report No.: F/20220726/0136		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD KHAIRI BIN BALKIAH			Address: 621B EDGEFIELD WALK #14-51 SINGAPORE 822621		
ID Type / ID No.: NRIC NO / S9304781H			Contact No.: Home/Office: Mobile: 90996617		
Nationality: SINGAPORE CITIZEN			Email: KHAIRI15@HOTMAIL.COM		
Sex: Male	Age: 29	Date of Birth: 08/02/1993	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,2A,3A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/07/2022 19:10	Type of Location: Straight Road
Location:  SELETAR NORTH LINK				
Weather: Clear		Road Surface: Sandy		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Skid				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FW8021U	Motorcycle	HONDA	CB400	White	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW8021U	FWD Singapore Pte. Ltd	PNMC2020-00005026-01	09/12/2021	08/12/2022



**SINGAPORE  
POLICE FORCE**



T/20220727/7027

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

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Report No. T/20220727/7027

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD KHAIRI BIN BALKIAH	ID No.	S9304781H
Related Vehicle	FW8021U (Motorcycle)	Contact No.	90996617
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 2B,2A,3A Date of Expiry: NIL
Date	26/07/2022	Date	26/07/2022
No. of Days granted Medical Leave	05	Degree of	Slight

## Brief Details.

On 26/07/2022, at around 1910hrs, I was travelling along Seletar Northlink Drive towards Punggol (near lamp post number 211) on my motorcycle, when I suddenly saw a large amount of sand on the road. By that time, I was unable to evade it and slowed my motorcycle down as I rode through it. I then fell on my right side as I went through it and was subsequently conveyed to SKGH by ambulance. I was then discharged with abrasions on my right elbow, right shoulder and right knee. I was also given 5 days MC.

I was unable to evade the sand as I was travelling behind a trailer and was unable to see what was in front of me until the trailer passes by it. TP officers attended to the accident and informed me that the measurement of the sand laying on the ground was 20 by 40 but i am unsure what the measurement was in.

I am requesting for the police to investigate and provide me with the vehicle number of the vehicle that has caused the sand to be on the road as this is necessary information by my insurance.



**SINGAPORE  
POLICE FORCE**

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



T/20220727/7027

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Report No. T/20220727/7027

**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:  
TP / TPIB /  
GOH WEI LI  
Contact No.: 65476394

NP168

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

Date/Time:  
27/07/2022 15:38

Classification Of Case: