

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 Actual 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 26/07/2022 09:46 (SGT)
Reported by Driver
Date of Accident 25/07/2022 08:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information INFRONT OF TEMBUSU PARK (AVENUE 2)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP6703H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NUR DIYANAH BTE MOHAMED YUNOS
NRIC No SXXXX796I
Email Address HASIF60@GMAIL.COM
Mobile Phone No (Phone) +65-89220855
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Aerox
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number PNMC2022-00002509

DRIVER

Name of Driver MUHAMMAD HASIF BIN MOHAMED YUNOS
NRIC No SXXXX344D
Date Of Birth 11/08/1999
Occupation Outdoor

Date Of Driving Pass	30/05/2022
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89220855
Alt. Phone Number	-
Email Address	HASIF60@GMAIL.COM
Address	BLK297A CHOA CHU KANG AVE 2 #10-116
Address complement	-
Postcode	681297
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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 - Change/cross lane
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
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

REFER BY ATTACHMENT

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	SMH3920D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD HASIF BIN MOHAMED YUNOS
Gender	Male
Phone No	(Phone) +65-89220855
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBP6703H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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3. 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

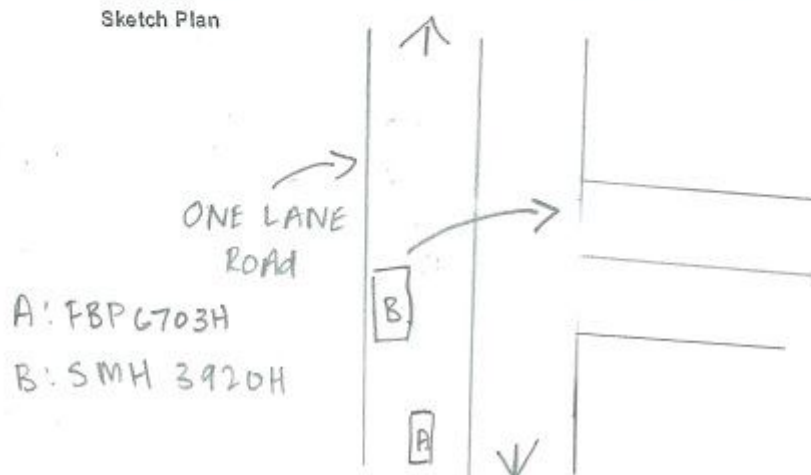
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

On 25/7/22 at 0830 hrs

Refer by Police Report

The incident happened on July 25th at about 8:30a.m. On my way to work, I was at Choa Chu Kang Avenue 2, a single-lane road in front of Tembusu Park. Then there was a car with the registration plate SMH3920H that happened to be on the same lane while I was travelling straight ahead towards my destination. Her car was positioned to the left of the lane and it seemed to be moving straight ahead, however, she ultimately made a sudden wide turn from the position she was at and turned right without giving any signals, which did not give me the opportunity to react to avoid her car because the position of the car was completely covering the whole lane at that instant. Furthermore, I was not driving past the speed limit and even tried to jam-brake, however, I could not refrain myself from colliding into her car. There is a possibility that she did not scan her blind spot at all because if she had she would have seen me before having to turn in, and if I had attempted to overtake her at that time, I would have collided to the front of her vehicle rather than the side-rear.

Hence, it clearly shows that I did not speed or have any intentions of overtaking her. She did apologize to me immediately after the incident, however, I was unable to provide any evidence and witnesses as she was rushing through. I only managed to get her phone number and her license plate number. Later after the incident, we communicated through Whatsapp and I asked her for the video footage from her car-camera a few times after which she said she saw the tape on her car-camera, but she disregarded me and would not release it.

Declaration

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

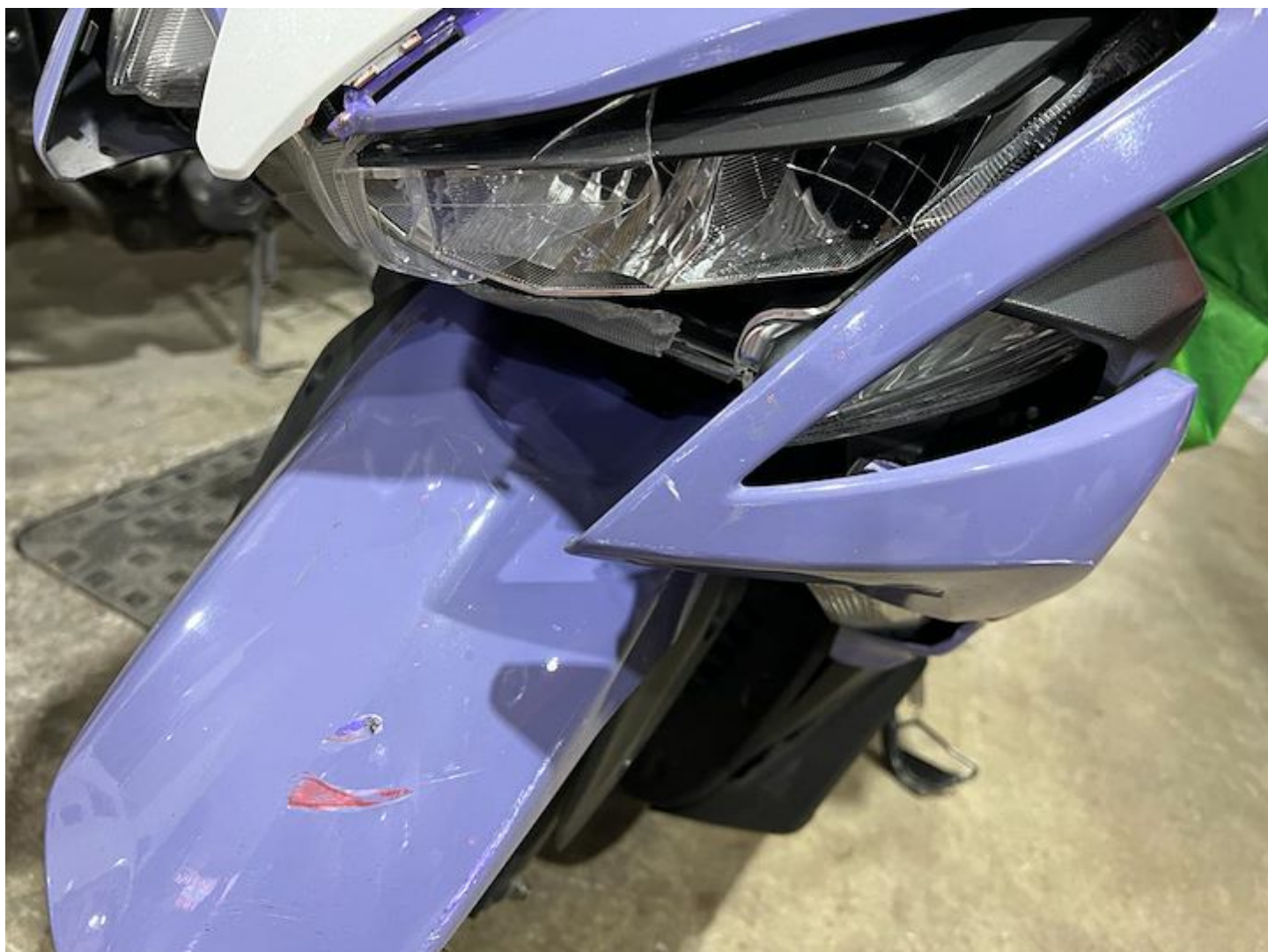
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel















































**SINGAPORE
POLICE FORCE**



J/20220725/7030

1 of 2

POLICE REPORT (NP299)

Report No. J/20220725/7030

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 25/07/2022 14:18		Vide Report No.		Station Diary No.	
Name Of Informant MUHAMMAD HASIF BIN MOHAMED YUNOS		Address 297A CHOA CHU KANG AVENUE 2 #10-116 SINGAPORE 681297			
ID Type / ID No. NRIC NO / S9925344D		Contact No. Home/Office: Mobile: 89220855			
Nationality SINGAPORE CITIZEN		Email Address HASIF60@GMAIL.COM			
Occupation National Service Full Time		Sex Male	Age 22	Date of Birth 11/08/1999	Race Boyanesese
Institution/School Name		Language English			
Date/Time Of Incident 25/07/2022 08:30 - 25/07/2022 08:30		Location Of Incident #01-01			

Brief details.

At about 0830hrs while I was riding to work, a red mitsubishi car bearing plate number SMH3920H suddenly made a wide right turn abruptly on a single lane road t-junction without signaling. I immediately pressed my brake hard and tried to swerve but due to the lack of space I ended up hitting the right side of the vehicle. I suffered some injuries on my left arm and my motorbike was badly damaged. No police call was made as she was in a rush and we agreed on a private settlement.

Subjects Involved

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: 25/07/2022 14:18
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Choa Chu Kang NPP Kiosk 1



**SINGAPORE
POLICE FORCE**



J/20220725/7030

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220725/7030

Victim			
Person Name	MUHAMMAD HASIF BIN MOHAMED YUNOS		
ID Type	NRIC NO	ID No	S9925344D
Gender	Male	Age	22
Race	Boyanese	Language	English
Occupation	National Service Full Time	Address	297A CHOA CHU KANG AVENUE 2 #10-116 SINGAPORE 681297
Mobile No	89220855	Is Informant A Victim?	Yes
Person Name	MUHAMMAD HASIF BIN MOHAMED YUNOS (Informant)		

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:
25/07/2022 14:18

Classification Of Case:

This report is lodged at Choa Chu Kang NPP Kiosk 1



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: SY05227Q0003-01 Vehicle Registration No: FBP6703H
 Name (as shown in NRIC): Muhammad Hasif B NRIC/FIN/Passport No: S9925344D
 (*Vehicle Driver/Vehicle Owner) (* Please delete as appropriate)
 Address: Blk 297A, Choa Chu Kang Ave 2 (681297) Singapore ()
 Contact (Tel): _____ Mobile No.: 89220855
 Email Address: hasif60@gmail.com
 Date of Accident: 25/07/22 Time of Accident: 0830hrs
 Place of Accident: Choa Chu Kang Ave 2 (Tembusu Park)
 Insurance Company: FWD Insurance

(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:

Changing of plate number of another party from SMH3920H to SMH3920D
as the owner send me the incorrect plate number


 Policyholder / Driver's Signature
 Date: 29/07/22


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