

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	22/08/2022 12:42 (SGT)
Reported by	Driver
Date of Accident	19/08/2022 07:30 (SGT)
Exact Location of Accident	Lornie Hwy, Singapore
Additional Location Information	TWDS ADAM RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ748M
-----------------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZAINAL BIN ALI
NRIC No	SXXXX023J
Email Address	hirfnshx@hotmail.com
Mobile Phone No	(Phone) +65-97392767
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	400

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNMC2021-00005443

DRIVER

Name of Driver	HAFIZ IRFANSHAH BIN ZAINAL
NRIC No	SXXXX494C
Date Of Birth	02/10/1997
Occupation	Outdoor

Date Of Driving Pass	11/10/2021
Driving experience	10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96578223
Alt. Phone Number	-
Email Address	hirfnshx@hotmail.com
Address	77 TAMPINES AVE 1
Address complement	#03-10
Postcode	529782
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	Chain 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	3
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

PLS REFER TO THE POLICE REPORT.

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	SLT4363D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LYE KUEK HIN
NRIC No	SXXXX899H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC5997E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LEE ANN BENG
NRIC No	SXXXX943A
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	HAFIZ IRFANSHAH BIN ZAINAL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBQ748M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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.

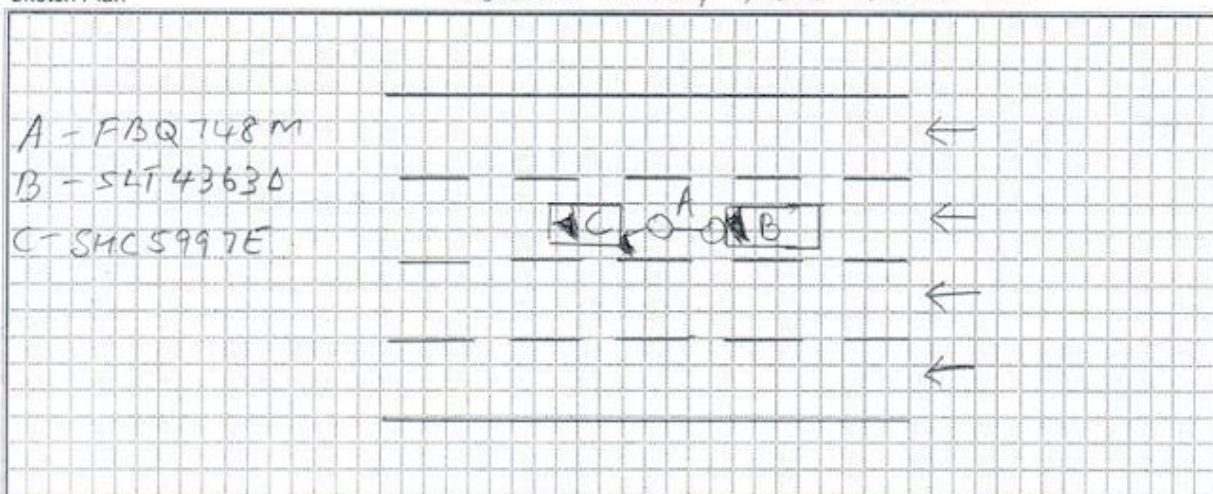
Policyholder's Signature / Date & Time

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

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

Sketch Plan

LORNIE HWAY TWAS ADAM RD



vJun2022

1

Describe Circumstance of the Accident

P/s refer to the police report.

Declaration

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

Policyholder's Signature / Date & Time

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

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



**SINGAPORE
POLICE FORCE**



T/20220821/7002

2 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No. T/20220821/7002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HAFIZ IRFANSHAH BIN ZAINAL	ID No.	S9733494C
Related Vehicle	FBQ748M (Motorcycle)	Contact No.	96578223
Hospital/Clinic	HEALTHBRIDGE FAMILY CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/08/2022	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Slight
Driver			
Name	LEE ANN BENG	ID No.	S1390943A
Related Vehicle	SHC5997E (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LYE KUEK HIN	ID No.	S7526899H
Related Vehicle	SLT4363D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 19 Aug 2022 @0730hr, I was travelling on the 3rd lane along Lornie highway towards Adam Road at 40km/h and the traffic condition was at a slow moving.

While travelling at that speed near lamp post number 18V1F, I was knocked from the rear by SLT4363D and due to the impact, I lose my balance and hit onto the front vehicle, SHC5997E rear left bumper.

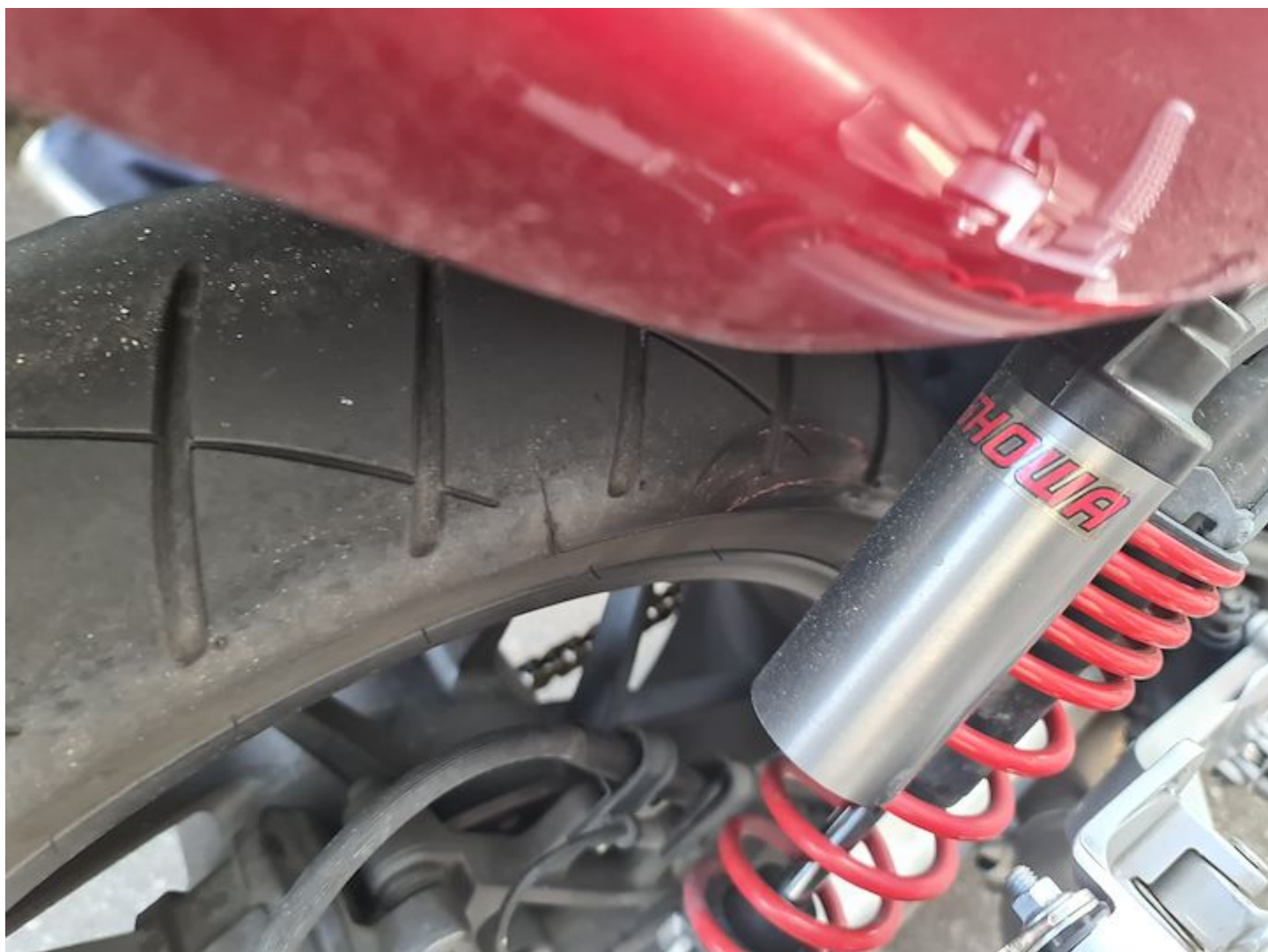
I was given 4 days Medical Leave due to accident.

Scanned with CamScanner


























**SINGAPORE
POLICE FORCE**

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



T/20220821/7002

1 of 4

Report No. T/20220821/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/08/2022 01:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HAFIZ IRFANSHAH BIN ZAINAL			Address: 77 TAMPINES AVENUE 1 #03-10 SINGAPORE 529782		
ID Type / ID No.: NRIC NO / S9733494C			Contact No.: Home/Office: Mobile: 96578223		
Nationality: SINGAPORE CITIZEN			Email: hifnshx@gmail.com		
Sex: Male	Age: 24	Date of Birth: 02/10/1997	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/08/2022 07:30	Type of Location: Straight Road
Location: LORNIE HIGHWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ748M	Motorcycle					0
SHC5997E	Car					0
SLT4363D	Car					0

Scanned with CamScanner



**SINGAPORE
POLICE FORCE**



T/20220821/7002

2 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No. T/20220821/7002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HAFIZ IRFANSHAH BIN ZAINAL	ID No.	S9733494C
Related Vehicle	FBQ748M (Motorcycle)	Contact No.	96578223
Hospital/Clinic	HEALTHBRIDGE FAMILY CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/08/2022	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Slight
Driver			
Name	LEE ANN BENG	ID No.	S1390943A
Related Vehicle	SHC5997E (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LYE KUEK HIN	ID No.	S7526899H
Related Vehicle	SLT4363D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 19 Aug 2022 @0730hr, I was travelling on the 3rd lane along Lornie highway towards Adam Road at 40km/h and the traffic condition was at a slow moving.

While travelling at that speed near lamp post number 18V1F, I was knocked from the rear by SLT4363D and due to the impact, I lose my balance and hit onto the front vehicle, SHC5997E rear left bumper.

I was given 4 days Medical Leave due to accident.

Scanned with CamScanner



**SINGAPORE
POLICE FORCE**

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



T/20220821/7002

3 of 4

Report No. T/20220821/7002

CONTINUATION OF REPORT

Scanned with CamScanner

**SINGAPORE
POLICE FORCE**

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



T/20220821/7002

4 of 4

Report No. T/20220821/7002

CONTINUATION OF REPORTSketch 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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
21/08/2022 01:16

Classification Of Case:

Scanned with CamScanner



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: SN09228M0003 Vehicle Registration No: FBQ748M
 Name (as shown in NRIC): HAFIZ IRFANSHAH BIN ZAINAL NRIC/FIN/Passport No: Sxxxx494C
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 77 TAMPINES AVE 1 #03-10 Singapore (529782)
 Contact (Tel): _____ Mobile No.: 96578223
 Email Address: _____
 Date of Accident: 19/08/22 Time of Accident: 07:30
 Place of Accident: LORNIE HWAY TWDS ADAM RD
 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:

AMEND EMAIL ADDRESS

[Signature] 08/09/22
 Policyholder / Actual Driver's Signature
 Date:

[Signature] 08/09/22
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: