

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 11/10/2022 09:33 (SGT)
Reported by Driver
Date of Accident 07/10/2022 12:30 (SGT)
Exact Location of Accident 561 Pasir Ris Street 51, Block 561, Singapore 510561
Additional Location Information GANTRY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBJ1731R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD AFDILLAH BIN MOHAMED AMIN
NRIC No SXXXX468A
Email Address fadil_77@gmail.com
Mobile Phone No (Phone) +65-93982304
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model R15 V2
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 150

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number PNMC2022-00003414

DRIVER

Name of Driver MUHAMMAD TAUFIQ BIN MOHAMED AMIN
NRIC No TXXXX174F
Date Of Birth 17/01/2001
Occupation Outdoor

Date Of Driving Pass	22/04/2021
Driving experience	1 YEAR AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98077347
Alt. Phone Number	-
Email Address	fadil_77@gmail.com
Address	BLK 561 PASIR RIS STREET 51 #02-271
Address complement	-
Postcode	510561
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 - Head on collision
Weather Conditions	Raining
Road Surface	Wet

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/20221009/7055

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	SJU1410P
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NUR CORINA B ABDULLAH
NRIC No	SXXXX238C
Contact Number	(Phone) +65-86662680
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 TAUFIQ BIN MOHAMED AMIN
Gender	Male
Phone No	(Phone) +65-98077347
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBJ1731R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BIK 561 PASIR RIS STREET 51 GROUND



A- FB31731R
B- S301410P

Describe Circumstances of the Accident

REFER TO THE POLICE REPORT 1/2022-1009/7055

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**

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



T/20221009/7055

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Report No. T/20221009/7055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2022 23:04		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD TAUFIQ BIN MOHAMED AMIN		Address: 561 PASIR RIS STREET 51 #02-271 SINGAPORE 510561			
ID Type / ID No.: NRIC NO / T0101174F		Contact No.: Home/Office:		Mobile: 98077347	
Nationality: SINGAPORE CITIZEN		Email: taufiqalkante@gmail.com			
Sex: Male	Age: 21	Date of Birth: 17/01/2001	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Grab delivery rider		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/10/2022 12:30	Type of Location:
Location: PASIR RIS STREET 51				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBJ1731R	Motorcycle					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**

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



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Report No: T/20221009/7055

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD TAUFIQ BIN MOHAMED AMIN	ID No.	T0101174F
Related Vehicle	FBJ1731R (Motorcycle)	Contact No.	98077347
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I vehicle FBJ1731R was travelling in the compound of Blk 561 pasir ris St 51. I was keeping to my lane.
Suddenly vehicle SJU1410P who was on my opposite direction encroached into my lane and hit me head on.
When I saw the said vehicle I tried to swerve to my left to avoid collision but to no avail.
Due to the impact I fell to my left and injure my left wrist and right ankle.
The next day the pain on my body worsen and I proceeded to Oxford Medical Centre to seek treatment and I was given 3 days MC.
After coming back from the clinic I start to develop pain on my neck and back areas.
I will follow up with doctor soon.

**SINGAPORE
POLICE FORCE**

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



T/20221009/7055

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Report No. T/20221009/7055

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

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

Date/Time:
09/10/2022 23:04

Classification Of Case: