



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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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. 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.
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 GBR 7R1



A - FB01731R

B - SJU1410P

Describe Circumstances of the Accident

REFER TO THE POLICE REPORT

1/20221009/7055

W

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

10/10/2020



SINGAPORE POLICE FORCE



T/20221009/7055

1 of 3

Report No. T/20221009/7055

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

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	Ccolor	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**



T/20221009/7055

2 of 3

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

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**



T/20221009/7055

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Report No. T/20221009/7055

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

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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:

ACCIDENT REPORTING FORM

BASIC INFORMATION			
Date of Accident:*	07/10/2022	Time of Accident:*	12:30 PM
Exact Location:*	Pasir Ris St 51 Bk B61 5510561 900771		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.:	FBJ 1731 R	NRIC / FIN / UEN No.:	T0101174F
Name of Registered Owner:*	Afdillah Bin Mohamed Amin		ST194681
Owner's Email & Contact No.:	fadil_77@gmail.com		* 9398 2304
Owner's Address:*	Pasir Ris St 51 Bk B61 5510561 #02-271		
Vehicle Make:	Yamaha	Vehicle Model:	15 V2
Engine Capacity:	150 CC	Transmission:	Auto / Manual
Type of Claim:*	Claim Own Insurance / Third Party / Reporting Only		
Vehicle Category:*	Private / Commercial / Private Hire		
Insurance Company:	FWD	FWD	
Policy Type:	Comprehensive / Third Party Only / Third Party Fire & Thief		
Policy Number:	PNM(2022-00003414		
DRIVER'S CONTACT			
Name of Driver: *	MUHAMMAD TAUFIL BIN MOHAMED AMIN		
NRIC / FIN No.:	T0101174F	Date of Birth:*	17/01/2001
Occupation:*	Indoor / Outdoor	Driving Pass Date:*	22/4/2021
Contact Number:*	98077347	Gender:	Male / Female
Address:*	Pasir Ris St 51 Bk B61 5510561 #02-271		
Relationship with Owner:	Spouse / Parents / Children / Sibling / Employee / Others:		
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain Collision / Side Swipe / Head to Rear / Others:		
Weather Condition:	Clear / Raining / After Rain		
Road Surface	Dry / Wet / Others:		
Was Anybody Injured?	Yes / No	Police Report Made?	Yes / No
Any Video Captured?*	Yes / No		
No. of Passenger onboard (Including driver):	1		
Exact Purpose Used At The Time Of Accident:	Private Use / Work Purpose / Private Hire		
Name of Passenger 01		Gender	Male / Female
Name of Passenger 02		Gender	Male / Female
Name of Passenger 03		Gender	Male / Female
Name of Passenger 04		Gender	Male / Female
DETAILS OF THE OTHER VEHICLE			
	Vehicle 01	Vehicle 02	Vehicle 03
Vehicle Registration No.	830 K109		
Vehicle Make / Model.	TOYOTA WISH		
Name of Driver.	MUR (ORANA B ABDULLAH)		
NRIC / FIN No.	SA0422386		
Contact Number:	4666 2680		
Driver's Address:	6030 W'LANDS AVE 6		

#08-851

Version 25.06.2021

Certificate of Insurance

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Motorcycle breaks down or is involved in an accident.

All accidents must be reported within 24 hours or by the next working day of the incident
regardless of whether it will lead to a claim.

Policy number: PNMC2022-00003414

Plan name: Third Party

Motorcycle plate number: FB1731R

Your name (As the policyholder): MUHAMMAD AFDILLAH BIN MOHAMED AMIN

Coverage start date: 30/07/2022

Coverage end date: 29/07/2023

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle

Finance company:

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by us. These documents should be read together as one. You must make sure that any person you give permission to ride Your Motorcycle understands your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with Your contract.

This Policy does not cover use for hire or reward, delivery of goods, and any renting or leasing purposes.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 30/07/2022



Khor Kee Eng
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888
or email us at contact.sg@fwd.com if any details in
this Certificate of Insurance needs to be changed.