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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 witholding 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 the control of the pade available upon application by interested parties.

- 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

15/11/2022 15:35 (SGT) 29/09/2022 22:10 (SGT) PIE, Singapore TOWARDS CHANGI AFTER LOR 2 TOA PAYOH Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBP1755R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No MAZLAN BIN MOHAMAD KHALID SXXXX545I mizamazlan13@gmail.com (Phone) +65-97335015

VEHICLE PARTICULARS

Manufacturer Model 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? Vehicle Category Transmission CC

Vespa Primavera

Private use

No - Claiming third party Motorcycle Auto 155

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

FWD Singapore Pte. Ltd. PNMC2020-00000208-02

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

HAMIZAH MARDHIAH BINTE MAZLAN SXXXX048E 13/07/1997 Indoor

Date Of Driving Pass 18/02/2019 Driving experience 3 YEARS AND 7 MONTHS Gender Female Mobile Number (Phone) +65-80300030 Alt. Phone Number Email Address mizamazlan13@gmail.com Address BLK 342 WOODLANDS AVENUE 1 #03-633 Address complement Postcode 730342 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 Side Swipe 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? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? 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 SKETCH AND POLICE REPORT T/20221001/7038 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident DASHCAM FROM WITNESS EXCEED 2MB

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCH1016X
Vehicle Manufacturer Porsche
Vehicle Model

Vehicle Variant Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NRIC No	TEO YEE HONG SXXXX128C
Contact Number	(Phone) +65-97654988
Address	(1110116) +03-37034388
Address complement	·
Postcode	-
Insurance Company Name	
Nature Of Damage	*
Details of property damaged in accident No. Of Passenger (Including Driver)	
140. Of Fasseriger (including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	HAMIZAH MARDHIAH BINTE MAZLAN Female (Phone) +65-80300030
Address	<u>~</u>
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBP1755R
Were seat belts worn?	1 21 170011
	- -
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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:

- (e) 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 lawyershaw 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.

14/11/2022 6:00pm 14/11/2022 5:30pm Jolicyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time

Sketch Plan PIJE JOWARDS CHOOLIN AFTHR LOR 2 TOA (MYOH)

A=FBP 1755R B=SCH 1016X

a ---- duith ComConner

escribe Circumstance of the Accident
There is no mechanical fault in my motorcycle prior to the accident, and there is no camera attached to my motorcycle.
I was riding on my motorcycle, FBP1755R, on PIE towards Changi when I was sideswiped by a white car, vehicle number SCH1016X, after Lor 2 Toa Payoh expressway entrance.
I was riding at a constant speed of 80km/h on the second lane from the right. Throughout my journey, I had not seen the white car in my view and after being hit, I was unaware of who I was hit by.
After the collission. I sat up by myself and the driver of the white care approached me asking if I was okay. I asked him if he was the one who hit me to which he answered 'yes it was me'.
A couple (1 male and 1 female) witnessed the accident and helped me call for an ambulance. They have in-car camera footage of the accident.
Polick RAPORT 1/2002/00/7088
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Declaration

We declare the foregoing particulars are true in every respect.

14/11/2022 6:00pm

PoScyholder's Signature / Date & Time

14/11/2022 5:30pm

Driver's Signature (if driver is not the policyholder) / Date & Time Wanssaid by Reporting Centre Personnel (Name es in NRIC(ID card)





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

1 of 4 Report No. T/20221001/7038

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2022 21:52		Vide Report No.:		Station Diary No.:
Informant's Particula	rs			
Name of Informant: HAMIZAH MARDHIAH MAZLAN	H BINTE	Address: 342 WOODLANDS AVENUE	#03	3-633 SINGAPORE 730342
ID Type / ID No.: NRIC NO / S9724048E	Ē	Contact No.: Home/Office:	Мо	bile: 80300030
Nationality: SINGAPORE CITIZEN	J	Email: MIZAMAZLAN13@GMAIL.CO	M	
	Date of Birth: 13/07/1997	Type of Informant: Rider		
Race: Malay		Language: English	Ins	titution / School Name:
Occupation:		Driving Licence Information: Class: 2B	Dat	e of Expiry:

General Informati	on of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/09/2022 22:10	Type of Location: Straight Road
Location:				
LORONG 6 TOA	PAYOH			
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
One Way		Not Controlled		Moderate
Type of Collision: Between Moving	Vehicles - Side Swipe	- Same Direction		Anyone conveyed by ambulance: Yes

Details of V	ehicle Involve	d	Variable of Mark			
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBP1755R	Motorcycle	VESPA	Primavera+1 50	Black	Seriously Damaged	
SCH1016X	Car	PORSCHE		White		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





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

CONTINUATION OF REPORT

2 of 4 Report No. T/20221001/7038

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1755R	FWD Singapore Pte. Ltd	PNMC2020- 00000208-02	18/02/2022	17/02/2023

Details of Perso	n Involved					
Any Pedestrian In	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	edestrian	Cross	sing: NA
Rider						
Name	HAMIZAH MARDHIA	H BINTE N	MAZLAN	ID No		S9724048E
Related Vehicle	FBP1755R (Motorcyc	cle)		Conta	ct No.	80300030
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licent Expiry	g ce &	Class: 2B Date of Expiry: NIL
Date	29/09/2022		Date		30/09	9/2022
No. of Days gran	ted Medical Leave	07	Degree o	of	Serio	us
Driver						
Name	TEO YEE HONG			ID No		NIL
Related Vehicle	SCH1016X (Car)			Conta	ct No.	97654988
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL	

Brief Details.

Dashcam footage from witnesses exceeds 2MB

There is no mechanical fault in my motorcycle prior to the accident, and there is no camera attached to my motorcycle.

I was riding on my motorcycle, FBP1755R, on PIE towards Changi when I was sideswiped by a white car, vehicle number SCH1016X, after the Lor 2 Toa Payoh expressway entrance.

I was riding at a constant speed of 80km/h on the second lane from the right. Throughout my journey, I had not seen the white car in my view and after being hit, I was unaware of who I was hit by.

After the collision, I sat up by myself and the driver of the white car approached me asking if I was okay. I asked him if he was the one who hit me to which he answered 'yes it was me'.

A couple (1 male and 1 female) witnessed the accident and helped me call for an ambulance. They have in-car camera footage of the accident.



3 of 4 Report No. T/20221001/7038

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT





4 of 4 Report No. T/20221001/7038

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

CONTINUATION OF REPORT

Sketch P	lan
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Informant is not able to provide sketch

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: 01/10/2022 21:52
Officer In Charge Of Case: TP / TPIB / THABAGESH JEYATHESH Contact No.: 65476178	Classification Of Case:

NP168

. SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 29.09.2022 TIM	E: 2210 (hh:mm) 24 hrs Format
ILUCATION	
PIE towards Changi. After Lor 2 Toa Payoh expressway	V Antrones
L'ENICLE NUMBER FRP1755D	F-DILLICITY
INSURED NAME Mazlan Bin Mohd Khalid	
NRIC / FIN S68075451	CONTACT: 97335015
MAKE Vespa MODEL Primay	vera 150
Are you claiming under your own insurance policy for repair	to your vehicle?
() Yes, If No, Pls Select : () Third Party () R	Leporting Only
INSURANCE COMPANY FWD Insurance	
	HIRD PARTY (V) TPFT
POLICY NUMBER: PNMC2020-00000208-02	
NAME DRIVER: Hamizah Mardhiah Binte Mazlan	() SAME AS INSURED
NRIC / FIN \$9724048E	CONTACT: 80300030
DATE OF BIRTH: 13 July 1997	
DRIVING PASS DATE: 18 Feb 2019	part the control of t
OCCUPATION: (\sqrt) INDOOR () OUTDOO	
GENDER: (✓) MALE (✓) FEMALE	
EMAIL ADDRESS: mizamazlan13@gmail.com	() NO EMAIL
ADDRESS OF DRIVER: Blk 342 Woodlands Avenue 1	#03-633 S(730342)
	e en
Number Of Passenger Include Driver: 1	
	YES (V)NO
If No, Relationship Of The Driver With The Insured	
Owner () Spouse () Friend () Relative () Children () Sibling () Others
Does The Driver Own Any Other Vehicle?: () YES (/) NO
f Yes, Vehicle Registration Number Of Driver's Own Vehic	cle: NA
nsurance Company Of Driver's Own Vehicle NA	
Weather Conditions: (V) Clear () Raining () Drizzling () Others
Road Surface : () Dry () Wet () Others
Was Any Foreign Vehicle Involved In This Accident? () YES () NO
Was Anybody Injured In The Accident? (V) YE	S ()NO T
f YES, Injured details :	
Broken left clavicle and abrasions of driver of FBP175	55R
Convey By Ambulance: (/) YES () NO	
Vas There Any Video Capture By Car Camera?	YES ()NO
Vas There Any video Capture By Car Cantra: (V	ES () NO If Yes Attach Police Report
1 11.5 1 11.5 1 1 1 1 1 1 1 1 1 1 1 1 1	Do () HO II to Atlanti tolice import
olice Report Number (if any) T/20221001/7038	No. of Paxs (incl'driver) Contact
etails Of 3rd Party Name / NRIC	(1)/Not Sure() 97654988
ch B SCH1016X Teo Yee Hong / S7101128C	()/Not Sure ()
eh C	()/Not Sure ()
eh D	()/Not Sure()
eh E	
eh F	()/Not Sure ()
eh Q	()/Not Sure()



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 inregardless of whether it will lead to a claim.

Policy number: PNMC2020-00000208-02

Plan name: Third Party Fire & Theft Motorcycle plate number: FBP1755R

Your name (As the policyholder): Mazlan B Mohamad Khalid

Coverage start date: 18/02/2022

Coverage end date: 17/02/2023

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: DBS Bank Ltd.

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: 14/02/2022

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.

FWD Singapore Pte. Ltd. 6 Temasek Boulevard, # 18-01 Suntec Tower 4. Singapore 038986 T (65) 6820 8888. Registration No. 200501737H



Your third party fire & theft motorcycle insurance summary

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

: PNMC2020-00000208-02

About this policy Premium paid

Coverage start date : 18/02/2022

17/02/2023

(Inclusive of GST) Who is insured to ride: Coverage end date

: You only and any Authorised Rider

About you (As the policyholder)

Your name

: Mazlan B Mohamad Khalid

Address Email

: 342 Woodlands Avenue 1 #03-633 Woodlands Vibes Singapore 730342 : cycle2tour@gmail.com

NRIC/FIN

\$68075451

: \$\$252.39

Current no claims discount : 20%

Years of riding experience : >=3 Date of birth

Mobile number

Male 97335015

26/02/1968

Certificate of merit

Gender

: Yes

About your motorcycle

Motorcycle make and model: Vespa Primavera 150





