

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	10/11/2022 17:57 (SGT)
Reported by	Both
Date of Accident	30/10/2022 00:20 (SGT)
Exact Location of Accident	Keppel Rd, Singapore
Additional Location Information	FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FZ4434Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD SAIDI SAID
NRIC No	SXXXX885J
Email Address	decalprit@hotmail.com
Mobile Phone No	(Phone) +65-98789972
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
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	Auto
CC	155

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNMC2022-00001835

DRIVER

Name of Driver	MOHAMED SHAIRUL IMAN BIN MOHAMED SHAIFUL
NRIC No	TXXXX899Z
Date Of Birth	15/08/2002
Occupation	Indoor

Date Of Driving Pass	16/04/2022
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91013947
Alt. Phone Number	-
Email Address	decalprit@hotmail.com
Address	BLK 515 WEST COAST ROAD #10-529
Address complement	-
Postcode	120515
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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 to Rear
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)	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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT D/20221109/7017

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	FBK7812X
Vehicle Manufacturer	Yamaha
Vehicle Model	SNIPER T150
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD ALIF HAMZA BIN HAMDAN
NRIC No	TXXXX507D
Contact Number	(Phone) +65-97226956
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	MOHAMED SHAIRUL IMAN BIN MOHAMED SHAIFUL
Gender	Male
Phone No	(Phone) +65-91013947
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FZ4434Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

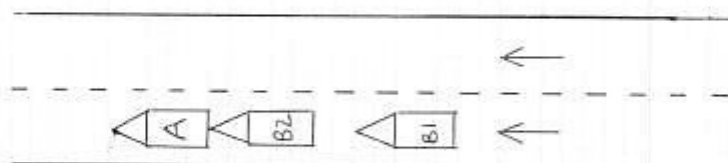
SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.

[Signature]
Policyholder's Signature / Date & Time

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

10/11/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

KEPPEL FLYOVER

A- F24434Y

B- FBK7812X


Describe Circumstances of the Accident

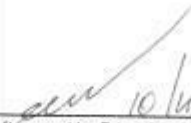
REFER TO THE POLICE REPORT 0/2022/109/7017

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

 10/11/2022
 Witnessed by Reporting Centre Personnel






















**SINGAPORE
POLICE FORCE**


D/20221109/7017

1 of 2

POLICE REPORT (NP299)

Report No. D/20221109/7017

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 09/11/2022 12:01		Vide Report No.		Station Diary No.	
Name Of Informant MOHAMED SHAIRUL IMAN BIN MOHAMED SHAIFUL		Address 515 WEST COAST ROAD #10-529 SINGAPORE 120515			
ID Type / ID No. NRIC NO / T0223899Z		Contact No. Home/Office: Mobile: 91013947			
Nationality SINGAPORE CITIZEN		Email Address SHAIRULIMAN24@GMAIL.COM			
Occupation Student		Sex Male	Age 20	Date of Birth 15/08/2002	Race Malay
Institution/School Name		Language English			
Date/Time Of Incident 30/10/2022 00:20 - 30/10/2022 00:35		Location Of Incident 515 WEST COAST ROAD #10-529 SINGAPORE 120515			

Brief details.

I was riding along Keppel flyover on the said date and time during the incident. Someone knock me from behind while I was riding my bike. I didn't know what happen next as when I woke up I was already in SGH. I was admitted in the hospital for 3 days and was given medical leave for 1 month.

Subjects Involved	
Suspect	
Person Name	Alif

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: 09/11/2022 12:01
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20221109/7017

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20221109/7017

Gender	Male	Age	20-20
Language	Malay		
Victim			
Person Name	MOHAMED SHAIRUL IMAN BIN MOHAMED SHAFUL		
ID Type	NRIC NO	ID No	T0223899Z
Gender	Male	Age	20
Race	Malay	Language	English
Occupation	Student	Address	515 WEST COAST ROAD #10-529 SINGAPORE 120515
Mobile No	91013947	Is Informant A Victim?	Yes
Person Name	MOHAMED SHAIRUL IMAN BIN MOHAMED SHAFUL (Informant)		

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: 09/11/2022 12:01
Officer In-Charge Of Case:	Classification Of Case: