

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
- 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 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 03/02/2023 17:44 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 03/02/2023 08:25 (SGT) Exact Location of Accident Singapore Additional Location Information T- Junction Of Holland Rd Toward Napier Rd Opposite Peirce Rd Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBQ7356P

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Muhammad Ridhwan Yusuf Bin Ahmad NRIC No SXXXX380H Email Address skyridhwan@yahoo.com.sg Mobile Phone No (Phone) +65-90695259 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer Honda Model Forza 300 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

## INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd. Policy Number / Cover Note Number PNMC2020-00004686-02

## DRIVER

CC

Name of Driver Muhammad Ridhwan Yusuf Bin Ahmad NRIC No SXXXX380H Date Of Birth 12/01/1984 Occupation Outdoor

Date Of Driving Pass 24/08/2010 Driving experience .... 12 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-90695259 Alt. Phone Number Email Address ..... skyridhwan@yahoo.com.sg Address Blk 412 Pandan Gardens #11-100 Address complement Postcode 600412 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver FBQ6577A Insurance Company of Other Vehicle Owned by Driver FWD Singapore Pte. Ltd. GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident ..... Weather Conditions Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? 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? Yes Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to Sketch Plan. ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBE2511D

Toyota

Accident report SB0F23230001

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	-
NRIC No	SXXXX393D
Contact Number	(Phone) +65-89280501
Address	¥
Address complement	.: <del>=</del> 1
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	3 <del>5</del> )
No. Of Passenger (Including Driver)	N2

## INJURED PERSONS DETAILS

## INJURED 1

Muhammad Ridhwan Yusuf Bin Ahmad
Male
(Phone) +65-90695259
Blk 412 Pandan Gardens #11-100
-
600412
:e
FBQ7356P
No
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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regulate 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 ladgement 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.

12 9/2 /2073@J15pm

Policyholder's Signature / Date & Time

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

ier) / Date (

FION GOH

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

Sketch Plan

Gersile Trayile ligh

Gersile Trayile ligh

FB 07356

D

MAPPLET TO

PROTOSILE

FB 179511

C PRITTE TO

C PRITTE

C PRI

4

Decemb	Describe Circumstance of the Accident							
To left to police report T/20230203/7046								
10	refer	TO	POLICE	14017	1100000	1021 10	40	
-								
_	_							 
							esian substituti di mana di mana	
***								
							NAME OF TAXABLE PARTY OF	

Declaration

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





Report No. T/20230203/7046

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2023 14:20			Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: MUHAMMAD RIDHWAN YUSUF BIN AHMAD			Address: 412 PANDAN GARDENS #11-100 SINGAPORE 600412			
ID Type / ID No.: NRIC NO / S8400380H			Contact No.: Home/Office:	Mobile: 90695259		
Nationality: SINGAPORE CITIZEN		Email: SKY_WANZ@HOTMAIL.COM				
Sex: Male	Age: 39	Date of Birth: 12/01/1984	Type of informant: Rider			
Race: Malay			Language: English	Institution / School Name:		
Occupation:			Driving Licence Informa Class: 1,2B,2A,2,3	tion: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2023 08:25	Type of Location T-Junction	
Location: HOLLAND RO	DAD				
Weather: Road Clear Dry		Road Surface: Dry		Road Speed Limit: 70 Km/h	
Clear					
Clear Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	

/ehicle No.	Туре	Make	Model	Color	Conditio	No of
BQ7356P	Motorcycle	HONDA	NSS300A	White	Slightly Damaged	0
GBE2511D	Van	ТОУОТА		Grey	Slightly Damaged	0



T/20230203/7046

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20230203/7046

#### CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ7356P	FWD Singapore Pte. Ltd	PNMC2020- 00004686-02	02/12/2022	01/12/2023
Details of P	erson Involved			
Any Pedestri	an Involved: No			

Details of Perso						
Any Pedestrian I	nvolved: No					
No. of Pedestrian	Use of Pe	edestria	n Cross	sing; NA		
Rider						
Name	MUHAMMAD RIDHWAN YUSUF BIN AHMAD			ID No	D.	S8400380H
Related Vehicle	FBQ7356P (Motorcycle)			Cont	act No.	90695259
Hospital/Clinic	NIL.			Class Drivin Licen Expir	ng ice &	Class: 1,2B,2A,2,3 Date of Expiry: NIL
Date	03/02/2023	Date	03/02/2		/2023	
No. of Days gran	ted Medical Leave	Degree o	of Slight		t	
Driver						
Name	GOH KWEE JIN			ID No	э.	S1779393D
Related Vehicle	GBE2511D (Van)			Contact No.		89280501
Hospital/Clinic	NIL			Class Drivin Licen Expir	ng nce &	Class: 3 Date of Expiry: NIL
Date	03/02/2023 Date				03/02	/2023
No. of Days gran	ted Medical Leave	07	Degree o	of	NIL	

#### **Brief Details**

On 3rd February 2023 at around 0825AM, I was riding along centre lane on Holland Road towards Napier Road (At the T-junction between Holland towards Napier & Pierce Road) I had stopped my motorbike at the T-junction while the traffic light is on red. A moment later I saw on my left mirror a Grey Toyota van had moved towards the rear of my motorcycle. The van hit the rear of my motorcycle before I could react. My motorcycle moved to the left side of the road & I managed to control the motorcycle. The box on my motorcycle had flung off & drop on the road. The Toyota van then proceeded to moved forward & parked at the bustop along Holland Road opposite of Pierce Road bus stop number B11209. We then exchanged particulars with the driver(50s Male Chinese)of the Toyota van and took photos of the surrounding road and situation. After the exchange we proceed to part ways and I proceeded to seek medical advice. That is all Sir/Ma'am.



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



.....

Report No. T/20230203/7046

CONTINUATION OF REPORT



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

Informant is not able to provide sketch

Sketch Plan

T/20230203/7046

4 of 4 Report No. T/20230203/7046

CONTINUATION OF REPORT

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: 03/02/2023 14:20
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

NP168