

## 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	07/02/2023 23:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/02/2023 09:00 (SGT)
Exact Location of Accident	Near Carrier Transcold P/L, Singapore
Additional Location Information	Along Jalan Ahmad Ibrahim before BusStop B20
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ2519G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD ALIF BIN RAZALI
NRIC No	S9117257G
Email Address	muhdalifrazali@gmail.com
Mobile Phone No	(Phone) +65-91544710
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Nc750xa
Variant	NA
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	0

#### INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNMC2021-00003649-01

#### DRIVER

Name of Driver	MUHAMMAD ALIF BIN RAZALI
NRIC No	S9117257G
Date Of Birth	23/05/1991
Occupation	Indoor

Date Of Driving Pass .....	15/05/2015
Driving experience .....	7 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91544710
Alt. Phone Number .....	-
Email Address .....	muhdalifrazali@gmail.com
Address .....	HDB Tampines GreenVerge, 622B Tampines Avenue 12
Address complement .....	14-45
Postcode .....	522622
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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

##### Brief Details.

I am rider of FBJ2519G riding behind Ambulance QX1275P along Jalan Ahmad Ibrahim just before Carrier Transicold Pte Ltd building, before the overhead bridge. The ambulance missed the slip road into AYE and stopped in the middle of the road (in front of bus stop B20). I stopped too about 5m behind, to allow the ambulance to reverse and turn into slip road. However, the ambulance continued reversing and collided into me. It was a one way road and had no means to give way since the ambulance was reversing at speed. I was not able to backpedal on my motorcycle in time.

As a result, the front of wheel of my motorcycle became lodged under the ambulance rear bumper. My motorbike remained upright..This resulted in my motorcycle fork to get damaged, spilling out hydraulic oil.

The ambulance personnel came out of the vehicle to check on me and I am unhurt. I instructed the ambulance driver to slowly move forward to release my motorcycle while i stayed on my motorbike and pressing on the brakes. Once freed, i pushed my motorcycle to the side.

#### 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 ..... QX1275P  
Vehicle Manufacturer ..... Mercedes  
Vehicle Model ..... 316CDI/3665  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Government  
Name of Driver ..... MUHAMMAD AIDILFITRI BIN NGADI  
Contact Number ..... (Phone) +65-93650026  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

SKETCH PLANIMPORTANT 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 Authorised 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time:  
 07022023

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

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
 MOHAMMAD AZALY BIN ABDULLAH  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



### SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT

## DECLARATION

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

Policyholder's Signature

Date & Time: 07022023

Driver's Signature

{If driver is not the policyholder}

Date & Time:

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT DIAGRAM

Ver. Jun2022

BUS STOP

JALAN AHMAD IBRAHIM

A

AYE

A - FBJ2519G

B - QX1275P  
(REVERSING)

Policyholder's Signature / Date & Time  
7/2/23

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

Witnessed By Reporting Officer  
Mohammad Azaly Bin Abdullah

Witnessed by Reporting Centre  
Personnel

AJAX MARS PTE LTD



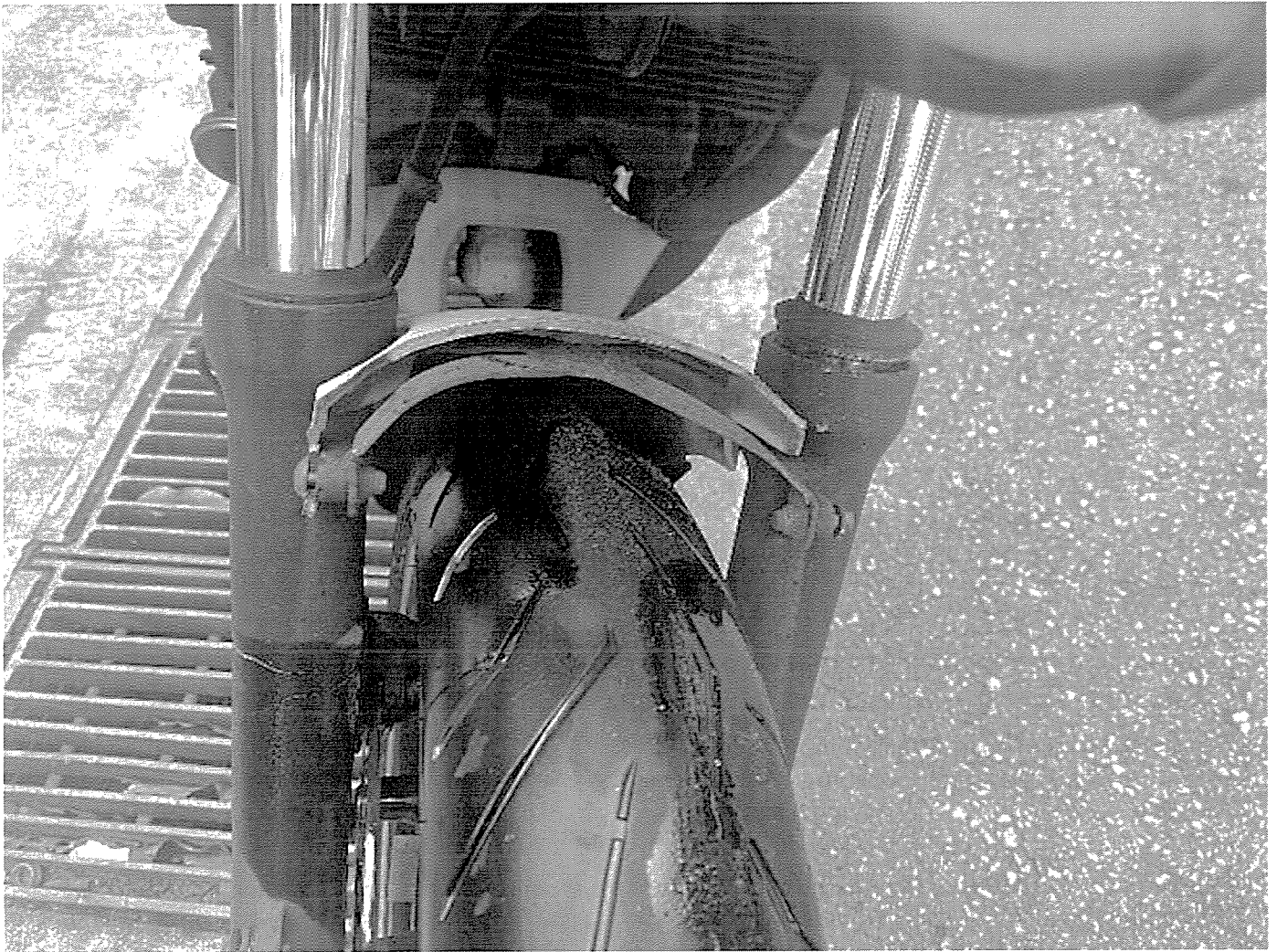




































**SINGAPORE  
POLICE FORCE**



T/20230207/7029

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

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Report No. T/20230207/7029

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/02/2023 13:42	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MUHAMMAD ALIF BIN RAZALI		Address: 622B TAMPINES AVENUE 12 #14-45 SINGAPORE 522622	
ID Type / ID No.: NRIC NO / S9117257G		Contact No.: Home/Office: Mobile: 91544710	
Nationality: SINGAPORE CITIZEN		Email: MUHDALIFRAZALI@GMAIL.COM	
Sex: Male	Age: 31	Date of Birth: 23/05/1991	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 07/02/2023 09:00	Type of Location: Slip road
Location:  JALAN AHMAD IBRAHIM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Ambulance reverse into me			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
FBJ2519G	Motorcycle	HONDA	NC750XA	White		0
QX1275P	Ambulance					0

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





**SINGAPORE  
POLICE FORCE**



T/20230207/7029

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

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Report No. T/20230207/7029

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ2519G	FWD Singapore Pte. Ltd	PNMC2021-00003649-01	21/08/2022	20/08/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD ALIF BIN RAZALI	ID No.	S9117257G
Related Vehicle	FBJ2519G (Motorcycle)	Contact No.	91544710
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	MUHAMMAD AIDIL BIN NGADI	ID No.	SXXX8679Z
Related Vehicle	QX1275P (Ambulance)	Contact No.	93650026
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

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The ambulance personnel came out of the vehicle to check on me and I am unhurt. I instructed the ambulance driver to slowly move forward to release my motorcycle while i



**SINGAPORE  
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T/20230207/7029

Police Station Of Origin:  
Traffic Police  
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Report No. T/20230207/7029

**CONTINUATION OF REPORT**

stayed on my motorbike and pressing on the brakes. Once freed, i pushed my motorcycle to the side.



**SINGAPORE  
POLICE FORCE**



T/20230207/7029

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

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Report No. T/20230207/7029

## 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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

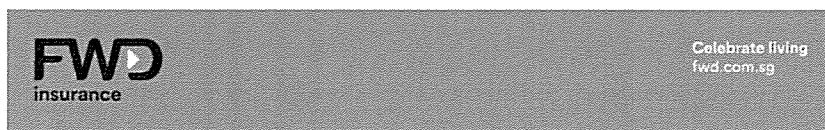
Signature Of Informant:

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

Date/Time:  
07/02/2023 13:42

Classification Of Case:

NP168



## Your third party 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 : PNMC2021-00003649-01

## About this policy


Premium paid : S\$286.49  
(Inclusive of GST)  
Who is insured to ride: : You Only  
Coverage start date : 21/08/2022  
Coverage end date : 20/08/2023

## About you (As the policyholder)

Your name : Muhammad Alif Bin Razali  
Address : 622B Tampines Avenue 12 14-45 Singapore 522622  
Email : muhdalifrazali@gmail.com  
NRIC/FIN : S9117257G  
Current no claims discount : 10%  
Years of riding experience : >=3  
Date of birth : 23/05/1991  
Gender : Male  
Mobile number : 91544710  
Certificate of merit : Yes

## About your motorcycle

Motorcycle make and model : Honda NC750X  
Motorcycle plate number : FB12519G  
Year of first registration : 2014  
Overseas booster : No  
Daily transport allowance : No  
Hospitalisation expenses due to accident : No  
Issued on : 18/08/2022  
Authorised rider : No

  
Khor Kee Eng  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions  
and exclusions of this policy.

Please immediately inform us at +65-6870-0000  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if  
this Motorcycle Insurance Summary

FWD Singapore Pte Ltd, 6 Temasek Boulevard, #18-01 Suntec Tower A, Singapore 038986 T (65) 6870 8888. Registration No. 200501

