

# 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.

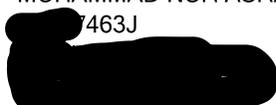
## ACCIDENT STATEMENT

Date of Submission ..... 11/02/2023 00:56 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 29/12/2022 09:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Woodland ave 1  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBG9654T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMMAD NUR ASRAF BIN BAHARULHISHAM  
NRIC No ..... 7463J  
Email Address .....   
Mobile Phone No .....   
Alternative Phone No ..... -

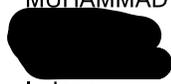
### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... YZF-R6  
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 ..... Auto  
CC ..... 1000

### INSURANCE COMPANY

Name of Insurance Company ..... FWD Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... PNMC2022-00002550

### DRIVER

Name of Driver ..... MUHAMMAD NUR ASRAF BIN BAHARULHISHAM  
NRIC No .....   
Date Of Birth .....   
Occupation ..... Indoor

Date Of Driving Pass .....	24/10/2017
Driving experience .....	5 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	[REDACTED]
Alt. Phone Number .....	-
Email Address .....	[REDACTED]
Address .....	[REDACTED]
Address complement .....	[REDACTED]
Postcode .....	[REDACTED]
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 - Change/cross lane
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 .....	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

On the stated date and time I vehicle FBG9654T was travelling straight along the right of 2 lanes of Woodlands Ave 1 towards Champions Way.

As I was approaching a bus stop, I noticed that there were 2 buses, one behind the other. The 1st bus was already moving out of the bus stop and was in between the bus bay and the left of 2 lane.

SG6114D, which was the bus behind the first, which was in the bus bay, did not follow the 1st bus and instead, overtook the 1st bus swerving out into the right of 2 lanes abruptly.

It happened right in front of me and caught me completely by surprise.

Hence, I immediately jammed on my brake to avoid collision to no avail. I collided onto the right rear portion of the said bus.

The left side of my bike slammed onto the right rear of the bus before I was flung to my right .

I landed hard onto the kerb on my right.

The said bus did not stop and drove off.

Fortunately, some passerbys managed to stop the said bus.

TP and ambulance came and I was conveyed to KTPH A&E.

I was treated for injuries on my left shoulder and left knee.

I was later discharge in the afternoon with 5 days MC.

When I reached home I started to develop pain on my neck. Back, left forearm and right hip areas.

I will be seeking further treatment soon.

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 .....	SG6114D
Vehicle Manufacturer .....	Man
Vehicle Model .....	A95
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	Li Jiafu
NRIC No .....	[REDACTED]
Contact Number .....	-
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 NUR ASRAF BIN BAHARULHISHAM
Gender .....	Male
Phone No .....	[REDACTED]
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBG9654T
Were seat belts worn? .....	No
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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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:

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

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**MOHAMED SHARIL BIN SATAR**

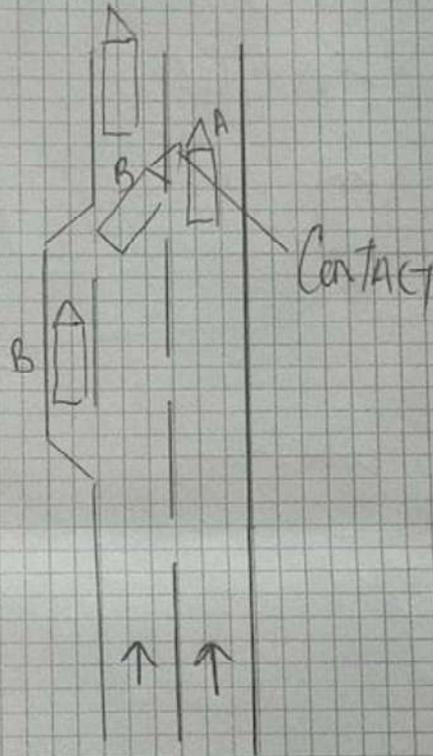
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

ACCIDENT DIAGRAM

Ver. 30042021

A-FBG9654T

B-SG6114D



Woodlands  
Ave 1

Policyholder's Signature  
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SHARIL BIN SATAR

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:

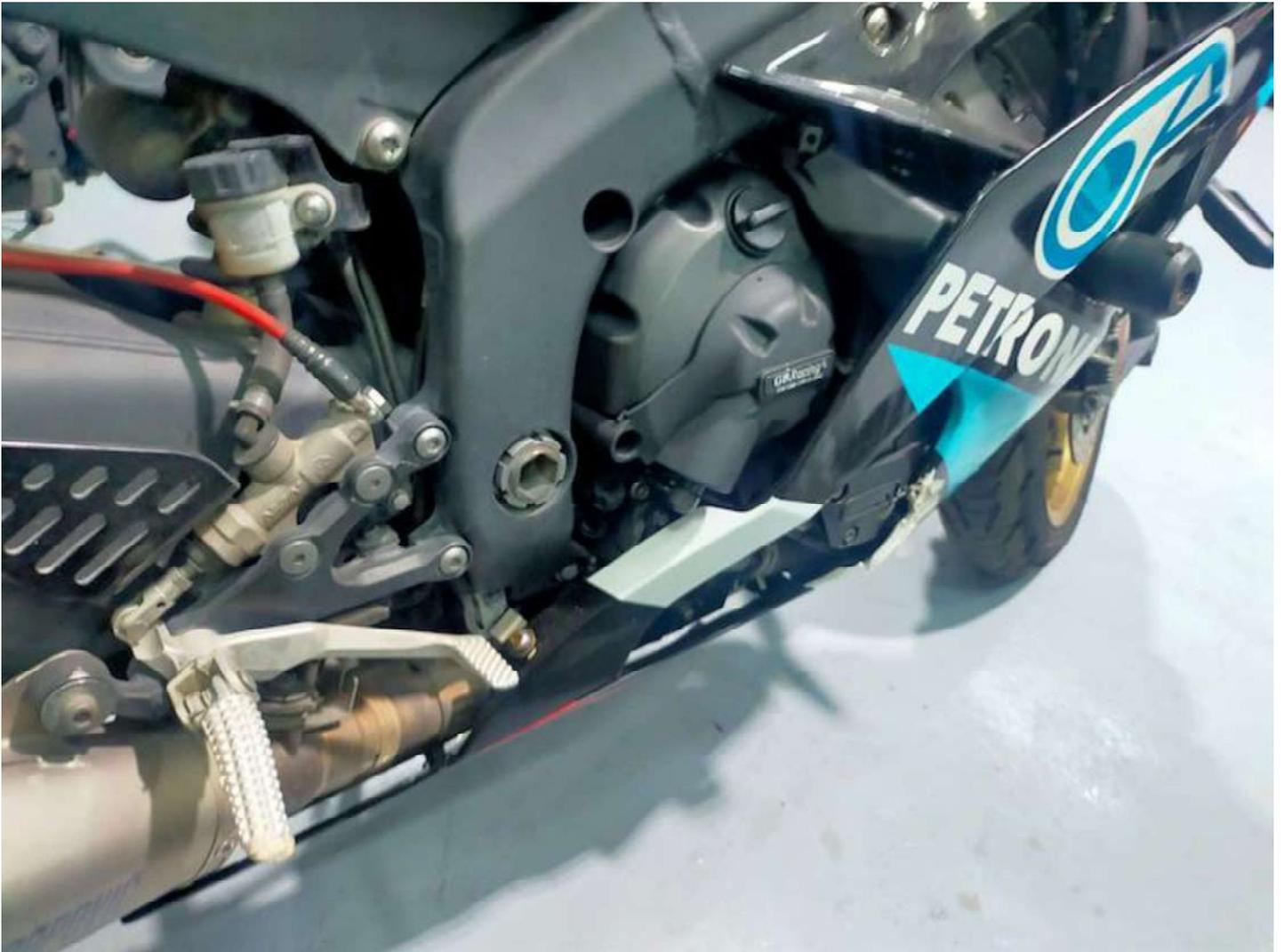
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SHARIL BIN SATAR**

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



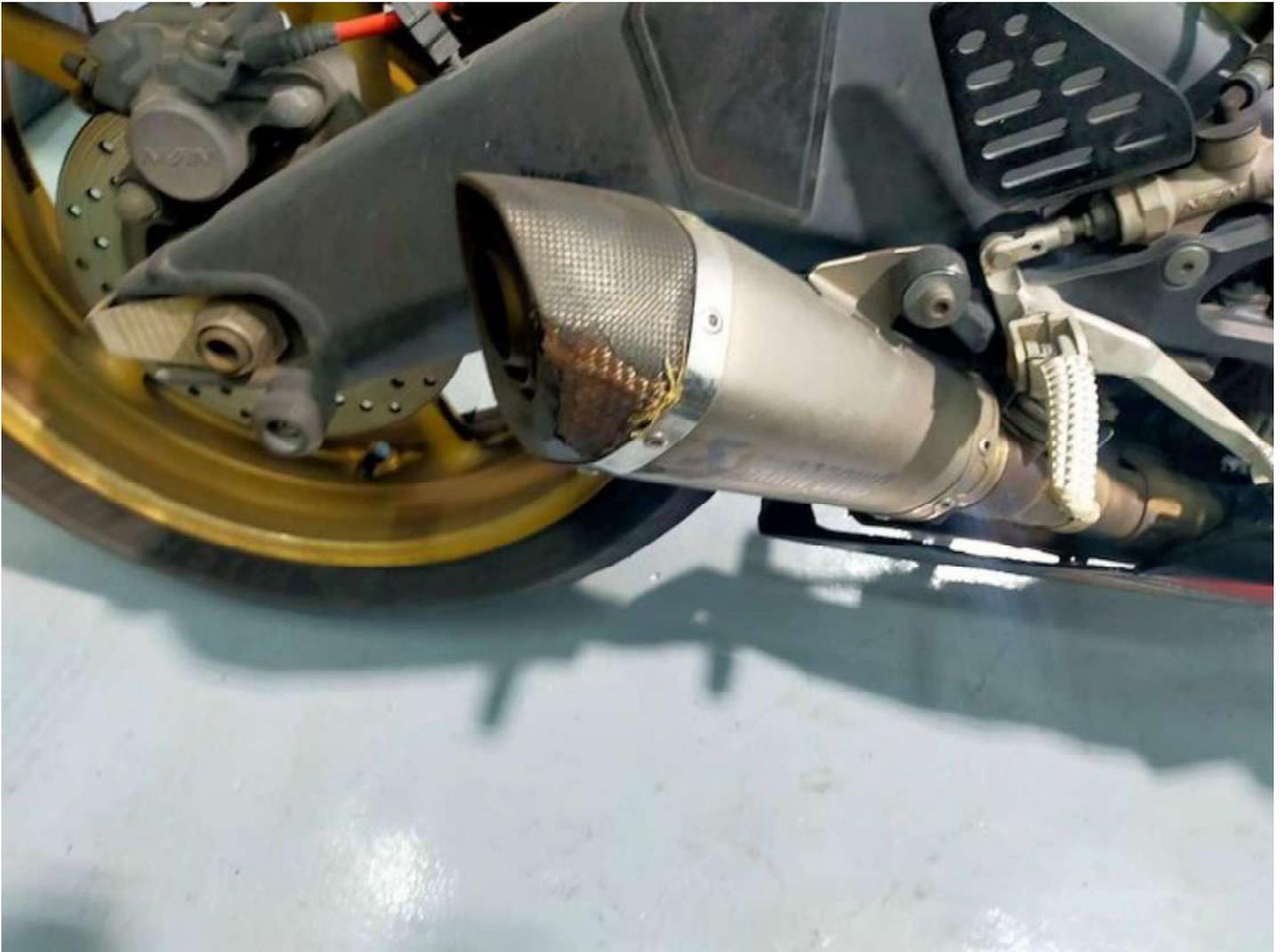
































**SINGAPORE  
POLICE FORCE**



T/20221229/7069

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

1 of 4

Report No. T/20221229/7069

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/12/2022 21:51	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MUHAMMAD NUR ASRAF BIN BAHARULHISHAM		Address: [REDACTED]	
ID Type / ID No.: NRIC NO [REDACTED]		Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED]	
Nationality: SINGAPORE CITIZEN		Email: NYJ2482@GMAIL.COM	
Sex: Male	Age: 29	Date of Birth: [REDACTED]	
Race: Malay		Language: English	Institution / School Name:
Occupation: Technician		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/12/2022 09:15	Type of Location:
Location: WOODLANDS AVENUE 1				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG9654T	Motorcycle	YAMAHA	YZF-R6	Blue		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG9654T	FWD Singapore Pte. Ltd	PNMC2022-00002550	06/06/2022	05/06/2023



**SINGAPORE  
POLICE FORCE**



T/20221229/7069

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

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Report No. T/20221229/7069

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD NUR ASRAF BIN BAHARULHISHAM	ID No.	[REDACTED]
Related Vehicle	FBG9654T (Motorcycle)	Contact No.	[REDACTED]
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

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**SINGAPORE  
POLICE FORCE**



T/20221229/7069

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

3 of 4  
Report No. T/20221229/7069

**CONTINUATION OF REPORT**

areas.

I will be seeking further treatment soon.



**SINGAPORE  
POLICE FORCE**



T/20221229/7069

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

4 of 4

Report No. T/20221229/7069

**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 /  
YAN MINGSHENG DANIEL  
Contact No.: 65476252

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

Date/Time:  
29/12/2022 21:51

Classification Of Case:

NP168



Celebrate living  
fwd.com.sg

### 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: PNMC2022-00002550**

Plan name: Third Party

Motorcycle plate number: FBG9654T

Your name (As the policyholder): Muhammad Nur Asraf Bin Baharulhisham

Coverage start date: 06/06/2022

Coverage end date: 05/06/2023

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

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.

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

Issued on: 06/06/2022

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**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.