

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 28/12/2022 23:12 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 24/12/2022 23:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information QUEENSWAY TOWARDS COMMONWEALTH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS1568Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SYED GAMAL ABDOL NASIR BIN SYED OMAR
NRIC No S8738340G
Email Address 20seven.bp@gmail.com
Mobile Phone No (Phone) +65-87510328
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Aerox
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 0

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number PNMC2022-00000309

DRIVER

Name of Driver SYED GAMAL ABDOL NASIR BIN SYED OMAR
NRIC No S8738340G
Date Of Birth 30/11/1987
Occupation Indoor

| | |
|--|----------------------------|
| Date Of Driving Pass | 24/03/2007 |
| Driving experience | 15 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87510328 |
| Alt. Phone Number | - |
| Email Address | 20seven.bp@gmail.com |
| Address | 746, JURONG WEST STREET 73 |
| Address complement | #11-105 |
| Postcode | S640746 |
| 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? | 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 | Nanyang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18007929999 |
| Alt. Police Station Phone No | (Fax) +65-67912972 |
| Police Station Address | No. 2 Jurong West Avenue 5 Singapore 649482 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO T/20221227/2099 LODGE AT NANYANG NPC ON 24/12/2022 AT AROUND 2300HRS, I WAS RIDING MY MOTORCYCLE BEARING VEHICLE REGISTRATION NO. FBS1568Z ON LANE 3 ALONG QUEENSWAY, OUTSIDE OF QUEENSWAY SHOPPING CENTRE HEADING TOWARDS PORTSDOWN AVE. I WAS TRAVELLING AROUND 50KM/H. AS I WANTED TO MAKE A U-TURN TO PROCEED TO AN ESSO PETROL STATION LOCATED ON THE OTHER SIDE OF THE ROAD, I PROCEEDED TO LANE CHANGE TO LANE 1. BEFORE I MADE THE LANE CHANGE, I WISH TO STATE THAT I DID ALL THE NECESSAARY CHECKS TO MY MIRRORS AND BLIND SPOT. I NOTICED THAT THERE WAS A RED-COLORED TAXI TRAVELLINNG ALONG LANE 2. AS THE TAXI WAS QUITE A DISTANCE BEHIND, I DECIDED THAT IT WAS SAFE FOR ME TO LANE CHANGE. I MADE THE LANE CHANGE FROM LANE 3 TO LANE 2 WHEN SUDDENLY, I FELT AN IMPACT TO THE REAR OF MY MOTORCYCLE AS THE TAXI HAD HITME. I WAS THEN THROWN OFF MY BIKE. THE TAXI DRIVER THEN GOT OUT OF HIS TAXI. AFTER A WHILE, THE TRAFFIC POLICE AND AMULANCE CAME DOWN. I WAS SUBSEQUENTLY CONVEYED TO NUH. I WAS ADMITTED ON 25/12/2022 AND DISCHARGED ON 26/12/2022. I WAS GIVEN 30 DAYS OF HOSPITALIZATION LEAVE FROM 25/12/2022 TO 23/01/2023. I WAS INFORMED BBY THE DOCTOR THAT I SUFFERED SOME LOWER BACK SPINAL CORD INJURY, AND MY RIGHT ANKLE HAD EITHER SOME SWELLING OR A FRACTURE, I WILL BE GOING TO THE HOSPITAL AGAIN FOR SOME FOLLOW-UP REGARDING MY RIGHTANKLE. I AM NOT SURE OF THE DAMAGES THAT MY MOTORCYCLE SUFFERED AS I HAVE NOT SEEN MY MOTORCYCLE SINCE THE DAY OF THE ACCIDENT. I WAS CONTACTED BY TP IO VILTON WHO WAS IN CHARGE OF MY CASE. I CONTACTED THE TRAFFIC POLICE HOTLINE AS I WANTED TO GET THE REGISTRATION NO OF THE TAXI AND THEY PROVIDED ME WITH THIS REFERENCE NO. TP/IP/34809/2022

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 NA
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour Red
 Vehicle Category Taxi
 Name of Driver NO DETAIL
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 2

PASSENGER 1

Name NO DETAIL
 Gender Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person SYED GAMAL ABDOL NASIR BIN SYED OMAR
 Gender Male
 Phone No (Phone) +65-87510328
 Address 746, JURONG WEST STREET 73
 Address Complement #11-105
 Post Code S640746
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? FBS1568Z
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

Describe Circumstances of the Accident

AS PER ATTACHED POLICE REPORT LODGED AT NANYANG NPC. VIDE REPORT NO T/20221227/2099.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

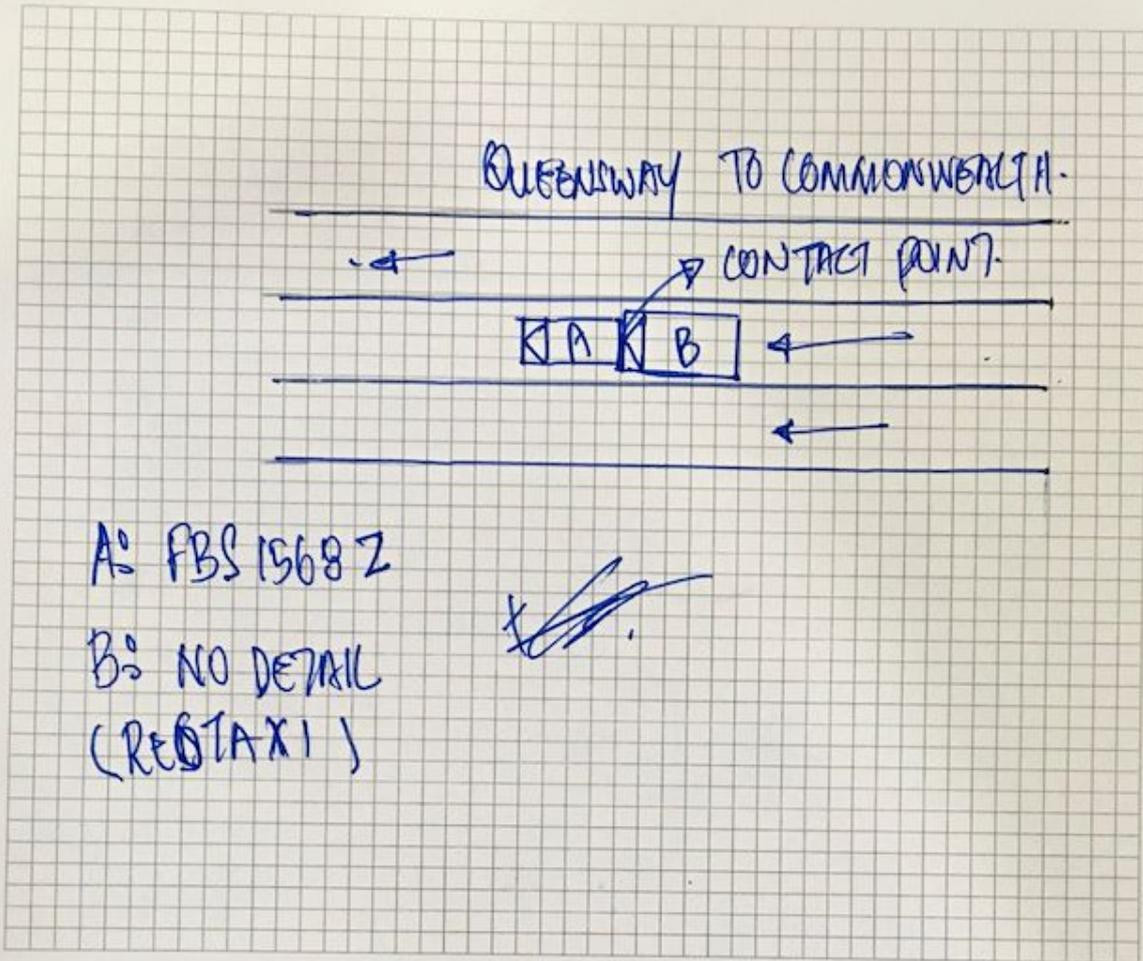
Driver's Signature (If driver is not the policyholder) / Date
& Time

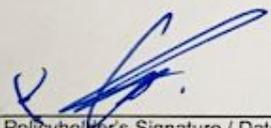
Witnessed By Reporting Officer
Hashim Bin Kamari

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

Ver. Jun2022




Policyholder's Signature / Date & Time


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

Witnessed By Reporting Officer
Hashim Bin Kamari
Witnessed by Reporting Centre
Personnel






























**SINGAPORE
POLICE FORCE**


T/20221227/2099

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20221227/2099

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 27/12/2022 17:12 | Vide Report No.: | Station Diary No.: 79 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|---|------------|---|-----------------------------|
| Name of Informant: SYED GAMAL ABDOL NASIR BIN SYED OMAR | | Address: APT BLK 746 JURONG WEST STREET 73 #11-105 SINGAPORE 640746 | |
| ID Type / ID No.: NRIC NO / S8738340G | | Contact No.: | Mobile: 87510328 |
| Nationality: SINGAPORE CITIZEN | | Email: 20seven.bp@gmail.com | |
| Sex: Male | Age: 35 | Date of Birth: 30/11/1987 | Type of Informant: Rider |
| Race: Arab | | Language: | Institution / School Name: |
| Occupation: TECHNICAL OPERATIONS SUPERVISOR | | Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|---------------------------------|------------------------------------|---|------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 24/12/2022 23:00 | Type of Location: Straight Road |
| Location: QUEENSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|---------------------|-------|----------------------|-----------------|
| FBS1568Z | Motorcycle | YAMAHA | AEROX155 ABS CVT | Black | Seriously Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|------------------------|-----------------------|------------|-------------|
| FBS1568Z | FWD Singapore Pte. Ltd | PNMC2022- 00000309 | 26/01/2022 | 26/01/2023 |

D/20221224/0176



**SINGAPORE
POLICE FORCE**



T/20221227/2099

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3
Report No. T/20221227/2099

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|--------------------------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | SYED GAMAL ABDOL NASIR BIN SYED OMAR | ID No. | S8738340G |
| Related Vehicle | FBS1568Z (Motorcycle) | Contact No. | 87510328 |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4 Date of Expiry: NIL |
| Date Treatment | 25/12/2022 | Date Discharge | 26/12/2022 |
| No. of Days granted Medical Leave | 30 | Degree of Injury | NIL |

Brief Details.

On 24/12/2022 at around 2300hrs, I was riding my motorcycle bearing vehicle registration no. FBS1568Z on Lane 3 along Queensway, outside of Queensway Shopping Centre heading towards Portsdown Ave. I was travelling around 50km/h. As I wanted to make a U-Turn to proceed to an ESSO petrol station located on the other side of the road, I proceeded to lane change to Lane 1. Before I made the lane change, I wish to state that I did all the necessary checks to my mirrors and blind spot. I noticed that there was a red-colored taxi travelling along Lane 2. As the taxi was quite a distance behind, I decided that it was safe for me to lane change. I made the lane change from Lane 3 to Lane 2 when suddenly, I felt an impact to the rear of my motorcycle as the taxi had hit me. I was then thrown off my bike. The taxi driver then got out of his taxi.

After a while, the Traffic Police and ambulance came down. I was subsequently conveyed to NUH. I was admitted on 25/12/2022 and discharged on 26/12/2022. I was given 30 days of hospitalization leave from 25/12/2022 to 23/01/2023. I was informed by the doctor that I suffered some lower back spinal cord injury, and my right ankle had either some swelling or a fracture. I will be going to the hospital again for some follow-up regarding my right ankle. I am not sure of the damages that my motorcycle suffered as I have not seen my motorcycle since the day of the accident.

I was contacted by TP IO Vilton who was in charge of my case.

I contacted the Traffic Police Hotline as I wanted to get the registration no. of the taxi and they provided me with this reference no.: TP/IP/34809/2022.



**SINGAPORE
POLICE FORCE**



T:20221227/2099

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T:20221227/2099

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

JJ
SCCPL RIFQI RIFA'IE BIN
RIDZUAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/12/2022 17:12

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT Ahmad Syafiq Bin Harris
Contact No.: 65476201

Classification Of Case:

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA1D22CR000Q Vehicle Registration No: FBS1568Z
 Name (as shown in NRIC) : SYED GAMAL ABDOL NASIR BIN SYED OMAR NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 746, JURONG WEST STREET 73 #11-105 S640746 Singapore()
 Contact (Tel) : _____ Mobile No. : 87510328
 Email Address : 20seven.bp@gmail.com
 Date of Accident : 24/12/2022 Time of Accident : 23:00 (SGT)
 Place of Accident : QUEENSWAY TOWARDS COMMONWEALTH
 Insurance Company: FWD Singapore Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ATTACHED PICS

 Policyholder / Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name: THRUGA
 NRIC/FIN No.:
 Date: 31/12/2022

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: **PNMC2022-00000309**

Plan name: Third Party

Motorcycle plate number: **FBS1568Z**

Your name (As the policyholder): **Syed Gamal Abdol Nasir Bin Syed Omar**

Coverage start date: **26/01/2022**

Coverage end date: **25/01/2023**

Covered geographical area: **Singapore, West Malaysia and Southern Thailand**

Who is insured to ride: **You Only**

Finance company:

Important things to know:

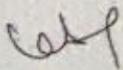
Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by us. These documents should be read together as one. You must make sure that any person you give permission to ride Your Motorcycle understands your duties under this Policy 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.

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

Issued on: **14/01/2022**



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.