

SA1B232O0003 / AH LIM MOTOR COMPANY (BRANCH)
ENTRY DATE & TIME: 24/02/2023 18:09 (SGT)
SUBMITTED BY: GERALD CHEW
VERSION: 1 (24/02/2023 18:09 (SGT))

Your NCD will be affected due to late reporting

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	24/02/2023 18:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/02/2023 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	QUEENSWAY HEADING TOWARDS FARRER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7104L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD SHARUL IZWAN BIN SIDI
NRIC No	SXXXX545E
Email Address	SHAMLIZWAN11@GMAIL.COM
Mobile Phone No	(Phone) +65-96192060
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	FZ 8
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	Manual
CC	800

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNMC2022-00004242

DRIVER

Name of Driver	MUHAMMAD ZHARUL AFFIAN BIN SIDI
NRIC No	TXXXX849D
Date Of Birth	12/09/2000
Occupation	Indoor

Date Of Driving Pass	04/06/2021
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91125777
Alt. Phone Number	-
Email Address	ZHARUL80@GMAIL.COM
Address	BLK 749 WOODLANDS CIRCLE #02-606
Address complement	-
Postcode	730749
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	BROTHER
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	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN AND POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK747C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	LIM BIN HWEE
NRIC No	SXXXX503I
Contact Number	(Phone) +65-97611069
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 ZHARUL AFFIAN BIN SIDI
Gender	Male
Phone No	(Phone) +65-91125777
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INJURIES IN THE LEFT KNEE AND HEAD AREA
Injured person in which vehicle?	FBJ7104L
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	EBBY TAUFIQ
Phone	(Phone) +65-87760466
Email	-

Date of accident: 21/02/2023 Time: 16:00 HR Location: Queensway towards Farrer Rd
My Vehicle A: FBJ 7104L Vehicle B: SJK 447C Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident

Refer to police report.

Note: Please take note that your insurer have 15 days time frame for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

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

Policyholder's Signature / Date & Time

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

Witnessed by Register Clerk
Personnel

MARKETING 302290

