

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	10/04/2023 16:40 (SGT)
Reported by	Actual Driver
Date of Accident	31/03/2023 12:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JELEBU ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG5089B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMAD FIRDAUS BIN MOHAMAD SHAH
NRIC No	S8851419Z
Email Address	farihin38@gmail.com
Mobile Phone No	(Phone) +65-93256509
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	JUPITER MX (HC)
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
CC	134

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNMC2022-00003656

DRIVER

Name of Driver	MUHAMMAD FARIHIN BIN ARIS
NRIC No	S8737986H
Date Of Birth	12/11/1987
Occupation	Outdoor

Date Of Driving Pass	21/04/2010
Driving experience	12 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88415801
Alt. Phone Number	-
Email Address	farihin38@gmail.com
Address	Blk 640A
Address complement	#05-281
Postcode	671640
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	No
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

ON THE 31/03/2023 AT ABOUT 12.50PM, I WAS RIDING MY MOTORCYCLE NO: FBG 5089 B TRAVELLING ALONG BUKIT PANJANG RING ROAD INTENDING TO GO STRAIGHT TO JELEBU ROAD AND CAME TO A STOP AT THE TRAFFIC LIGHT JUNCTION OF BUKIT PANJANG RING ROAD AND BUKIT PANJANG ROAD, AS THE TRAFFIC LIGHT WAS RED. WHILE I WAS AT STATIONARY POSITION ALL OF A SUDDEN, I WAS VIOLENTLY HIT FROM BEHIND BY A SMRT BUS NO: SMB 3587 P THAT PUSHED MY MOTORCYCLE FORWARD INTO THE SAID JUNCTION.

I FELT GREAT PAIN ON MY NECK AND LOWER BACK AS THE RESULT OF THE VIOLENT IMPACT BY THE BUS FROM BEHIND AND THE BACK OF MY MOTORCYCLE WAS ALSO DAMAGED. THE DRIVER HAS GIVEN ME A WRITTEN CONFESSION THAT HE IS AT FAULT AND ADMITTED THAT HE BANG ME FROM BEHIND. I WENT TO SEEK MEDICAL TREATMENT FOR MY INJURIES TO MY NECK AND LOWER BACK AND WAS GIVEN 3 DAYS MC. I ENCLOSED HERewith MY 3 DAYS MC AND THE WRITTEN CONFESSION BY THE DRIVER SMRT BUS NO: SMB 3587 P.

I WISH TO CLAIM FOR MY PERSONAL INJURIES, DAMAGES TO MY MOTORCYCLE AND CONSEQUENTIAL LOSS AGAINST THE INSURANCE COMPANY OF THE SMRT BUS NO: SMB 3587 P.

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 SMB3587P
 Vehicle Manufacturer Alexander Dennis
 Vehicle Model ENVIRO500
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus
 Name of Driver -
 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 FARIHIN BIN ARIS
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old 35
 Injuries Sustained -
 Injured person in which vehicle? FBG5089B
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No



SKETCH PLAN

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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.
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/are 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.

[Handwritten Signature]

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Aizam Bin Atan
Witnessed by Reporting Centre Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

PLEASE REFER TO THE POLICE REPORT

Declaration

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

Policyholder's Signature / Date &
Time

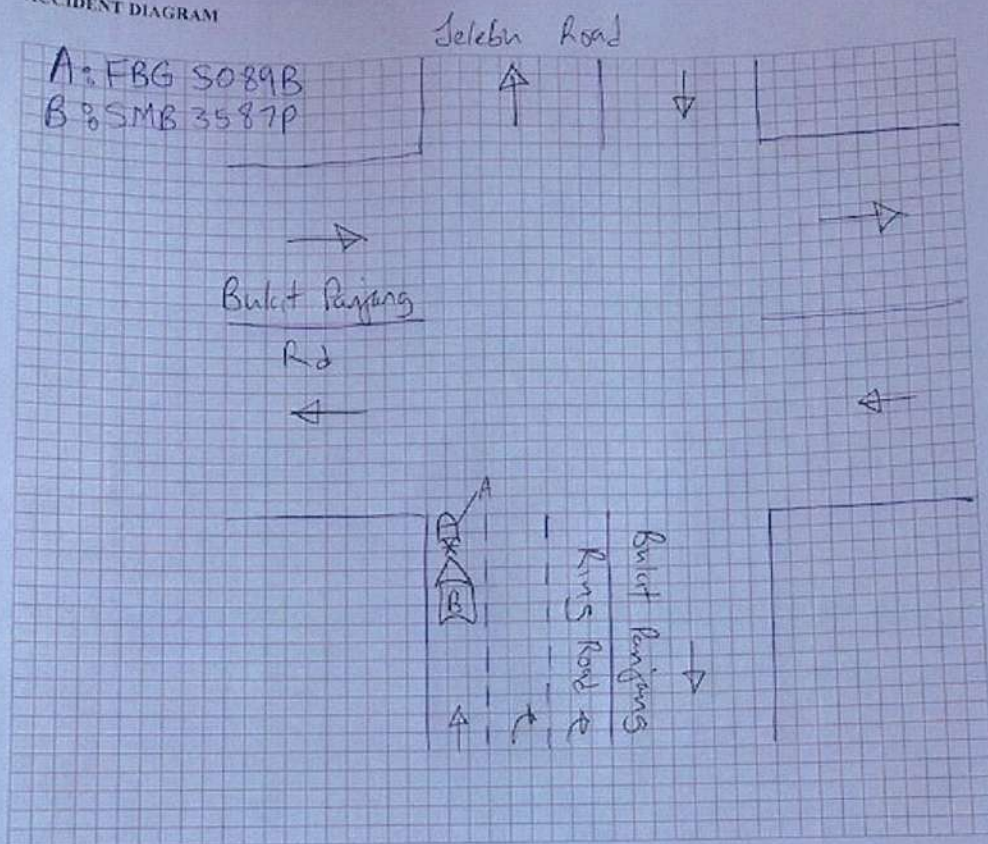
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed By Reporting Officer
Aizam Bin Atan

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
Aizam Bin Atan

Witnessed by Reporting Centre Personnel

AJAX MARS PTE LTD







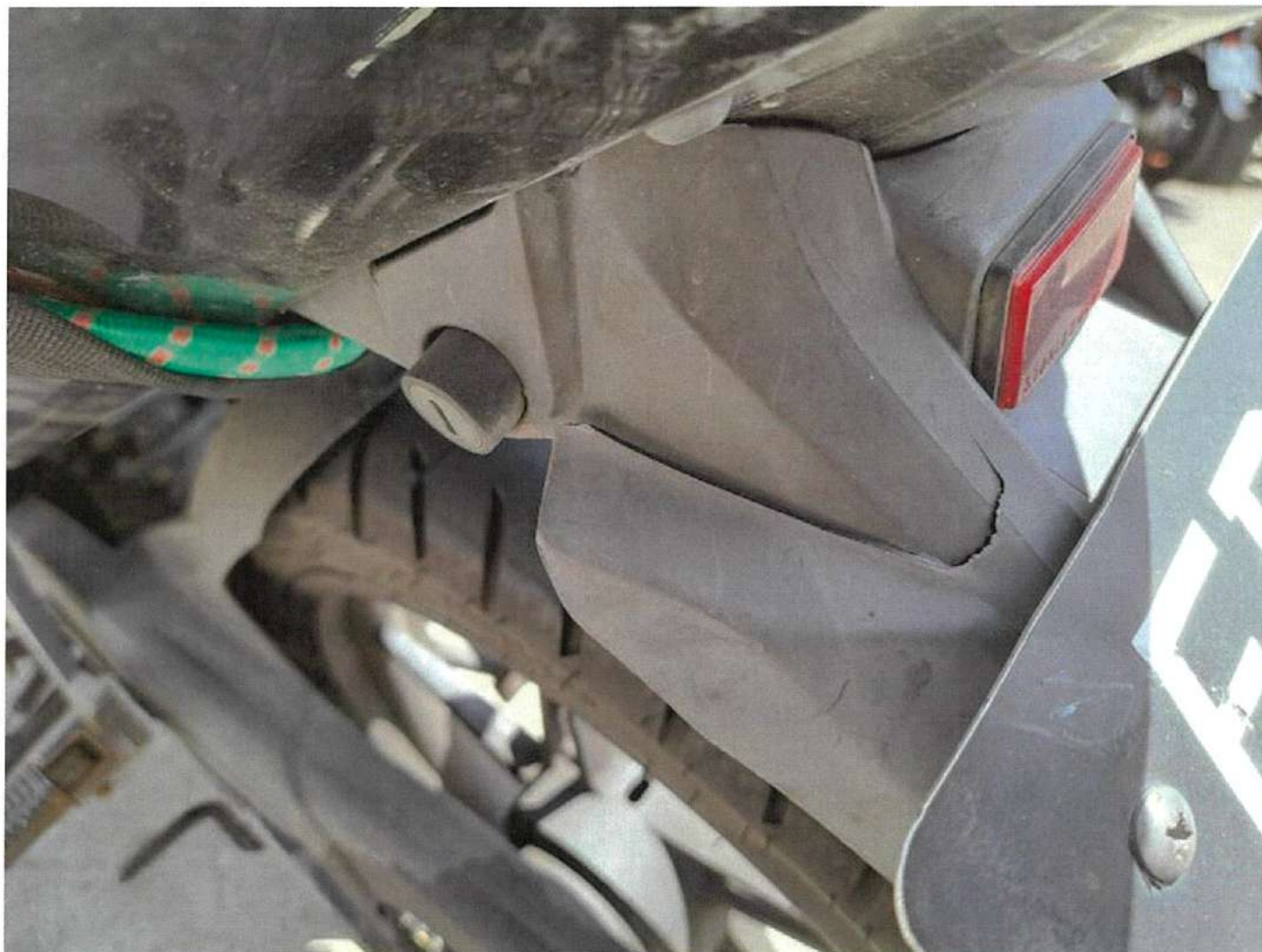








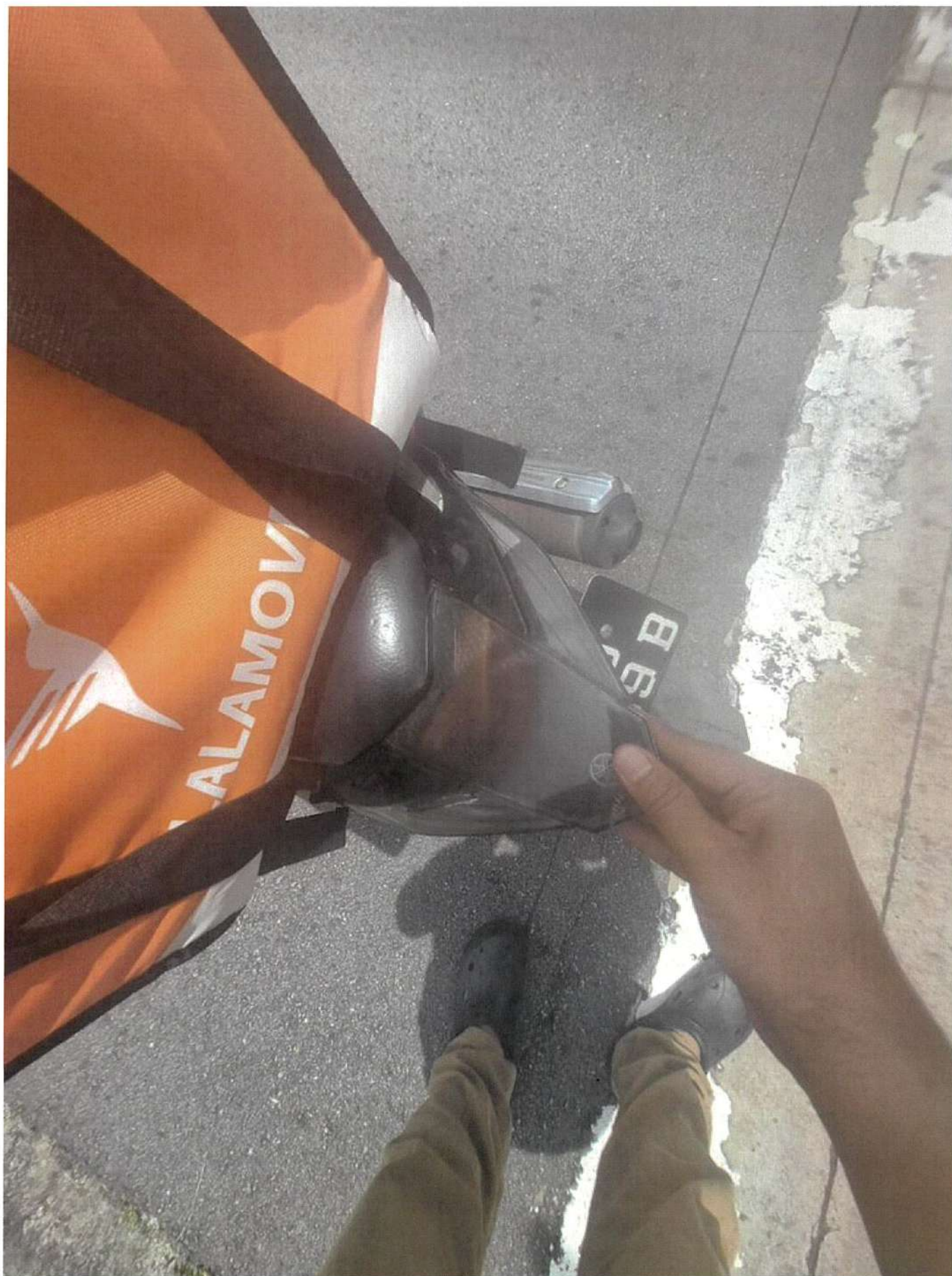


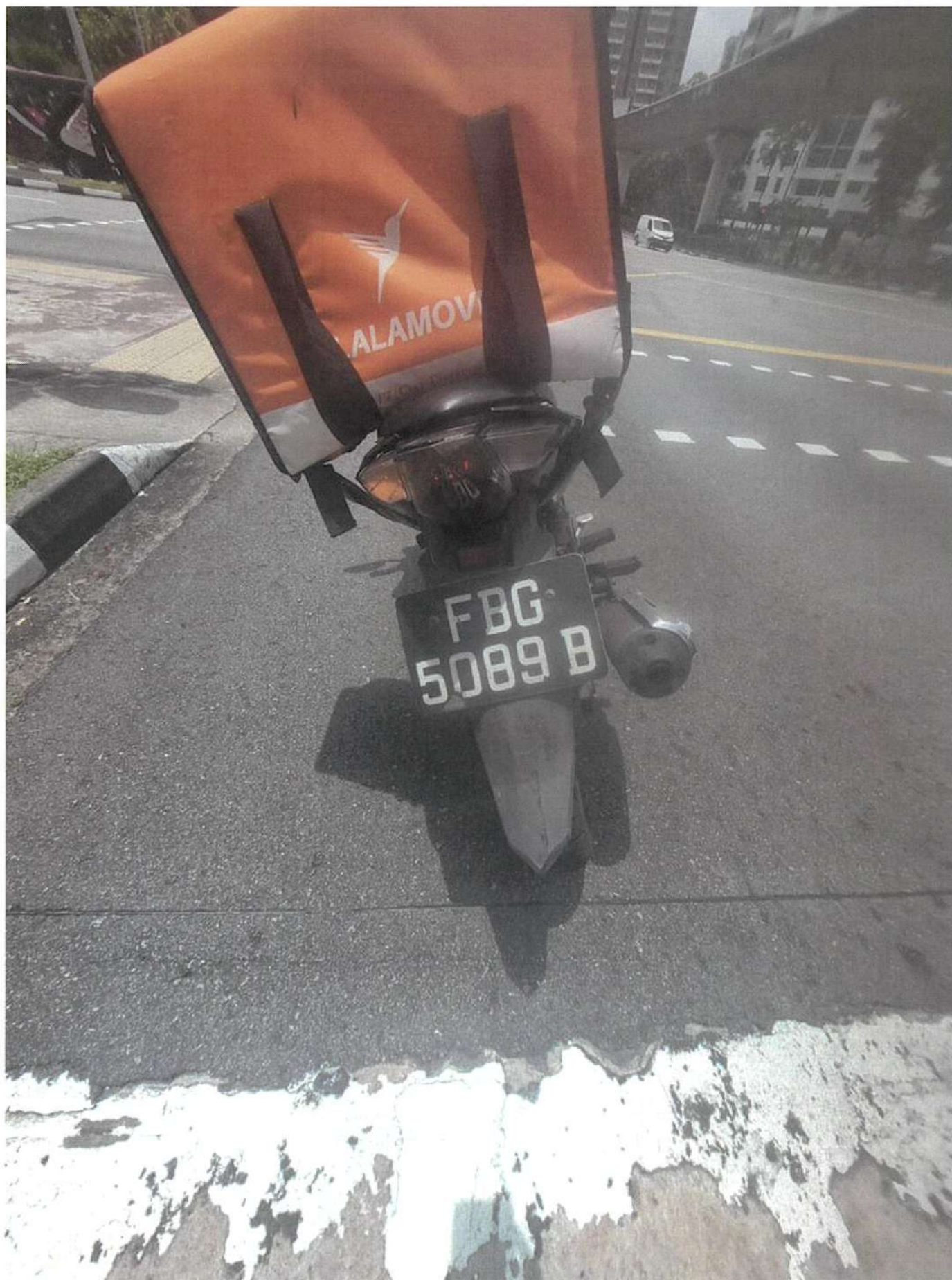




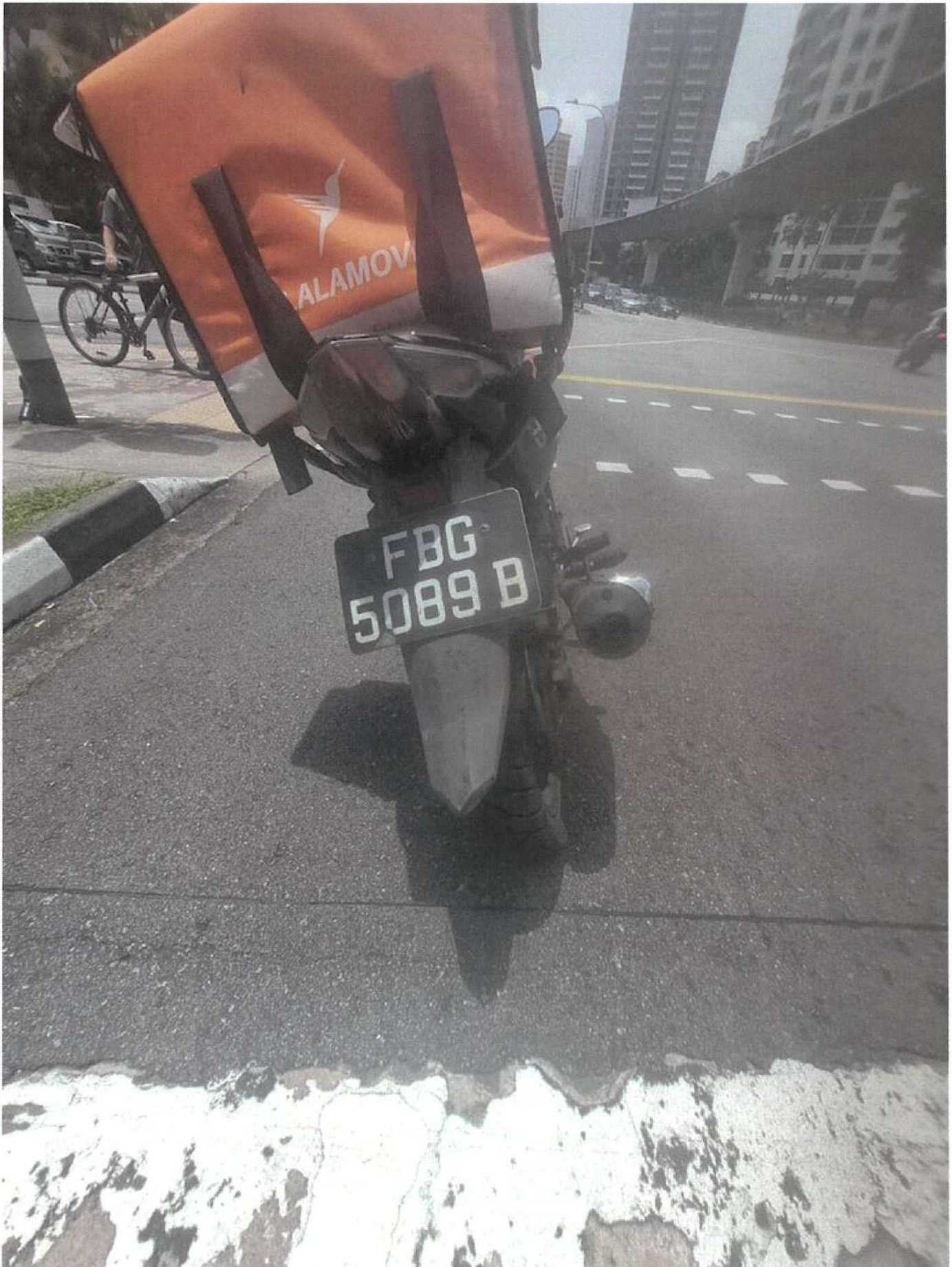














**SINGAPORE
POLICE FORCE**



T/20230331/7055

1 of 3

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

Report No. T/20230331/7055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/03/2023 16:16	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD FARIHIN BIN ARIS			Address: 640A SENJA CLOSE #05-281 SINGAPORE 671640	
ID Type / ID No.: NRIC NO / S8737986H			Contact No.: Home/Office: Mobile: 88415801	
Nationality: SINGAPORE CITIZEN			Email: FARIHIN38@GMAIL.COM	
Sex: Male	Age: 35	Date of Birth: 12/11/1987	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: GRABFOOD RIDER			Driving Licence Information: Class: 2B,3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/03/2023 12:50	Type of Location: X-Junction
Location: JELEBU ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG5089B	Motorcycle					0
SMB3587P	Bus/Coach/Mi nibus					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230331/7055

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

2 of 3
Report No. T/20230331/7055

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD FARIHIN BIN ARIS	ID No.	S8737966H
Related Vehicle	FBG5089B (Motorcycle)	Contact No.	88415801
Hospital/Clinic	FAMILY CARE CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: 2B,3A Date of Expiry: Nil
Date	31/03/2023	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the 31/03/2023 at about 12.50 pm, I was riding my motorcycle no. FBG 5089 B travelling along Bukit Panjang Ring Road intending to go straight to Jelapah Road and came to a stop at the traffic light junction of Bukit Panjang Ring Road and Bukit Panjang Road, as the traffic light was red. While I was at stationary position, all of a sudden, I was violently hit from behind by a SMRT bus no. SMB 3587 P that pushed my motorcycle forward into the said junction.

I felt great pain on my neck and lower back as the result of the violent impact by the bus from behind and the back of my motorcycle was also damaged. The driver has given me a written confession that he is at fault and admitted that he bang me from behind. I went to seek medical treatment for my injuries to my neck and lower back and was given 3 days MU. I enclosed herewith my 3 days MU and the written confession by the driver of SMRT bus no. SMB 3587 P.

I wish to claim for my personal injuries, damages to my motorcycle and consequential loss against the insurance company of the SMRT bus no. SMB 3587 P.



**SINGAPORE
POLICE FORCE**



T/20230331/7055

3 of 3

Report No. T/20230331/7055

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

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

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

Date/Time:
31/03/2023 16:16

Classification Of Case:



Celebrate living
fwd.com.sg

Your FWD Motorcycle insurance summary

**Please call +65-6322-2072 for FWD Overseas 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 : PNMC2022-00003656

About this policy

Premium paid (Inclusive of GST)	: S\$ 219.6	Coverage Start Date	: 13/08/2022
Who is insured to ride	: You only and any	Coverage End Date	: 12/08/2024
Authorised Rider			

About you (As the policyholder)

Your name	: Muhamad Firdaus Bin Mohamad Shah		
Address	: 510 Bedok North Street 3 03-39 Hdb 460510		
Email	: fiziawzan@gmail.com		
NRIC/FIN	: S8851419Z	Gender	: Male
Current No claim discount	: 20%	Mobile Number	: 93256509
Year of riding experience	: >=3	Certificate of merit	: Yes
Date of birth	: 28/12/1988		

About your motorcycle

Motorcycle make and model	: Yamaha Jupiter MX(HC) 134	Year of first registration	: 2012
Motorcycle plate number	: Fbg5089b	Authorised rider	: Yes
Overseas booster	: Not Applicable	Hospitalisation expenses due to accident	: Not
Daily transport allowance	: Not Applicable	Applicable	
Issued on	: 10/08/2022		