

# 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 .....	03/05/2023 12:55 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	25/04/2023 09:00 (SGT)
Exact Location of Accident .....	SLE, Singapore
Additional Location Information .....	TOWARDS CTE AFTER WOODLANDS AVENUE 12
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBR809R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD RIDZWAN BIN HASHIM
NRIC No .....	SXXXX657I
Email Address .....	ridzwan.tucker@live.com
Mobile Phone No .....	(Phone) +65-97888947
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	T150
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 .....	150

### INSURANCE COMPANY

Name of Insurance Company .....	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	PNMC2021-00000752-02

### DRIVER

Name of Driver .....	MUHAMMAD RIDZWAN BIN HASHIM
NRIC No .....	SXXXX657I
Date Of Birth .....	25/10/1990
Occupation .....	Outdoor

Date Of Driving Pass .....	08/12/2009
Driving experience .....	13 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97888947
Alt. Phone Number .....	-
Email Address .....	ridzwan.tucker@live.com
Address .....	BLK 346 WOODLANDS STREET 32 #03-174
Address complement .....	-
Postcode .....	730346
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

PLEASE REFER TO POLICE REPORT T/2023425/7080

#### 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 .....	FBN2831H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBK1436M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 RIDZWAN BIN HASHIM
Gender .....	Male
Phone No .....	(Phone) +65-97888947
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY
Injured person in which vehicle? .....	FBR809R
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

# SKETCH PLAN

## IMPORTANT NOTICE

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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/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.

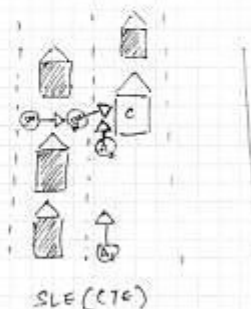
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Lamp Post 504



VEH A: FBR809R  
VEH B: FBN2831H  
VEH C: GBK1436M

**Describe Circumstances of the Accident**

Refer to Police Report Attached

7/20230425/700

### 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 Centre  
Personnel


































**SINGAPORE  
POLICE FORCE**

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



T/20230425/7080

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Report No. T/20230425/7080

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/04/2023 19:09		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD RIDZWAN BIN HASHIM			Address: 346 WOODLANDS STREET 32 #03-174 SINGAPORE 730346		
ID Type / ID No.: NRIC NO / S90396571			Contact No.: Home/Office:		Mobile: 97888947
Nationality: SINGAPORE CITIZEN			Email: RIDZWAN.TUCKER@LIVE.COM		
Sex: Male	Age: 32	Date of Birth: 25/10/1990	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Marine superintendent			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2023 09:00	Type of Location:
Location:  SELETAR EXPRESSWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR809R	Motorcycle	YAMAHA	T150	Black		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR809R	FWD Singapore Pte. Ltd	PNMC2021-00000752-02	12/02/2023	11/02/2025




**SINGAPORE  
POLICE FORCE**

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



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Report No: T/20230425/7080

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD RIDZWAN BIN HASHIM	ID No.	S90396571
Related Vehicle	FBR809R (Motorcycle)	Contact No.	97888947
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	21	Degree of	Serious

## Brief Details.

On the stated date and time, I was riding my bike, FBR809R, along lane 2 of SLE(CTE), travelling straight.

Just after Woodlands Ave 12 exit, near Lamp post 504, FBN2831H, abruptly dashed out from in between slow moving heavy vehicles along lane 3, catching me completely off guard.

I immediately jammed on my brakes in a bid to avoid the collision but to no avail.

The front portion of my bike collided with the right portion of FBN2831H.

The impact caused my bike to be thrown to my right and my body collided against the left rear portion of GBK1436M, which was diagonally in front of me in lane 2.

My body bounced off the side of said lorry before I fell on my left, landing hard on my left hand/forearm really hard.

The left side of my body subsequently hit the ground.

I immediately felt a sharp pain coming from my left wrist.

I realised that I had abrasions and wounds over namely:

Left fingers  
Left wrist  
Left shin  
left foot

I lay on the ground in pain for awhile but fortunately, managed to get on my feet on my own.

When I got up, I noticed the rider of FBN2831H attending to his pillion who was still on the ground.

**SINGAPORE  
POLICE FORCE**

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



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Report No. T/20230425/7080

**CONTINUATION OF REPORT**

Thereafter, said rider then informed me of his intentions to bring his pillion to seek treatment at a clinic nearby and left the scene hurriedly.

EMAS then arrived and ambulance was called.

Paramedics attended to me before I was conveyed to KTPH for treatment.

I was diagnosed with a left wrist fracture as well as multiple abrasions before being discharged the same day with 21 Days HL.

After I was discharged, I also started experiencing aches and soreness in my neck, shoulders, upper and lower back, both arms and left thigh areas the same evening.

I will be seeking follow up treatment with my company doctors.

**SINGAPORE  
POLICE FORCE**

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



T/20230425/7080

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Report No. T/20230425/7080

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476436

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

Date/Time:  
25/04/2023 19:09

Classification Of Case:

NP168