



**SINGAPORE
POLICE FORCE**



T/20230504/7088

1 of 3

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

Report No T/20230504/708

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2023 20:05	Vide Report No.: G/20230504/0124	Station Diary No.:
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Informant's Particulars

Name of Informant: FAKRAN AFIQ BIN MAZRUDIN			Address: 265A PUNGGOL WAY #05-330 SINGAPORE 821265		
ID Type / ID No.: NRIC NO / S9930893A			Contact No.: Home/Office: Mobile: 94517789		
Nationality: SINGAPORE CITIZEN			Email: FAKRANAFIQ@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 30/09/1999	Type of Informant: Rider		
Race: Javanese			Language: English		
Occupation: Unemployed			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/05/2023 14:20	Type of Location: Straight Road
Location: KAKI BUKIT AVENUE 4				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR8421Y	Motorcycle					0

Details of Person Involved

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



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Report No. T/20230504/7088

CONTINUATION OF REPORT

Rider			
Name	FAKRAN AFIQ BIN MAZRUDIN	ID No.	S9930893A
Related Vehicle	FBR8421Y (Motorcycle)	Contact No.	94517789
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A Date of Expiry: NIL
Date	04/05/2023	Date*	04/05/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the above mentioned date, time and location. I was riding Kaki Bukit Ave 4 heading towards Kaki Bukit MRT station.

I was riding on the 1st lane of a 2 lane road when suddenly i felt an impact from the left side of my motorbike (FBR8421Y). I lost control of my motorbike and fell on my left side. I gained consciousness and realise a blue colour BMW car (SLQ833G) had hit me.

A road user called for ambulance and police assistance. I was conveyed to CGH.

I am unsure the cost of damages to my motorbike. I suffered injuries including abrasions on my left upper and lower limb and sprained ankle. I was discharged with medication and 03 days MC.

I am lodging thjs report as instructed by the TP Officer that attended to me.



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Report No. T/20230504/7088

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / PAN JIANHONG Contact No.: 65476904

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 04/05/2023 20:05
Classification Of Case:

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	11/05/2023 09:41 (SGT)
Reported by	Actual Driver
Date of Accident	04/05/2023 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KAKI BUKIT AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR8421Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MAZRUDIN BIN MONTALIB
NRIC No	S7705378F
Email Address	FAKRANAFIQ@GMAIL.COM
Mobile Phone No	(Phone) +65-98500920
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mt-03
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	0

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNMC2020-00004805-02

DRIVER

Name of Driver	FAKRAN AFIQ BIN MAZRUDIN
NRIC No	S9930893A
Date Of Birth	30/09/1999
Occupation	Indoor

Date Of Driving Pass	21/08/2020
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94517789
Alt. Phone Number	-
Email Address	FAKRANAFIQ@GMAIL.COM
Address	265A PUNGGOL WAY #05-330
Address complement	-
Postcode	821255
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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 on 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	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

REFER TO ATTACHED

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	SLQ833G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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	FAKRAN AFIQ BIN MAZRUDIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR8421Y
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes


Describe Circumstances of the Accident

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 policy holder)
Date & Time:

Witnessed by Reporting Centre
Personnel

SKETCH PLAN

IMPORTANT NOTICE

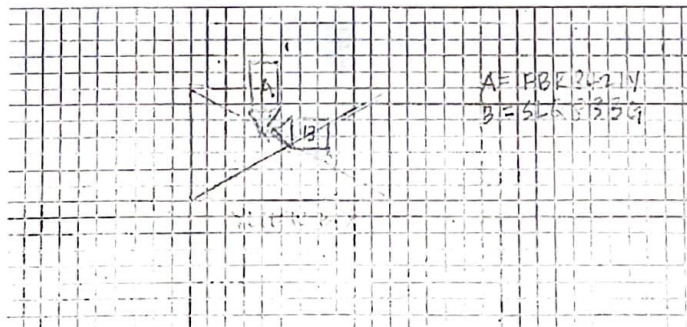
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. The 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.
 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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: PNMC2020-00004805-02

Plan name: Third Party

Motorcycle plate number: FBR8421Y

Your name (As the policyholder): Mazrudin Bin Montalib

Coverage start date: 25/01/2023

Coverage end date: 24/01/2024

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle

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: 10/12/2022



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.

REPUBLIC OF SINGAPORE DRIVING LICENCE



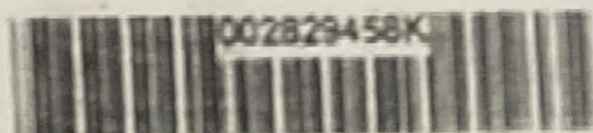
Licence Number S9930893A

Name

FAKRAN AFIQ BIN MAZRUDIN

Birth Date: 30 Sep 1999

Issue Date: 30 Jul 2018



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9930893A



Name

FAKRAN AFIQ BIN MAZRUDIN

Race

JAVANESE

Date of birth

30-09-1999

Sex

M

Country/Place of birth

SINGAPORE





S9930893A



04 04 2018

APT BLK 265A PUNGGOL WAY
#05 330
SINGAPORE 821265

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B	Motorcycles ≤ 200cc / Electric Motorcycles ≤ 15kW	10 Jul 2018
Class 2A	Motorcycles between 201cc and 400cc / Electric Motorcycles between 15.1kW and 25kW	21 Aug 2020

S9930893A

S / No 4000363601

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