

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 | 04/05/2023 22:54 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 30/04/2023 22:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | ALONG JURONG WEST STREET 61 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | FBN4274C |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | SAMURI BIN SARIF |
| NRIC No | SXXXX417A |
| Email Address | dinosaur2036@gmail.com |
| Mobile Phone No | (Phone) +65-90025614 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Yamaha |
| Model | SNIPER 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 | Auto |
| CC | 155 |

INSURANCE COMPANY

| | |
|---|-------------------------|
| Name of Insurance Company | FWD Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | PNMC2021000089002 |

DRIVER

| | |
|----------------------|---------------------------------|
| Name of Driver | MUHAMMAD NUR SYAIRIN BIN SAMURI |
| NRIC No | TXXXX448F |
| Date Of Birth | 17/07/2001 |
| Occupation | Indoor |

| | |
|--|---|
| Date Of Driving Pass | 15/10/2019 |
| Driving experience | 3 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93805244 |
| Alt. Phone Number | - |
| Email Address | dinosaur2036@gmail.com |
| Address | HDB Jurong West, 659D Jurong West Street 65 |
| Address complement | #01-337 |
| Postcode | 644659 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 - Cross Junction |
| 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

V1) FBN4274C
V2) SMH1039L

ON 30/04/2023 AT AROUND 2230HRS, I WAS RIDING MY MOTORCYCLE, V1 ALONG JURONG WEST STREET 61 TOWARDS BOON LAY WAY. THE WEATHER WAS CLEAR AND ROAD SURFACE WAS DRY. THE TRAFFIC WAS ALSO LIGHT AT THAT POINT OF TIME.

AS I RODE PAST PIONEER MALL VICINITY, I WAS RIDING ON THE SECOND LANE OF THE TOW Lanes ROAD AND SPOTTED ONE STATIONARY CAR ON THE SECOND LANE AHEAD OF ME. I THEN MADE A LANE CHANGE TO THE FIRST LANE. WHILE I WAS ON THE FIRST LANE, V2 DROVE OUT FROM THE SERVICE ROAD ON MY LEFT AND GOING TOWARDS THE OPPOSITE ROAD. I COULD NOT REACT IN TIME AND HIT ONTO ITS RIGHT AREA. A WHILE LATER, AMBULANCE CAME AND CONVEYED ME TO NG TENG FONG HOSPITAL.

I WISH TO STATE THAT I HAVE THE FOOTAGE OF THE ACCIDENT. I ALSO RECEIVED A TEXT FROM THE TRAFFIC POLICE REFERENCE J/20230430/0161. I WAS DISCHARGED FROM THE HOSPITAL ON 03/05/2023. I SUSTAINED EYE SOCKET FRACTURE, BRAIN BLEEDING, DAMAGED TOOTH, BRUISES AND CUT ON MY FACE AND LEFT COLLAR BONE AREA.

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 SMH1039L
Vehicle Manufacturer Honda
Vehicle Model Freed
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 MUHAMMAD NUR SYAIRIN BIN SAMURI
Gender Male
Phone No (Phone) +65-93805244
Address -
Address Complement -
Post Code -
Approximate Age Years Old 21
Injuries Sustained EYE SOCKET FRACTURE, BRAIN BLEEDING, DAMAGED
TOOTH, BRUISES AND CUT ON MY FACE AND LEFT COLLAR
BONE AREA.
Injured person in which vehicle? FBN4274C
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time

Syairin

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

REFER AS PER ATTACHED POLICE REPORT NO. T/20230503/2086.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

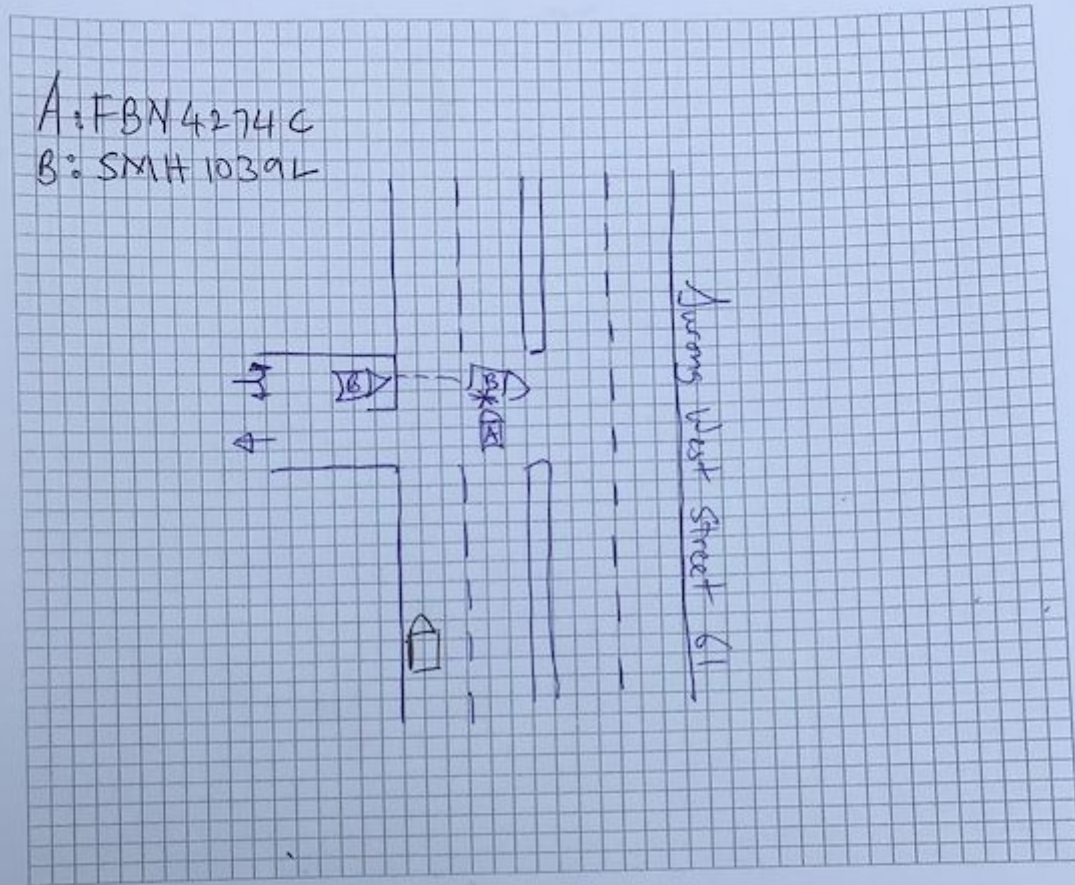
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed By Reporting Officer
Aizam Bin Atan

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

Ver. Jun2022



Policyholder's Signature / Date & Time

Syahrin
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/20230503/2086

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

1 of 3

Report No. T/20230503/2086

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|---------------------------|
| Date/Time Report Made: 03/05/2023 16:47 | Vide Report No.: J/20230430/0161 | Station Diary No.: 101 |
|--|-------------------------------------|---------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|--|--|
| Name of Informant: MUHAMMAD NUR SYAIRIN BIN SAMURI | | | Address: APT BLK 659D JURONG WEST STREET 65 #01-337 SINGAPORE 644659 | |
| ID Type / ID No.: NRIC NO / T0123448F | | | Contact No.: Home/Office: Mobile: 93805244 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 21 | Date of Birth: 17/07/2001 | Type of Informant: Rider | |
| Race: Javanese | | | Language: | |
| Occupation: Student | | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|------------------------------|---------------------------------|---|-----------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 30/04/2023 22:30 | Type of Location: Straight Road |
| Location: JURONG WEST STREET 61 | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| 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 |
|-------------|------------|------|-------|-------|----------------------|-----------------|
| FBN4274C | Motorcycle | | | | Seriously Damaged | 0 |
| SMH1039L | Car | | | | | 0 |

**SINGAPORE
POLICE FORCE**

T/20230503/2086

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/20230503/2086

CONTINUATION OF REPORT**Brief Details.**

V1) FBN4274C

V2) SMH1039L

On 30/04/2023 at around 2230hrs, I was riding my motorcycle, V1 along Jurong West Street 61 towards Boon Lay Way. The weather was clear and the road surface was dry. The traffic was also light at that point of time.

As I rode past Pioneer Mall vicinity, I was riding on the second lane of the two lanes road and spotted one stationary car on the second lane ahead of me. I then made a lane change to the first lane. While I was on the first lane, V2 drove out from the service road on my left and going towards the opposite road. I could not react in time and hit onto its right area. A while later, ambulance came and conveyed me to Ng Teng Fong Hospital.

I wish to state that I have the footages of the accident. I also received a text from the traffic police reference J/20230430/0161. I was discharged from the hospital on 03/05/2023. I sustained eye socket fracture, brain bleeding, damaged tooth, bruises and cuts on my face and left collar bone area.



**SINGAPORE
POLICE FORCE**



T/20230503/2086

3 of 3

Report No. T/20230503/2086

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

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /

SGT 3 ISMADI BIN MUHAMAD

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/05/2023 16:47

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT MUHAMMAD GHAZALI BIN

ABDUL RAZAK

Contact No.: 96192037

Classification Of Case:

NP168



Celebrate living
fwd.com.sg

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: PNMC2021-00000890-02

Plan name: Third Party Fire & Theft

Motorcycle plate number: FBN4274C

Your name (As the policyholder): Samuri bin sarif

Coverage start date: 27/03/2023

Coverage end date: 26/03/2024

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: 12/02/2023

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.