

# 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 First Submission .....	08/11/2024 16:45 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	04/11/2024 18:55 (SGT)
Exact Location of Accident .....	Hougang Ave 1, Singapore
Additional Location Information .....	JUNCTION WITH JALAN HOCK CHYE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBP1171A
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	PUTRA FARIZ DANIEL BIN MOHD HAMDAN
NRIC No .....	SXXXX711D
Email Address .....	putradaniel@outlook.com
Mobile Phone No .....	(Phone) +65-96583107
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	ADV160A
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 .....	160
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	PNMC2024-00001089

### DRIVER

Name of Driver .....	PUTRA FARIZ DANIEL BIN MOHD HAMDAN
NRIC No .....	SXXXX711D
Date Of Birth .....	20/10/1995
Occupation .....	Outdoor
Driving Pass Date .....	18/07/2016
Driving License Pass Class .....	2B
Driving License Validity .....	Valid
Driving experience .....	8 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96583107
Alt. Phone Number .....	-
Email Address .....	putradaniel@outlook.com
Address .....	BLK 240 HOUGANG STREET 22 #02-33
Address complement .....	-
Postcode .....	530240
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 .....	Collision - Major/Minor Rd
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

PLEASE REFER TO POLICE REPORT T/20241105/7110

#### 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 .....	GZ1808K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	CHUA CHUP IT
NRIC No .....	SXXXX496A
Contact Number .....	(Phone) +65-90022135
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 .....	PUTRA FARIZ DANIEL BIN MOHD HAMDAN
Gender .....	Male
Phone No .....	(Phone) +65-96583107
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY
Injured person in which vehicle? .....	FBP1171A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No





Describe Circumstance of the Accident:

REFER TO POLICE REPORT 7/2024/1105/7110

Declaration

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



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# SINGAPORE POLICE FORCE



T/20241105/7110

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

1 of 3

Report No. T/20241105/7110

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2024 19:42	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars			
Name of Informant: PUTRA FARIZ DANIEL BIN MOHD HAMDAN		Address: 240 HOUGANG STREET 22 #02-33 SINGAPORE 530240	
ID Type / ID No.: NRIC NO / S9537711D		Contact No.: Home/Office:                      Mobile: 96583107	
Nationality: SINGAPORE CITIZEN		Email: PUTRADANIEL@OUTLOOK.COM	
Sex: Male	Age: 29	Date of Birth: 20/10/1995	Type of Informant: Rider
Race: Malay		Language: English	
Occupation: Ambulance driver		Driving Licence Information: Class: 2B,3                      Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/11/2024 18:55	Type of Location: T-Junction
Location:  JALAN HOCK CHYE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Lorry dashed out from the minor road				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1171A	Motorcycle	HONDA	ADV160A	Grey		0
GZ1808K	Lorry			Red		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBP1171A	FWD SINGAPORE PTE. LTD.	PNMC2024-	28/02/2024	27/02/2025



**SINGAPORE  
POLICE FORCE**



T/20241105/7110

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

2 of 3

Report No. T/20241105/7110

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	PUTRA FARIZ DANIEL BIN MOHD HAMDAN	ID No.	S9537711D
Related Vehicle	FBP1171A (Motorcycle)	Contact No.	96583107
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	04/11/2024	Date Discharge	05/11/2024
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Serious
Driver			
Name	CHUA CHUP IT	ID No.	S1782496A
Related Vehicle	GZ1808K (Lorry)	Contact No.	90022135
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

I was on my way home from work and I was travelling along Hougang Avenue 1. The lorry driver was coming out from Jalan Hock Chye and I brake and crash on the lorry. The light was green. I have a schematic picture of the accident.

**SINGAPORE  
POLICE FORCE**

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



T/20241105/7110

3 of 3

Report No, T/20241105/7110

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NUR HAFIZAH BINTE HARUN  
Contact No.: 96334622

NP168

Signature Of Informant:

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

Date/Time:  
05/11/2024 19:42

Classification Of Case: