# 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 witholding 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.

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   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**

Honda

Vehicle Registration Number FRP1171A

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer

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 No - Claiming third party your vehicle?

Vehicle Category Motorcycle Transmission Auto CC 160 Vehicle Fuel

First Regisration 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 Driving License Validity Valid Driving experience 8 YEARS AND 4 MONTHS Gender 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? 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) 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

No

Was there any video captured by Car Camera?

# **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	<del>-</del>
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 Gender Phone No Address Address Complement	PUTRA FARIZ DANIEL BIN MOHD HAMDAN Male (Phone) +65-96583107 -
Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- SERIOUS INJURY FBP1171A Yes No

#### SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- Any false reporting may be referred to the Traffic Police Department for Investigation.
- 6. This report will be forwarded by the insurers to 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 aforesald.
- 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

- (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.

olicyholder'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)

ketch Plan

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	ctual Driver's Signature (if driver is n Date & Time	0	1 00 W 100 x





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

	e/Time Report Made: 11/2024 19:42		Vide Report No.:	Station Diary No.:	
Informan	t's Particular	S			
Name of Informant: PUTRA FARIZ DANIEL BIN MOHD HAMDAN		EL BIN MOHD	Address: 240 HOUGANG STREET 22 #02-33 SINGAPORE 530240		
ID Type / ID No.: NRIC NO / S9537711D		D	Contact No.: Home/Office: Mobile: 96583107		
Nationality: SINGAPORE CITIZEN		N	Email: PUTRADANIEL@OUTLOOK.COM		
Sex: Age: Date of Birth: Male 29 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		INTERNATION OF THE PARTY OF THE	
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Acciden 04/11/2024 18:55	t: Type of Location: T-Junction
Location:  JALAN HOCK CHY  Weather:	/E	Road Surface:		
Clear		Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		raffic Volume: ight
Type of Collision: Lorry dashed out fr	om the minor road		а	nyone conveyed by mbulance: 'es

Details of Vel	hicle Involved	BLEWEINE				
Vehicle No.	Туре	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	



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

Any Pedestrian In	volved: No					
No. of Pedestrians	s Injured: NIL		Use of Pe	destrian	Crossin	g: NA
Rider	COLUMN STATE			Terrer.		
Name	PUTRA FARIZ DANIE	L BIN MOH	ID HAMDAN	ID No	*	S9537711D
Related Vehicle	FBP1171A (Motorcycle)			Conta	ict No.	96583107
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licent Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	04/11/2024 Date Disci			harge	05/11	/2024
No. of Days grant	ed Medical Leave (MC)	Degree of	Injury Serious		us	
Driver					SPAN	
Name	CHUA CHUP IT			ID No	83	S1782496A
Related Vehicle	GZ1808K (Lorry)			Conta	ct No.	90022135
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: 4 Date of Expiry; NIL
Date Treatment	NIL	3911	Date Disc	harge	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,



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



3 of 3 Report No. T/20241105/7110

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Dato/Timo: 05/11/2024 19:42
Officer In Charge Of Case: TP / TPIB / NUR HAFIZAH BINTE HARUN Contact No.: 96334622	Classification Of Case:
NP168	