

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 Authorised 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 ability.
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 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 Report	06/12/2017 17:47
Date Of Accident	05/12/2017 21:55
Exact Location Of Accident	T JUNC OF KG JAVA RD TURNING INTO MAKEWAY AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM3030B
Insured/Policyholder	
Name Of Registered Owner	SYED MUHAMAD FAREEZ BIN SYED FARID ALJUNIED
NRIC No	S9144342B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87499237
Alternative Phone No	OFFICE-87499237

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMMPHQ17-000705
Cover Note Number	-

Driver

Name of Driver	SYED MUHAMAD FAREEZ BIN SYED FARID ALJUNIED
NRIC No	S9144342B
Date Of Birth	17/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	08/04/2014
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87499237
Fax Number	
Contact Number	OFFICE-87499237
EEmail Address	NOEMAIL

Address	BLK 614 WOODLANDS AVE 4 #05-495
Postcode	730614
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW2996L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF INJURED PERSON 1

Name	SYED MUHAMAD FAREEZ BIN SYED FARID ALJUNIED
Approximate Age	
Injuries Sustain	LEFT LEG, LEFT ARM, BACK
Injured person in which vehicle?	FBM3030B
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

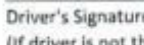
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

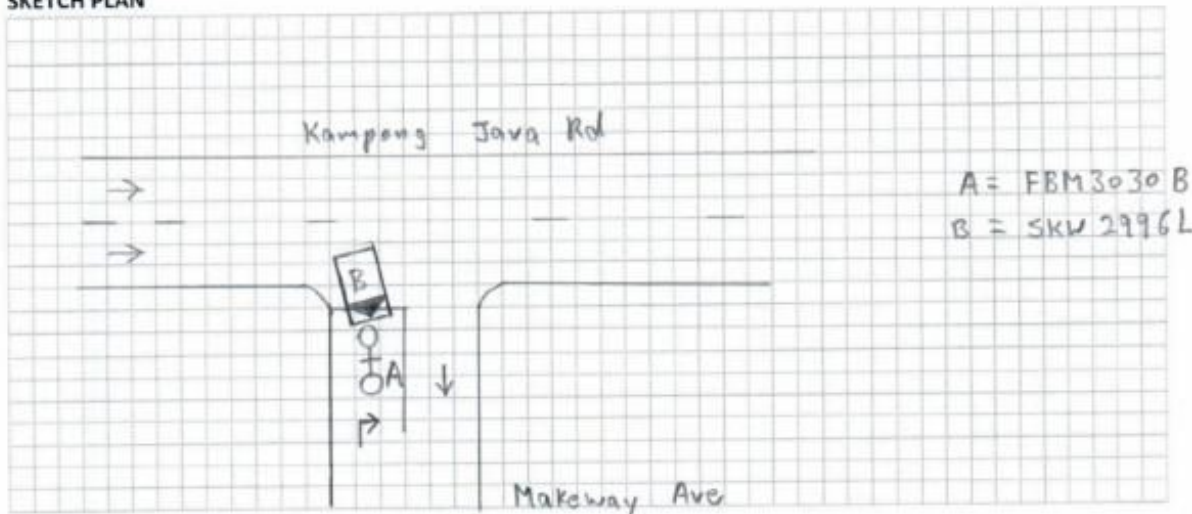

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



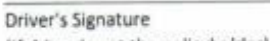
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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 policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171206/2067

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

- 1 of 3

Report No. T/20171206/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2017 13:48		Vide Report No.:		Station Diary No.: 122	
Name of Informant: SYED MUHAMAD FAREEZ BIN SYED FARID ALJUNIED			Address: APT BLK 614 WOODLANDS AVENUE 4 #05-495 SINGAPORE 730614		
ID Type / ID No.: NRIC NO / S9144342B			Contact No.:		Mobile: 87499237
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 17/11/1991	Type of Informant: Rider		
Race: Arab			Language:		Institution / School Name:
Occupation: FOOD PANDA RIDER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/12/2017 21:55	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 KAMPONG JAVA ROAD MAKEWAY AVENUE T junction of Kg Java Rd turning into Makeway Avenue				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

FBM3030B	Motorcycle	HONDA	CB400SF MANUAL	Red	Seriously Damaged	0
SKW2996L	Car	HYUNDAI	SANTA FE		Slightly Damaged	0

FBM3030B	EQ INSURANCE COMPANY LTD.	DMMPHQ17- 000705	22/09/2017	21/09/2018
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171206/2067

2 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20171206/2067

CONTINUATION OF REPORT

Brief Details.

On the 05/12/2017 at about 2155 hrs I was at the T Junction of Makeway Ave and Kg Java Road, I was on my bike (FBM3030B) I stopped at the stop line of Makeway Ave and checked clear for vehicles. When a Car (SKW2996L) was travelling on the Kg Java Rd, the car as it did not signal, I thought it was heading straight and I waited for the car to pass.

The car however did not go straight and turn into Makeway ave and turn into my lane which was the opposing traffic for her direction and hit into me. After the collision I fell to my right side and your left leg got stuck below the bumper, the car did not come to a complete stop until I shouted for some time.

When the car finally stopped I was dragged for a distance, a bystander then informed me to sit and relax while they call for police, the female driver was anxious and told them not to. There after police and the ambulance arrived. I also wish to inform that during the whole accident my bike was stationary. While waiting for the police and ambulance the female driver tried to tell me to settle the accident privately, as she is a single mother of 4.

The following day I went to 888 Plaza Family Clinic to check up and I was given 3 days MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20171206/2067

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20171206/2067

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J / Sgt 2 JONATHAN LOW JIN HUA	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2017 13:48
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp: NP168 	Signature :  SIN 130 Singapore Police Force

Accident Photo



Accident Photo



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