

## 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 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 Report	07/12/2018 14:23
Date Of Accident	03/12/2018 14:15
Exact Location Of Accident	JURONG WEST AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9585C
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#### Insured/Policyholder

Name Of Registered Owner	MUHAMMAD FIRDAUS BIN AZIZAN
NRIC No	S9940815D
Email Address	MDFIRDAUSSSS27@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96475971
Alternative Phone No	OTHERS-96475971

#### Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R155
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5101141490
Cover Note Number	

#### Driver

Name of Driver	MUHAMMAD FIRDAUS BIN AZIZAN
NRIC No	S9940815D
Date Of Birth	21/12/1999
Occupation	INDOOR
Date Of Driving Pass	28/05/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96475971
Fax Number	
Contact Number	OTHERS-96475971
Email Address	MDFIRDAUSSSS27@GMAIL.COM

Address	BLK 759 JURONG WEST ST 74 #04-102
Postcode	640759
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181206/2051

#### 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD FIRDAUS BIN AZIZAN
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBM9585C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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7. By the lodgment 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.
- (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: 7/12/18

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

 07/12/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

SKETCH PLAN

JURONG WEST ST 23

JURONG WEST AVE 2

A - FBM95ESC

B - UNKNOWN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 7/2018/206/2051

## DECLARATION

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

Policyholder's Signature  
Date & Time: 7/12/18

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

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

Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20181206/2051

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

2 of 3

Report No. T/20181206/2051

**CONTINUATION OF REPORT**

**Brief Details.**

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS RIDING ALONG ON THE EXTREME RIGHT LANE AND WAS INTENDING TO TURN RIGHT INTO JURONG WEST STREET 23. WHEN I REACHED THE JUNCTION, THE TRAFFIC LIGHT WAS ALREADY SHOWING GREEN WITH NO RIGHT TURN SIGNAL. I STOPPED TO SEE FOR ANY ONCOMING TRAFFIC. IT LOOKED CLEAR TO GO SO I PROCEEDED TO TURN RIGHT. AS I WAS TURNING RIGHT, A CAR CAME FROM MY LEFT SIDE AND COLLIDED INTO ME. AMBULANCE CAME AND I WAS CONVEYED TO NG TENG FONG HOSPITAL. WHERE I WAS DISCHARGED AFTER 3-DAYS AND RECEIVED MC UNTIL 5/1/2019.



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181206/2051

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408065  
Tel No: 65470000

1 of 3

Report No. T/20181206/2051

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2018 11:56		Video Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD FIRDAUS BIN AZIZAN			Address: 759 JURONG WEST STREET 74 #04-102 SINGAPORE 640759		
ID Type / ID No.: NRIC NO / S9940815D			Contact No.: Home/Office: Mobile: 96475971		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 18	Date of Birth: 21/12/1999	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: STUDENT			Driving Licence Information: Class: 2B Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/12/2018 14:15	Type of Location:
Location: Along Road 1 JURONG WEST AVENUE 2				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM9585C	Motorcycle	YAMAHA	YZF-R155	Red		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM9585C	NTUC Income Insurance Co-Operative Limited	5101141480	01/06/2018	31/05/2019

Police Report



SINGAPORE  
POLICE FORCE



T/2018/208/2051

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

2 of 3

Report No. T/2018/208/2051

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS RIDING ALONG ON THE EXTREME RIGHT LANE AND WAS INTENDING TO TURN RIGHT INTO JURONG WEST STREET 23. WHEN I REACHED THE JUNCTION, THE TRAFFIC LIGHT WAS ALREADY SHOWING GREEN WITH NO RIGHT TURN SIGNAL. I STOPPED TO SEE FOR ANY ONCOMING TRAFFIC. IT LOOKED CLEAR TO GO SO I PROCEEDED TO TURN RIGHT. AS I WAS TURNING RIGHT, A CAR CAME FROM MY LEFT SIDE AND COLLIDED INTO ME. AMBULANCE CAME AND I WAS CONVEYED TO NG TENG FONG HOSPITAL WHERE I WAS DISCHARGED AFTER 3-DAYS AND RECEIVED MC UNTIL 5/1/2019.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/2018/206/2051

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

3 of 3

Report No. T/2018/206/2051

### 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:  
TP /  
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
08/12/2018 11:56

Officer In Charge Of Case:  
TP / GIT /  
Insp TAN CHIN YONG  
Contact No.: 65476178

Classification Of Case:

Authentication Stamp  
NP 100