

## 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	19/02/2019 17:31
Date Of Accident	13/02/2019 17:40
Exact Location Of Accident	CROSS JUNCTION OF JALAN AHMAD IBRAHIM/BENOI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY390X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHD FAIZA BIN MD NOOR
NRIC No	S7273426B
Email Address	MFAIZALNOOR72@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90146154
Alternative Phone No	OTHERS-90146154

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ8S
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	5082635331-02
Cover Note Number	

### Driver

Name of Driver	MOHD FAIZA BIN MD NOOR
NRIC No	S7273426B
Date Of Birth	25/10/1972
Occupation	INDOOR
Date Of Driving Pass	15/06/1996
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90146154
Fax Number	
Contact Number	OTHERS-90146154
Email Address	MFAIZALNOOR72@GMAIL.COM

Address	BLK 102 WOODLANDS STREET 13 #03-232
Postcode	730102
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	COLLIDED INTO BICYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b> 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190215/2077

#### 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 Witness 1

Name	AMIR
Phone Number	98232817
Email Address	

#### Details of Witness 2

Name	AZIZUL
Phone Number	96166939
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	

Details Of Properties	BICYCLIST
Vehicle Category	NA/UNKNOWN
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	MOHD FAIZA BIN MD NOOR
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FY390X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan


### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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

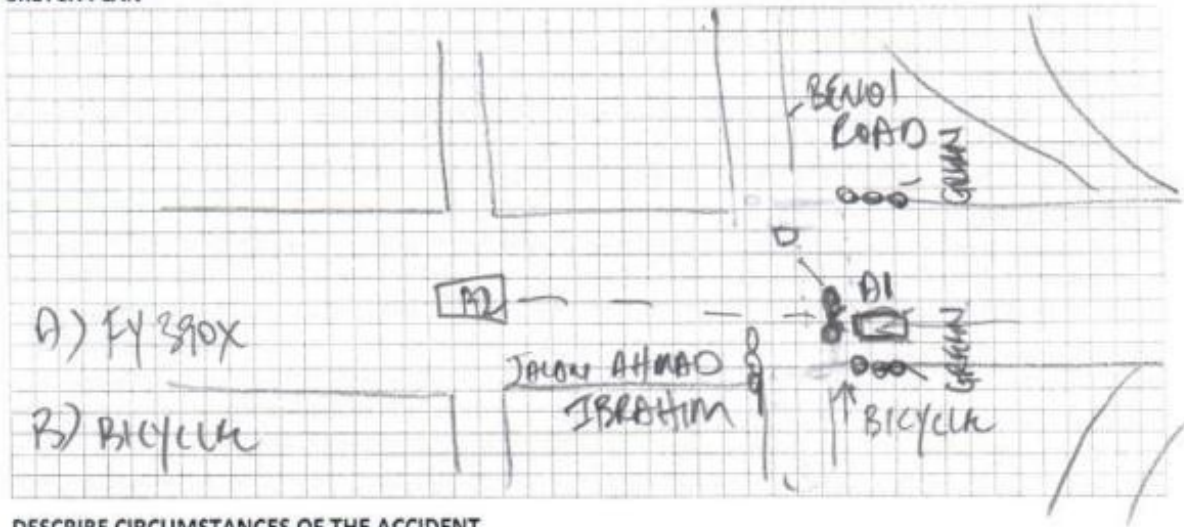
Date & Time:

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

  
\_\_\_\_\_  
Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
7/20190215/2017

## DECLARATION

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

M. J. A.

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.:

19/02/2019

Kashiruthas



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190215/2077

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/20190215/2077

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2019 13:34	Vide Report No.:	Station Diary No.: 62
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### Informant's Particulars

Name of Informant: MOHD FAIZA BIN MD NOOR	Address: APT BLK 102 WOODLANDS STREET 13 #03-232 SINGAPORE 730102		
ID Type / ID No.: NRIC NO / S7273426B	Contact No.: Home/Office: 0127062934      Mobile: 90146154		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 46	Date of Birth: 25/10/1972	Type of Informant: Driver
Race: Malay	Language:		Institution / School Name:
Occupation: PRINCIPLE TECHNICIAN	Driving Licence Information: Class:      Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/02/2019 17:40	Type of Location: X-Junction
Location: Along Road 1 JALAN AHMAD IBRAHIM BENOI ROAD At the cross junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY390X	Motorcycle	YAMAHA	FZ8-S	Blue	Seriously Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY390X	NTUC Income Insurance Co-Operative Limited	5082635331-02	27/07/2018	26/07/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190215/2077

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/20190215/2077

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MOHD FAIZA BIN MD NOOR	ID No.	S7273426B
Related Vehicle	FY390X (Motorcycle)	Contact No.	90146154
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	06	Degree of Injury	Serious

### Brief Details.

On the 13/02/2019 at about 1730hrs, I was driving motorcycle bearing the registration of FY390X along Jalan Ahmad Ibrahim.

On the same day at about 1740hrs, at the cross junction of Jalan Ahmad Ibrahim and Benoi Road, the traffic light turn green, hence I ride my motorcycle forward, suddenly a man on bicycle dashed out of the road from my left hand side direction. As it is too sudden, so I tried to move away from him, however, I still grazed on the rear side of the bicycle. After that, my motorcycle dropped and I rolled on the road for around 15-20 meters. I am still conscious, so I get up and discovered that the man on the bicycle also fell down and sitting on the road. At this moment, there is a rider namely, Amir, approached to me stating that he had witnessed the whole accident and he helped me called for police and ambulance. He also said that he is willing to be my witness for this accident. After that police and ambulance came, police took down both of our particulars and ambulance sent both the cyclist and me to the Ng Teng Fong General hospital. I did not manage to take down his particular. Hospital gave me 6 days MC.

The motorcycle bearing the registration of FY390X had several damages and it is not able to function or ride. It is seriously damaged.

I also want to state that my both hands and my left knee have abrasion. I also have a sprain on my left ankle. I am slightly injured.

No government property was damaged during the accident and my motorcycle is YAMAHA FZ 800cc. There are two witnesses for my accident. Amir with contact number 98232817 and Azizul with contact number 96166939.

My sister namely Saadiah with contact number is 96502518 and my brother namely Mad yazed with contact number 98226184. In case I am not able to pick up the phone.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190215/2077

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

3 of 3

Report No. T/20190215/2077

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 /

WU SHANGZHEN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Signature Of Informant:

Date/Time:

15/02/2019 13:34

Classification Of Case:

Authentication Stamp

NP168



Signature :

SX 127

Police Force



POLICE REPORT



Traffic Police  
AMENDMENT

Traffic Police Department  
Charge Office  
10 Ubi Avenue 3  
Singapore 408865

NP 168 No: T/20190215/2077 Name: Mohd Faiza Bin Md Noor  
Accident Date / Time: 13/02/2019 @ 1740hrs Address: BLK 102 Woodlands st 13 #03-232  
Vehicle(s) involved: FY 390X NRIC No: S7273426B  
Bicycle Tel No: 90146154 / 0127062934  
Date: 15/02/2019

Dear Sir / Madam

I wish to amend as follows :

suddenly a man on the bicycle dashed out from the pavement to the road from  
my left hand side direction.

my brother namely Mohd Yazid with contact number 9822 6184.

M. J. J.

S7273426B

TURONG WEST AVE  
SINGAPORE 649482  
TEL : (800-7929999)

sc win shangchen

Yours faithfully

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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Accident Photo

