

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	25/06/2019 17:08
Date Of Accident	22/06/2019 18:00
Exact Location Of Accident	UPP CHANGI RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ9608E
Insured/Policyholder	
Name Of Registered Owner	MUHAMMED FIRDAUS BIN OMAR
NRIC No	S8311401J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93841407
Alternative Phone No	OFFICE-93841407

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA GT200A
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5110258499
Cover Note Number	

Driver

Name of Driver	MUHAMMED FIRDAUS BIN OMAR
NRIC No	S8311401J
Date Of Birth	31/03/1983
Occupation	INDOOR
Date Of Driving Pass	29/11/2001
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93841407
Fax Number	
Contact Number	OFFICE-93841407
EEmail Address	NOEMAIL

Address	BLK 177 ANG MO KIO AVENUE 4 #04-907
Postcode	560177
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 TO REAR
Weather Conditions	RAINING
Road Surface	WET

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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190623/7001.

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	SHAFEQ
Phone Number	94354422
Email Address	

Details of Witness 2

Name	TERRY TOH
Phone Number	98241256
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR4075X
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 MUHAMMED FIRDAUS BIN OMAR
Approximate Age
Injuries Sustain LOWER BACK & ABRASION
Injured person in which vehicle? FZ9608E
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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:

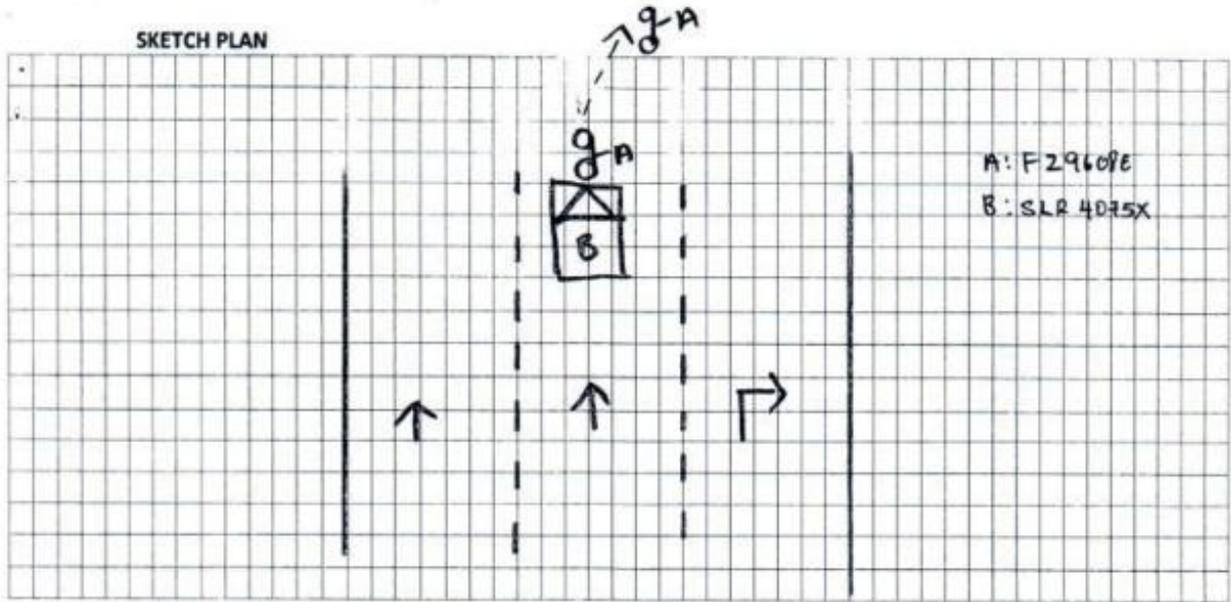


Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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


Policy holder's signature
Date & time:


Driver's signature
(if driver is not policy holder)
Date & time:


reporting centre personnel's Signature
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190623/7001

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

1 of 4

Report No. T/20190623/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2019 03:57	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMED FIRDAUS BIN OMAR		Address: APT BLK 177 ANG MO KIO AVENUE 4 #04-907 SINGAPORE 560177	
ID Type / ID No.: NRIC NO / S8311401J		Contact No.: Home/Office:	Mobile: 93841407
Nationality: SINGAPORE CITIZEN		Email: giga_bites@hotmail.com	
Sex: Male	Age: 36	Date of Birth: 31/03/1983	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Cabin attendant/steward		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: 22/06/2019 18:00	Type of Location: X-Junction
Location: UPPER CHANGI ROAD EAST				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Moving vehicle rear-ended against stationary vehicle on red light				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ9608E	Motorcycle	PIAGGIO	VESPA+GT2 00A	Black		0
SLR4075X	Car	TOYOTA	Vios	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ9608E	NTUC Income Insurance Co-Operative Limited	5110258499	17/06/2019	16/06/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190623/7001

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

2 of 4

Report No. T/20190623/7001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMED FIRDAUS BIN OMAR	ID No.	S8311401J
Related Vehicle	FZ9608E (Motorcycle)	Contact No.	93841407
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	22/06/2019	Date Discharge	22/06/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious
Driver			
Name	KOH TIAN SENG	ID No.	S1580436Z
Related Vehicle	SLR4075X (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 22nd June 2019 at about 1800hrs, I was traveling along Upper Changi Road East towards TPE. I had stopped at the middle lane of the traffic light junction of Upper Changi Road East and Upper Changi Road North, below Upper Changi flyover.
It was a red light. I was stationary when suddenly I was rear-ended by a motorcar Toyota Vios, SLR 4075 X, Black, Driver Koh Tian Seng S1580436Z. I was flung upwards and forward about 2 meters and landed on my lower back. The excruciating pain on my lower back caused me to lie there for several minutes before 2 passers-by stopped to render assistance. At that moment the driver of the said motorcar came out and tried to lift me to move to the side of the road. Which I decline as I was still in much pain. I laid there still. After several minutes, with the help of the 2 passers-by, I slowly stood up to slowly move to the side. However, I couldn't fully stand and walk properly on my own. The passers-by assisted me slowly and told me to sit. As I was about to sit, I felt light headed and nauseated. They then helped to call for ambulance. While waiting for the ambulance, I was seated at the side however, I couldn't fully lie flat or sit straight as the movement would further aggravate the pain. The ambulance came and I was conveyed to Changi General Hospital. A Traffic Police officer was also at scene while I was about to be conveyed. Throughout the whole incident, one of the passers-by assisted to communicate with the said motorcar driver as he could only speak in Chinese. Both the passers-by also informed that they are willing witnesses should I require any.

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20190623/7001

3 of 4

Report No. T/20190623/7001

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20190623/7001

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Tel No: 65470000

4 of 4

Report No. T/20190623/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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	Date/Time: 23/06/2019 03:57
Officer In Charge Of Case: TP / TPHQ / MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

