SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

EMail Address

Fax Number
Contact Number

- 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 <u>truthful and accurate</u> 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.
- 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
25/07/2019 12:48
18/07/2019 22:50
JLN ANAK BUKIT TURN TO DUNEARN RD TOWARDS FARRER
SINGAPORE
DETAILS OF OWN VEHICLE
FZ7218K
MOHAMED FEROZ S/O EGUEYAMARECAR
S8222343F
FEROZYAHYA@GMAIL.COM
(LOCAL) +65-91085235
OTHERS-91085235
PIAGGIO
VESPA GT200A-198CC
RIDING HOME AFTER WORK
NO
THIRD PARTY
MOTORCYCLE
MSIG INSURANCE (SINGAPORE) PTE. LTD.
THIRD PARTY
NO
MSD/VMT/18-995010-WTT
MOHAMED FEROZ S/O EGUEYAMARECAR
S8222343F
15/07/1982
OUTDOOR
28/12/2012
6 YEARS AND 6 MONTHS
MALE

(LOCAL) +65-91085235

FEROZYAHYA@GMAIL.COM

OTHERS-91085235

BLK 90 TANGLIN HALT ROAD Address

#26-328

Postcode 141090

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

HIT BY FALLEN TREE / OTHER OBJECTS Type Of Accident

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

2

NO

NO

1

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address **SINGAPORE**

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190723/2028

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 XB6647PTRC4674A

Vehicle Make/Model/Colour **TRAILER**

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 24

DETAILS OF INJURED PERSON 1

Name MOHAMED FEROZ S/O EGUEYAMARECAR

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

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.
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- 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.
- 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.
- 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:
 - 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

NRIC/FIN No.

(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:

Accident Sketch Plan

1.8	roller			
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		DUNTAGOI		
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		<u>_</u>	7	
No. C.	A) FZ 7218 K B) XD 66478		TOWN	N. K.
CRIBE CIRCUMSTANCES O	P) XD 66478	TRE4674A	Stio FALL AREA AREA	SIN SINGE
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		Mr.	18/	
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/	(h) / (c)	18		
(1)	015/10			
1	JOA			
Mr. 1	18			
ARATION				
declare the foregoing particul	ars are true in every respect.		/	
1			25/07/	2019
Time:	Oriver's Signature (If driver is not the policyholder	Redri	ing Centre Personnel's Sign	Ature (MovA)





Institution / School Name:

Date of Expiry:

Report No. T/20190723/2028

POLICE FORCE

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

REPORT OF A TRAFFIC ACCIDENT

COACH/SELF-EMPLOYED

Race:

Indian Occupation:

	formant's Particulars ame of Informant: DHAMED FEROZ S/O BUEYAMARECAR Type / ID No.: RIC NO / S8222343F ationality:				Station Diary No.:
Informa	nt's Partic	ulars			
MOHAN EGUEY ID Type	MARECA / ID No.:	2 S/O R	SINGAPORE 141090 Contact No.:	ALT ROAD COMMONWEALTH VIEW	
-		431	Home/Office:	Mobile: 91085235	
	ity: PORE CITIZ	EN	Email:		
Sex: Male	Age: 37	Date of Birth: 15/07/1982	Type of Informant: Rider		

Driving Licence Information: Class: 2B,3

Language:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/07/2019 22:	Type of Location Straight Road
Along Road 1 JALAN ANAK TURNING TO Weather: Clear	BUKIT	D. TOWARDS FARRER R	OAD	Road Speed Limit:
Traffic Flow:		Oily Traffic Control: Traffic Light - Wor	kina	Traffic Volume: Light
One Way				

Details of V	ehicle Involve	d				Vienning Parket
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FZ7218K	Motorcycle	PIAGGIO	VESPA GT200A	Blue	Slightly Damaged	0

Details of V	ehicle Insurance	District Control		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ7218K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18995010	01/11/2018	and the second of the second o



T/20190723/2028

2 of 3

Report No. T/20190723/2028

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

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location

I was travelling along the said location. I was riding, the road was empty. When I make a left turn, my bike skid along the road surface. I initially thought a vehicle collided onto my bike, but there was no one. picked up my bike and push to the side. I was trying to figure out how did I skid even though I was going really slow. I found out that the entire road was covered with oil spill. There was a construction site nearby as well. One of the construction worker started approaching me. I enquire if this particular area is part of their construction works. I went to NUH and was granted 9 days of mc.





T/20190723/2028

3 of 3

Report No. T/20190723/2028

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

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 / NG JIN SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2019 10:45
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp	



T/20190719/2198

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

1 of 3 Report No. T/20190719/2198

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 19/07/2019 23:18		Vide Report No.:	Station Diary No.: 116
Informa	nt's Partic	ulars		
Name of Informant: MOHAMED FEROZ S/O EGUEYAMARECAR		S/O	Address: APT BLK 90 TANGLIN HALT 141090	ROAD #26-328 SINGAPORE
ID Type / ID No.: NRIC NO / S8222343F		43F	Contact No.: Home/Office:	Mobile: 91085235
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 37	Date of Birth: 15/07/1982	Type of Informant; Rider	767
Race: Indian			Language:	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/07/2019 22:50		Type of Location X-Junction
ADAM ROAD		Road Surface:		Road	d Speed Limit:
Traffic Flow:		Oily Traffic Control: Traffic Light - Wor	king	Traff	ic Volume:
	ion:		Marie Carlos	-	one conveyed by

Details of V	ehicle Involve	d			The state of the s	Name of the last
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FZ7218K	Motorcycle	PIAGGIO	VESPA GT200A	Blue	Seriously Damaged	THE RESERVE OF THE PARTY OF THE
XB6647P	TRAILER				No Damage	0

Details of V	ehicle Insurance	No section in the latest and the	of Calabora	
	Insurance Company	Insurance No	Effective	Expiry Date
FZ7218K	MSIG INSURANCE (SINGAPORE) PTE, LTD.	MSDTMT18995010	01/11/2018	



T/20190719/2198

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

2 of 3 Report No. T/20190719/2198

CONTINUATION OF REPORT

Details of Perso	n Invoived	ANTEN IN	THE WALL				
Any Pedestrian I	nvolved: No						
No. of Pedestrian	ns Injured: NIL		Use of	Pedestriar	Cross	ing: NA	
Rider		25 K25 (258)		- Cucotifier	101000	mig. 140	
Name	MOHAMED FEROZ EGUEYAMARECAR			ID No		S8222343F	
Related Vehicle	FZ7218K (Motorcycle)			Conta	ct No.	91085235	
Hospital/Clinic	NUHEALTH MEDICAL CENTRE		RE	Class Drivin Licen Expin	g	Class: 2B,3 Date of Expiry: NIL	in ,
Date Treatment	18/07/2019		Date D	ischarge	NIL		
No. of Days gran	ted Medical Leave	09		e of Injury	Slight		

Brief Details.

I am the Rider of Vehicle FZ7218K (V1), on the 18/7/2019 at about 2250hrs while I was riding at the junction of Dunearn road and Bukit Timah road towards Adam road. While I was turning towards Adam Road Slowly My vehicle had actually slipped and I fell, I then noticed that there was an oil spill on the floor. I had asked some construction workers nearby if it was due to the construction nearby however they informed that it was not due to the construction, they told me that earlier the heavy vehicle XB6647P (V2) which was carrying a heavy pipe on the Trailer bed TRC4674A which had burst a tire and caused some oil to spill on the road and that the vehicle was still in front. I approached the Cisco officer assisting V1 to put up cones and they confirmed that the vehicle had confirmed that V2 did spill some oil on the floor. The Driver then approached me and told me that their company (Peck Tiong Choon) will settle the matter with me privately and I had spoke to the manager. The manager told me that they will cover all my losses and told me to proceed with bringing my vehicle to the workshop and to see the doctor. I had suffered injuries on my Left Shoulder, Left Elbow, Left Wrist, Left hip, Left Knee and Left ankle.

I was given 9 days Outpatient Sick Leave from 18/7/2019 to 26/7/2019 by SWA LIANG YEAN STEVE from NUH A&E. MC serial number NUH19196803.





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 3 Report No. T/20190719/2198

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 D / Sgt 2 ANG KHENG HAOU, THAW.		Signature Of Inf	formant:	
Signature Of Interpreter: Not applicable Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219		Date/Time: 19/07/2019 23:18		
		Classification Of Case:		
Authentication Stamp NP168	SINGAP	ORE	SN 49	
		SIGNATURE		

























