

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	30/07/2019 10:38
Date Of Accident	10/06/2019 17:30
Exact Location Of Accident	ALONG BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP1012B
Insured/Policyholder	
Name Of Registered Owner	FARIZ BIN MOHD FEROUZ
NRIC No	S9118881C
Email Address	TEAMOVERKILL990@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-87671247
Alternative Phone No	OTHERS-87671247

Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX
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	5107332039
Cover Note Number	

Driver

Name of Driver	FARIZ BIN MOHD FEROUZ
NRIC No	S9118881C
Date Of Birth	07/06/1991
Occupation	OUTDOOR
Date Of Driving Pass	04/07/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87671247
Fax Number	
Contact Number	OTHERS-87671247
Email Address	TEAMOVERKILL990@OUTLOOK.COM

Address	BLK 211 BUKIT BATOK STREET 21 #02-256
Postcode	650211
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 - CHANGE/CROSS LANE
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	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT E/20190613/7014

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	HANAFI
Phone Number	91801752
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ7249Y
Vehicle Make/Model/Colour	AUDI A4
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HE ZEMIAO
NRIC/Passport Number	S8862213H

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	FARIZ BIN MOHD FEROUZ
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBP1012B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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: 30/7/17
1059 HRS

Driver's Signature

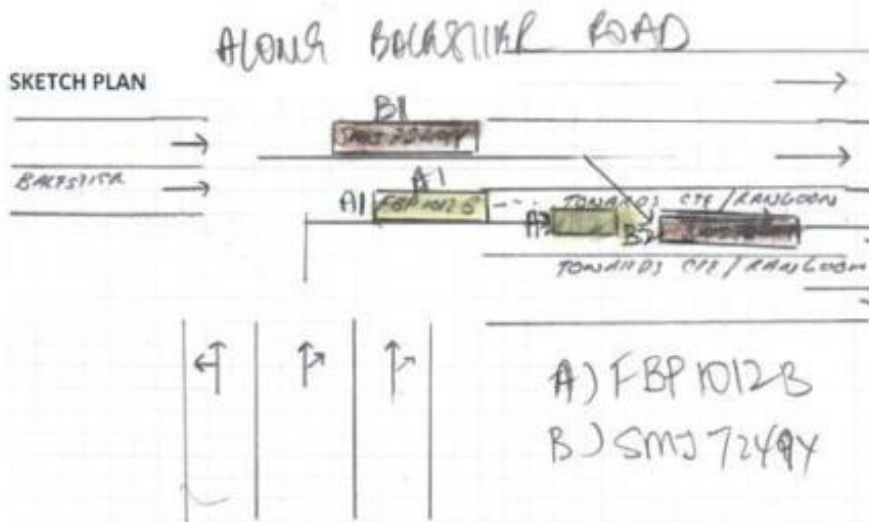
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT E/20180613/7014

DECLARATION

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

Policyholder's Signature

Date & Time: 30/7/19

1059 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

30/07/2019

Field Officer

POLICE REPORT



**SINGAPORE
POLICE FORCE**



E/20190613/7014

1 of 2

POLICE REPORT (NP299)

Report No. E/20190613/7014

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 13/06/2019 14:08	Vide Report No.	Station Diary No.
Name Of Informant FARIZ BIN MOHD FEROUZ	Address APT BLK 211 BUKIT BATOK STREET 21 #03-256 SINGAPORE 650211	
ID Type / ID No. NRIC NO / S9118881C	Contact No. Home/Office: Mobile: 87671247	
Nationality SINGAPORE CITIZEN	Email Address teamoverkill990@outlook.com	
Occupation PROCESS TECHNICIAN	Sex Male	Age 28
Institution/School Name	Date of Birth 07/06/1991	Race Indian
Date/Time Of Incident 10/06/2019 17:00 - 10/06/2019 18:30	Location Of Incident BALESTIER ROAD	

Brief details.

At approximately 1730hrs I was at Moulmein Road traffic light cross-junction. At about 1732hrs traffic light turned green, I move off and picked up speed to about 40km/hr - 45km/hr with the intention of turning right to Balestier Road with the intention of going to Rangoon Road. There are 2 lanes [lane 1 lane 2] going towards Rangoon Road and CTE. I was in the 2nd lane then suddenly a Audi car bearing plate number SMJ7249Y approaching from Balestier Road from the 5th lane swerved into my lane recklessly and brake hard because the traffic light heading towards CTE turned red. Due to his reckless driving I was forced to apply hard brake which cause my motorcycle handlebar lock which resulted in my bike to

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: 13/06/2019 14:08
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



SINGAPORE
POLICE FORCE



E/20190613/7014

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20190613/7014

skid. If I had not applied hard brake I would have hit the rear end of his car and would be worst

I suffered abrasions on my left ankle, right palm and left elbow.

Witness name : Hanafi

Contact number : 9160 1752

Subjects Involved				
Victim				
Person Name	FARIZ BIN MOHD FEROZ			
ID Type	NRIC NO	ID No	S9118881C	
Gender	Male	Age	28	
Race	Indian	Language	English	
Occupation	PROCESS TECHNICIAN	Address Type		
Address	APT BLK 211 BUKIT BATOK STREET 21 #03-266 SINGAPORE 650211		Mobile No	87671247
Is Informant A	Yes			
Victim?				
Person Name	FARIZ BIN MOHD FEROZ (Informant)			

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	13/06/2019 14:08
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp:	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

