

## 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	10/10/2019 17:49
Date Of Accident	04/10/2019 17:45
Exact Location Of Accident	ALONG TUAS AVENUE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT7517D
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#### Insured/Policyholder

Name Of Registered Owner	AHMAD FIRDAUZ BIN HUSSAIN
NRIC No	S8008790Z
Email Address	TAZNATRA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98624499
Alternative Phone No	OTHERS-98624499

#### Vehicle Particulars

Manufacturer	HONDA
Model	XL
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY BACK FROM WORK
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	5102758088-01
Cover Note Number	

#### Driver

Name of Driver	AHMAD FIRDAUZ BIN HUSSAIN
NRIC No	S8008790Z
Date Of Birth	21/03/1980
Occupation	INDOOR
Date Of Driving Pass	21/03/1980
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98624499
Fax Number	
Contact Number	OTHERS-98624499
Email Address	TAZNATRA@HOTMAIL.COM

Address	BLK 549B SEGAR ROAD #18-642
Postcode	672549
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 - MAJOR/MINOR RD
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT T/20191009/7002

#### 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	XB9956M
Vehicle Make/Model/Colour	TRAILER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	AHMAD FIRDAUZ BIN HUSSAIN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FT7517D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan


### SKETCH PLAN

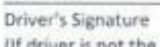
#### IMPORTANT NOTICE


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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.

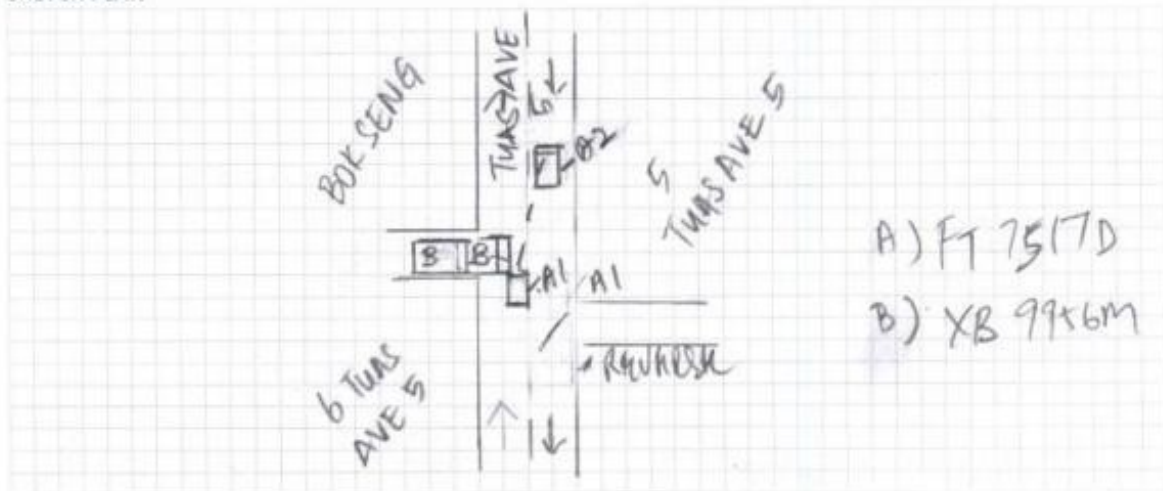
  
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DIS REFER TO POLICE REPORT  
1/20/9/2009/7002

## DECLARATION

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

Policyholder's Signature  
Date & Time:

GAMMA ScanPlanForm V8

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

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



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191009/7002

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

1 of 3

Report No. T/20191009/7002

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/10/2019 07:41		Vide Report No.: J/20191004/0113		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: AHMAD FIRDAUZ BIN HUSSAIN			Address: APT BLK 549B SEGAR ROAD #18-642 SINGAPORE 672549		
ID Type / ID No.: NRIC NO / S8008790Z			Contact No.: Home/Office: Mobile: 98624499		
Nationality: SINGAPORE CITIZEN			Email: taznatra@hotmail.com		
Sex: Male	Age: 39	Date of Birth: 21/03/1980	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: ELECTRICAL INSTRUMENT TECHNICAN			Driving Licence Information: Class: 2B		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/10/2019 17:45	Type of Location: Straight Road
Location: TUAS AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT7517D	Motorcycle	HONDA	XL125V1	Black		0
XB9956M	TRAILER TRUCK	MITSUBISHI		White	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FT7517D	NTUC Income Insurance Co-Operative Limited	5102758088-01	10/08/2019	09/08/2020

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191009/7002

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

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Report No. T/20191009/7002

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	AHMAD FIRDAUZ BIN HUSSAIN	ID No.	S8008790Z
Related Vehicle	FT7517D (Motorcycle)	Contact No.	98624499
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	04/10/2019	Date Discharge	06/10/2019
No. of Days granted Medical Leave	34	Degree of Injury	Serious

### Brief Details.

On 04/10/2019 at around 1745hrs, I was riding my motorcycle, V1) FT7517D along Tuas Avenue 5 towards Tuas Road. The traffic was moderate & moving.  
A trailer head truck, V2) XB9956M has moved to exit its company premises. I had horned a few times but the driver continued to move out to the other side of the road in the direction of Tuas Avenue 5.  
I had lost unconscious momentarily during the accident and realized I was dragged for a distance after. I was conveyed to the NTFGH and admitted & warded from 04/10/2019 to 06/10/2019.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20191009/7002

3 of 3

Report No. T/20191009/7002

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
PHUA TIAK YEE  
Contact No.: 65472077

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
09/10/2019 07:41

Classification Of Case:



MC

Ng Teng Fong General Hospital



A member of the NUHS

MEDICAL CERTIFICATE (Ref:60438584)

ORIGINAL

NAME: AHMAD FIRDAUZ BIN HUSSAIN

NRIC: S8008790Z

Type of Medical Leave granted: HOSPITALISATION LEAVE

The above named is unfit for duty from 4/10/2019 to 6/11/2019 inclusive

The certificate is not valid for absence from court attendance.

The above name was in Emergency Department from 04/10/2019 18:35 to 05/10/2019 00:36.  
The above name was admitted from 05/10/2019 00:36 to 06/10/2019 13:47.

06/10/2019

Date

Dr. Anyi ZHANG (P1670Z)

Issued by

Signature

Location: WARD B09 PRIVATE

Accident Photo



Accident Photo



Accident Photo





Accident Photo





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