

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	21/11/2019 15:05
Date Of Accident	20/11/2019 19:15
Exact Location Of Accident	LOYANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP4307L
Insured/Policyholder	
Name Of Registered Owner	FAAYIZ FIRROS
NRIC No	S9309596J
Email Address	FAAYIZFIRROS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98297977
Alternative Phone No	OFFICE-98297977

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108836009
Cover Note Number	

Driver

Name of Driver	FAAYIZ FIRROS
NRIC No	S9309596J
Date Of Birth	15/03/1993
Occupation	INDOOR
Date Of Driving Pass	16/09/2013
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98297977
Fax Number	
Contact Number	OFFICE-98297977
EMail Address	FAAYIZFIRROS@GMAIL.COM

Address	BLOCK 275 PASIR RIS STREET 21 #06-528
Postcode	510275
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	CLEAR
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : TAHIRAH BINTE MOHD AYOOB GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to police report T/20191120/2191

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX783X
Vehicle Make/Model/Colour	HYUNDAI AVENTE
Details Of Properties	FRONT PORTION
Vehicle Category	GOVERNMENT
Name of Driver	JEREMY CHUNG
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

SKETCH PLAN

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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: TAN M L L
NRIC/FIN No.: 748A

SKETCH PLAN

Refer scene photo.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

DECLARATION

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

Policyholder's Signature

Date & Time: 21/11/2019
@ 11.55am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/11/2019
@ 11.55am

Reporting Centre Personnel's Signature

Name: TAN AN LAN
NRIC/FIN No.: 742A



Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2019 21:45	Vide Report No.:	Station Diary No.: 97
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Informant's Particulars

Name of Informant: FAAYIZ FIRROS			Address: APT BLK 275 PASIR RIS STREET 21 #06-528 SINGAPORE 510275		
ID Type / ID No.: NRIC NO / S9309596J			Contact No.: Home/Office: Mobile: 98297977		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 15/03/1993	Type of Informant: Driver		
Race: Ceylonese			Language:		Institution / School Name:
Occupation: SENIOR MANAGING CONSULTANT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 20/11/2019 19:15	Type of Location: Straight Road
Location: Along Road 1 LOYANG AVENUE				
Along Loyang Avenue(Beside Bus Stop Number: 98011)				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX783X	POLICE CAR	HYUNDAI	AVANTE 1.6 AT ABS D/AB 2WD 4DR			1
SJP4307L	Car	HYUNDAI	HD AVANTE 1.6 A	Grey		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP4307L	NTUC Income Insurance Co-Operative Limited	5108836009	16/04/2019	15/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	KEEN NGAN	ID No.	NIL	
Related Vehicle	QX783X (POLICE 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	
Driver				
Name	JEREMY CHUNG	ID No.	T160272	
Related Vehicle	QX783X (POLICE 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	
Driver				
Name	FAAYIZ FIRROS	ID No.	S9309596J	
Related Vehicle	SJP4307L (Car)	Contact No.	98297977	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	



Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20191120/2191

CONTINUATION OF REPORT

Passenger			
Name	TAHIRAH BINTE MOHD AYOOB		ID No. S1353328H
Related Vehicle	SJP4307L (Car)		Contact No. 90101594
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 20/11/2019 at about 1915hrs, I was driving my vehicle SJP4307L along the fourth lane of Loyang Avenue. At that point of time, my mum was in the vehicle as well. As I was approaching pass the bus stop (Bus Stop Number: 98011), I observed that there was a mini-bus in the bus stop; signalling his intention of coming into the lane that I was travelling along.

As I started to drive next to the bus stop, the mini-bus started to drive into the said lane and as such, a white vehicle in front of me applied its brakes and came to a stop. Upon seeing that, I immediately applied the brakes and managed to stop in time as well.

Immediately after, I heard a screech before feeling an impact coming from the rear of my vehicle. I then made a check and found out that a police vehicle (QX783X) had collided onto my vehicle. The collision caused my vehicle to inch forward but did not collide onto the said white vehicle in front.

I then spoke to the officer who was driving the police vehicle and was informed that after seeing my vehicle braked, he also applied the brake but as the road surface was wet, his vehicle skidded; resulting in the collision.

Not long after, traffic police attended to us and issued me with a case card (Case Number: G/20191120/0167) and instructed me to lodge a traffic accident report. I wished to inform that no one was injured in this accident.



SINGAPORE
POLICE FORCE



T/20191120/2191

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20191120/2191

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:
G /
Sgt 3 TAN JUN HAO

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
20/11/2019 21:45

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151



Classification Of Case:

Authentication Stamp
NP168

SIGNATURE