

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	14/01/2020 11:54
Date Of Accident	15/08/2019 20:55
Exact Location Of Accident	ALONG YISHUN AVENUE 01
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD2833E
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	MUHAMMAD FIRDAUS BIN YA'AKOB
NRIC No	SXXXX868E
Email Address	MFBY19@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90068353
Alternative Phone No	OTHERS-90068353

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
Exact Purpose for which vehicle was being used at time of accident	
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
Fleet Policy	NO
Policy Number	5104093786
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FIRDAUS BIN HASSAN
NRIC No	SXXXX707C
Date Of Birth	08/08/1997
Occupation	OUTDOOR
Date Of Driving Pass	08/03/2016
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97348064
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address*	BLK 89 REDHILL CLOSE #10-484
Postcode	150089
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20191016/2109;

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	SH8477M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	MUHAMMAD FIRDAUS BIN HASSAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBD2833E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 89 REDHILL CLOSE #10-484
Postcode	150089

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly 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 truthful and accurate as possible. Any willful 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. The report will be forwarded by the Insurers or 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 lodging 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 stored.
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 my 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 situated outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile a claim history for the purpose of fraud detection investigation and management in present and all future claims.
- (e) the information re 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.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature

Name

NRIC/Passport

14 JAN 2020

Accident Sketch Plan

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report no: 1/20191016/2109

2

DECLARATION

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

Policeholder's Signature
Date & Time

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

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: yackb@vicom.com.sg

Reporting Centre Person's Signature

Name

ARREST No



SINGAPORE POLICE FORCE



T/20191016/2109

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20191016/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2019 14:38		Vide Report No.: T/20191007/2096		Station Diary No.: 144	
Informant's Particulars					
Name of Informant: JAMALIAH BINTE ARIF			Address: APT BLK 403 YISHUN AVENUE 6 #10-1212 SINGAPORE 760403		
ID Type / ID No.: NRIC NO / S7211134F			Contact No.: Home/Office:		Mobile: 97348064
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 47	Date of Birth: 07/04/1972	Type of Informant: Others		
Race: Malay			Language: English		Institution / School Name:
Occupation: TEAM LEADER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/08/2019 20:55	Type of Location: Straight Road
Location: Along Road 1 YISHUN AVENUE 1				
Junction of Yishun Avenue 8 and Yishun Avenue 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBD2833E	Motorcycle		T135			0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

**SINGAPORE
POLICE FORCE**

T/20191016/2109

2 of 3

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

Report No. T/20191016/2109

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD FIRDAUS BIN HASSAN	ID No.	S9726707C
Related Vehicle	FBD2833E (Motorcycle)	Contact No.	97348064
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/08/2019	Date Discharge	03/10/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

On 07/10/2019 at 1425hrs, I had lodged a Road Traffic Accident report (T/20191007/2096) in Yishun North NPC.

I am currently lodging this report as to make amendment of it.

I am the mother of Muhammad Firdaus Bin Hassan, NRIC: S9726707C. I was instructed by Traffic Police IO Syed to lodge this traffic accident report on behalf of Firdaus because he is not able to communicate and he is still in the hospital.

On 15/08/2019 at about 2055hrs, Firdaus was riding his motorcycle FBD2833E along Yishun Avenue 8. He was making a right turn into Yishun Avenue 1 at the junction. The traffic light was green in his favour. There was a Comfort Delgro taxi (SH 8477M) coming from the Yishun Dam direction, going straight to Yishun Avenue 8. At the time, the traffic light had turned red and the taxi did not slow down and had collided into Firdaus. He was sent to Khoo Teck Puat by ambulance. He had went treatment on his brain and he was transferred to Thye Hua Kwan Hospital on 03/10/2019 where he is still undergoing rehabilitation and therapy.

TP/IO: IO Syed

**SINGAPORE
POLICE FORCE**

T/20191016/2109

3 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20191016/2109

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

L /

Sgt 2 KOH JIN BAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/10/2019 14:38

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No.: 65476178

Classification Of Case:

SN 055

Authentication Stamp

NP168



Signature:

Singapore Police Force

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5104093786

Cover : Third Party

- | | |
|-----------------------------------------------------|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBD2833E |
| Chassis Number | : 5YP300103 |
| 2. Name of Policyholder | : MUHAMMAD FIRDAUS BIN YA'AKOB |
| 3. Effective Date of Insurance | : 22 Sep 2018 |
| 4. Expiry Date of Insurance | : 07 Jan 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MUHAMMAD FIRDAUS BIN YA'AKOB
NAMED DRIVER (2)	: MUHAMMAD FIRDAUS BIN HASSAN
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HNG ZU WAI (00000602530)

Date of Issue : 22 Sep 2018 12:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

R

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9726707C**

Name:

MUHAMMAD FIRDAUS BIN HASSAN



Birth Date: **08 Aug 1997**

Issue Date: **08 Mar 2016**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

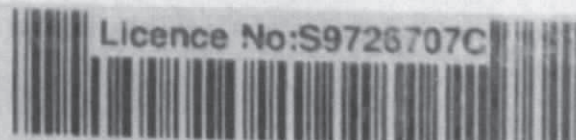
Class 2B	Motorcycles \leq 200 CC	08 Mar 2017
Class 2A	Motorcycles between 201 CC and 400 CC	01 Mar 2019
Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	08 Mar 2016

16

S9726707C

S / No.9000320471

NP 428A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9726707C



Name

**MUHAMMAD FIRDAUS BIN
HASSAN**

Race

MALAY

Date of birth

08-08-1997

Sex

M

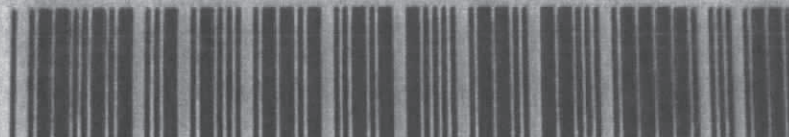
Country of birth

SINGAPORE



S9726707C

5059131



NRIC No S9726707C

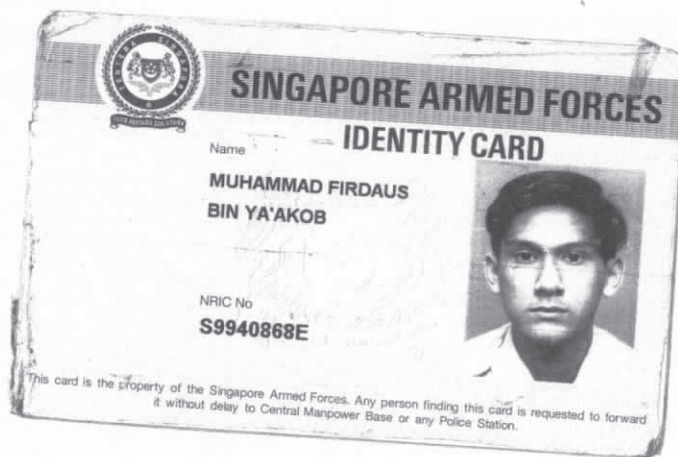


Date of issue

04-05-2012

Address

**APT BLK 403 YISHUN AVENUE 6
#10-1212
SINGAPORE 760403**



Owner

