

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	01/02/2020 10:42
Date Of Accident	15/01/2020 22:20
Exact Location Of Accident	WOODLANDS AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ6879D
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD NASIRUDDIN BIN SHAJOHAN
NRIC No	SXXXX514Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81332059
Alternative Phone No	OFFICE-81332059

Vehicle Particulars

Manufacturer	YAMAHA
Model	GDR155A (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	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	5114418928
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAIRUZ BIN SHAJOHAN
NRIC No	SXXXX905G
Date Of Birth	28/08/1987
Occupation	INDOOR
Date Of Driving Pass	16/01/2006
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81332059
Fax Number	
Contact Number	OFFICE-81332059
Email Address	NOEMAIL

Address	BLK 741 WOODLANDS CIRCLE #05-421
Postcode	730741
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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)	2
Passenger 1	NAME: : NORFAEZAH BINTE HAMRAN GENDER: : FEMALE

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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200120/7026.

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	SHD3380S
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 FAIRUZ BIN SHAJOHAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBQ6879D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NORFAEZAH BINTE HAMRAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBQ6879D
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.

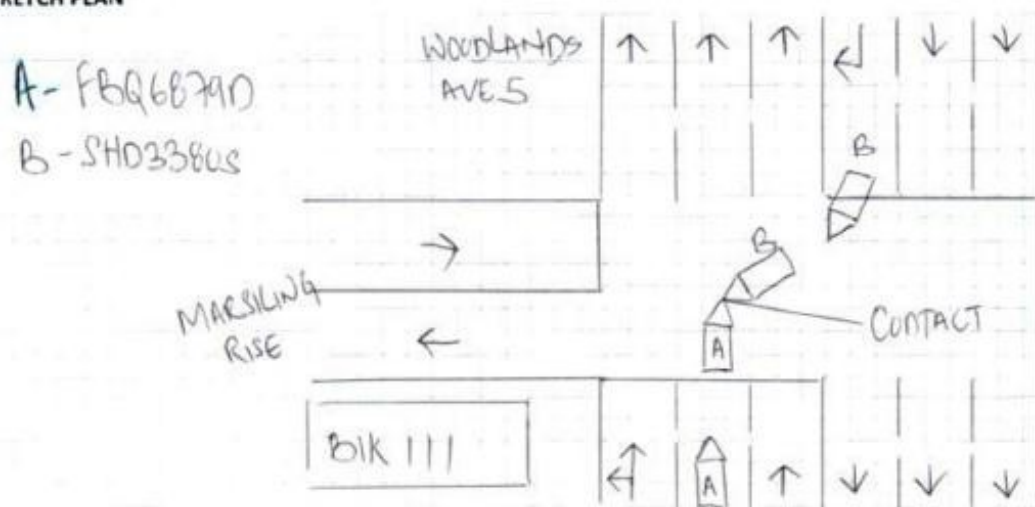
X 
Policyholder's Signature
Date & Time:

X 
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

AS POLICE REPORT.

DECLARATION

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

X

Policyholder's Signature _____
Date & Time: _____

X

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

Personnel's Sign: _____

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200120/7026

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

1 of 3

Report No. T/20200120/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2020 16:05	Vide Report No.: L/20200115/0143	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD FAIRUZ BIN SHAJOHAN			Address: 741 WOODLANDS CIRCLE #05-421 SINGAPORE 730741	
ID Type / ID No.: NRIC NO / S8727905G			Contact No.; Home/Office: Mobile: 81332059	
Nationality: SINGAPORE CITIZEN			Email: MDFAIRUZ28@GMAIL.COM	
Sex: Male	Age: 32	Date of Birth: 28/08/1987	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: self employed			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/01/2020 22:20	Type of Location: T-Junction
Location: woodlands ave 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
FBQ6879D	Motorcycle	YAMAHA	aerox	Black	Seriously Damaged	1
	Taxi					0
	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20200120/7026

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

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Report No. T/20200120/7026

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ6879D	NTUC Income Insurance Co-Operative Limited	5114418928	26/11/2019	25/11/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Pillion				
Name	NORFAEZAH BINTE HAMRAN		ID No.	S8715401G
Related Vehicle	FBO6879D (Motorcycle)		Contact No.	92383433
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/01/2020		Date Discharge	16/01/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight	
Rider				
Name	MUHAMMAD FAIRUZ BIN SHAJOHAN		ID No.	S8727905G
Related Vehicle	FBQ6879D (Motorcycle)		Contact No.	81332059
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	15/01/2020		Date Discharge	16/01/2020
No. of Days granted Medical Leave	07	Degree of Injury	Serious	

Brief Details.

I was riding on the middle lane along Woodlands ave 5. As I reach junction of Marsiling Rise, traffic light was green on my favor. Suddenly, an oncoming taxi make a right turn and collided with my bike. Upon collision, the taxi continue driving and stop along Marsiling Rise. My bike was badly damage. My pillion and myself was injured and was convey to KTPH by ambulance. We were given 4 days and 7 days MC respectively. There was a vehicle with in-car cam who witness the whole incident. Video of the incident was already submitted to traffic police.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200120/7026

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

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Report No.: T/20200120/7026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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:
20/01/2020 16:05

Officer In Charge Of Case:
TP / TPIB /
SUFIYAN BIN KHAIRI
Contact No.: 65476390

Classification Of Case:

Authentication Stamp
NP168

Police Report



Charge Office
10 Ubi Avenue 3
Singapore 408865

SP 168 No: 7/20200120/7036 Name: Muhammed Fairuz Bin Shajohan
Accident Date Time: 15/01/2020 2220hrs Address: 741 Woodlands Circle #05-421
Vehicle's involved: FBQ6879D
SHD3380S NRIC No: 987279056
Tel No: 81232059
Date: 28/01/2020

Dear Sir: Madam

I wish to amend as follows:

include detail of taxi involved.

Vehicle no: SHD3380S.

Type: Taxi.

I also wish to remove 'car' option in the original report.

Amendment was read out to
me in English. I confirm it
to be true and correct.

Amendment was concluded
by Sgt Ahmed.

Woodlands East NPC
No. 3 Woodlands Drive 63
Singapore 737890
Tel: 6767 9090 Fax: 6764 3652

Yours faithfully

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

