#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	28/03/2020 15:46
Date Of Accident	27/03/2020 17:15
Exact Location Of Accident	MACPHERSON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG2567B
Insured/Policyholder	
Name Of Registered Owner	MOHAMED FIRDAUS BIN ABU BAKAR
NRIC No	SXXXX196D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96646264
Alternative Phone No	OFFICE-96646264
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	PASSAT CC 1.8T AT 3574H7
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00003288-01
Cover Note Number	

**Driver** 

Name of Driver MOHAMED FIRDAUS BIN ABU BAKAR

NRIC No SXXXX196D

Date Of Birth 07/12/1976

Occupation INDOOR

Date Of Driving Pass 04/06/1994

Driving Experience 25 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96646264

Fax Number

Contact Number OFFICE-96646264

EMail Address NOEMAIL

**BLK 857 TAMPINES STREET 83** Address

#08-360

Postcode 520857

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** 

COLLISION - MAJOR/MINOR RD Type Of Accident

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**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

NO

NO

2

NO

NO

1

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20200327/7017.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number **GBG1778Y** 

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

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## **DETAILS OF INJURED PERSON 1**

Name MOHAMED FIRDAUS BIN ABU BAKAR

Approximate Age

Injuries Sustain NECK & BACK
Injured person in which vehicle? SKG2567B

Injured person in which vehicle? Were seat belts worn?

YES

Was this injured conveyed to hospital by

. .

ambulance?

NO

Address Postcode

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of:
  - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (II) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
  - To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature

Date / time:

Driver's signature (if driver is not policy holder)

(if driver is not policy holde Date / time: reporting centre personnel's Signature Date / time:

### **Accident Sketch Plan**

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	N	A	/		
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		101			
			Playfair		
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Keeper to police !	1954-7 woo327 70	17 -			
PECLARATION					
	particulars are true in eve	ery respect.			
	particulars are true in eve	ery respect.			
	particulars are true in eve	ery respect.		m	
DECLARATION /We declare the foregoing	particulars are true in even		reporting cent	M	

### **Police Report**





1 of 3

Report No. T/20200327/7017

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

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2020 19:25		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: MOHAMED FIRDAUS BIN ABU BAKAR ID Type / ID No.: NRIC NO / S7641196D  Nationality: SINGAPORE CITIZEN		US BIN ABU	Address: APT BLK 857 TAMPINES STREET 83 #08-360 SINGAPORE 520857 Contact No.: Home/Office: Mobile: 96646264		
		e e e e e e e e e e e e e e e e e e e	Email: RNR179@gmail.com		
Sex: Age: Date of Birth: 07/12/1976			Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Administration manager		ager	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/03/2020 17:15	Type of Location Straight Road
Location: MACPHERSO Weather: Clear	ON ROAD	Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
One Way				

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBG1778Y	Van				Slightly Damaged	0
SKG2567B	Car	VOLKSWAGO N	PASSAT CC 1.8T AT 3574H7	Black		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKG2567B	FWD Singapore Pte. Ltd	PNPV2019- 00003288-01	06/03/2020	05/03/2021	

#### **Police Report**





Police Station Of Origin: Traffic Police

Report No. T/20200327/7017

2 of 3

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

Details of Perso	n Involved	THE PARTY	Salta Cul	Detail of the		Arrest Inc.
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL Use of F			f Pedestrian	edestrian Crossing: NA		
Driver						
Name	MOHAMED FIRDAUS BIN ABU BAKAR		ID No		S7641196D	
Related Vehicle	SKG2567B (Car)			Conta	ct No.	96646264
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL		Date	Discharge	NIL	
No. of Days gran	ted Medical Leave	03	Degre	e of Injury	Slight	t

#### Brief Details.

On 27/03/2020, at about 5:15pm, i was driving my vehicle SKG2567B along MacPherson Road towards Airport road on lane 1. Suddenly a vehicle GBG1778Y turn out from Playfair Road abruptly and collided onto the left side of my vehicle.

I sustained injuries from the above mentioned accident and given 3 day of MC.

## Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200327/7017

#### CONTINUATION OF REPORT

Sketch Plan			
Informant is	not able	to provide	sketch plan

Authentication Stamp

NP168

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; 27/03/2020 19:25
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:





















