

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	01/03/2019 12:16
Date Of Accident	04/02/2019 13:05
Exact Location Of Accident	WOODLANDS AVENUE 2 / WOODLANDS AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK9911E
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FIRDAUS BIN RAZALI
Vehicle Particulars	
Manufacturer	YAMAHA
Model	MT-03 ABS (MTN320-A)
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	5079703884-02 TPFT
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FIRDAUS BIN RAZALI
NRIC No	S8534783G
Address	BLK 263 #07-144 TAMPINES STREET 21

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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	SLN355
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Vehicle Make/Model/Colour

MERCEDES BENZ

Name of Driver

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD FIRDAUS BIN RAZALI

Injured person in which vehicle?

FBK9911E

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.

Policyholder's Signature: 

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

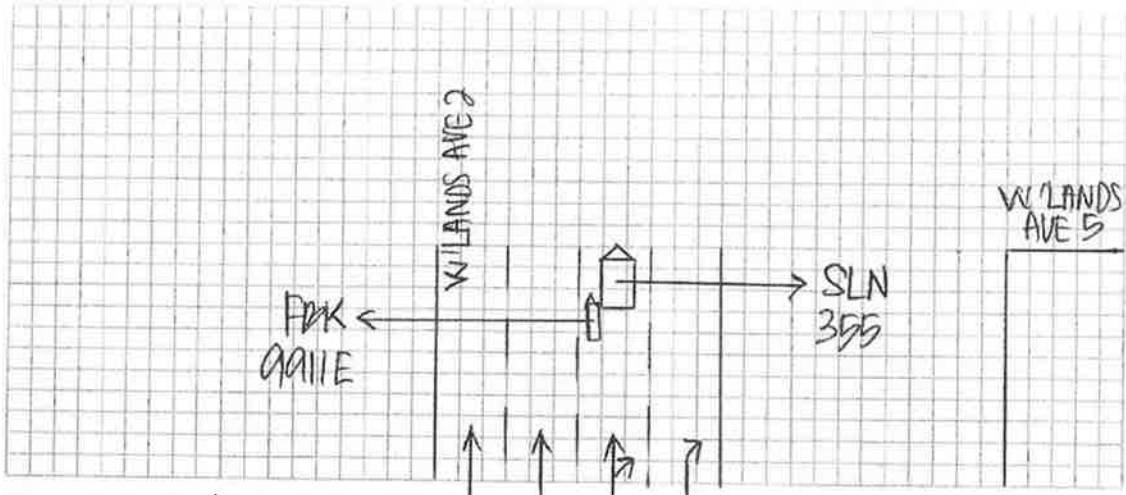
Tel: 67416697 Fax: 67492305

Email: vac@idac.com.sg

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to

Police Report

[A large, stylized signature or scribble is drawn across the middle of the form.]

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190207/2032

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20190207/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2019 11:42	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars

Name of Informant: MUHAMMAD FIRDAUS BIN RAZALI			Address: APT BLK 263 TAMPINES STREET 21 #07-144 SINGAPORE 520263		
ID Type / ID No.: NRIC NO / S8534783G			Contact No.: Home/Office: Mobile: 94897690		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 18/10/1985	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: FACILITY OFFICER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/02/2019 13:05	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 2 just after SLE exit, before cross-junction to Woodlands Ave 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance; Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBK9911E	Motorcycle	YAMAHA	MT-03 ABS (MTN320-A)	Black	Slightly Damaged	0
SLN355 (Not Accurate)	Car	MERCEDES BENZ	A200	Black	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBK9911E	NTUC Income Insurance Co-Operative Limited	5079703884-02	22/04/2018	21/04/2019

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190207/2032

Police Station Of Origin:
Tampines N.P.C.
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20190207/2032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FIRDAUS BIN RAZALI	ID No.	S8534783G
Related Vehicle	FBK9911E (Motorcycle)	Contact No.	94897690
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	04/02/2019	Date Discharge	05/02/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the 4/2/2019 at about 1305hrs, I was riding my motorcycle bearing vehicle no.FBK9911E along the second lane of Woodlands Ave 2, just after SLE exit, before cross-junction to Woodlands Ave 5. I wanted to filter left and checked my blind spot however when I looked in front again, there was a car bearing vehicle no.SLN355 that was stationary as such I quickly applied my emergency brakes and tried to go to the car's left side. However, I was flung forwards from my motorcycle and my motorcycle landed on the car's rear left portion.

Ambulance came and attended to me.

I was then conveyed to Khoo Teck Puat Hospital and warded from 4/2/2019 till 5/2/2019 at about 1119hrs. I was then given 7 days hospitalization leave from 4/2/2019 till 10/2/2019. I had abrasions on my right arm and left foot.

I do not know the full vehicle no. of the car that I hit but I remember that it starts with SLN355.

Individual Statement



SINGAPORE
POLICE FORCE



T/20190207/2032

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20190207/2032

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 MUHAMMAD DANIYAL BIN BAHARUDDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/02/2019 11:42
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD SHAHRIL BIN ABDULLAH Contact No.: 65476083	Classification Of Case: 
Authentication Stamp NP158	 SIGNATURE

Accident Photo



Accident Photo



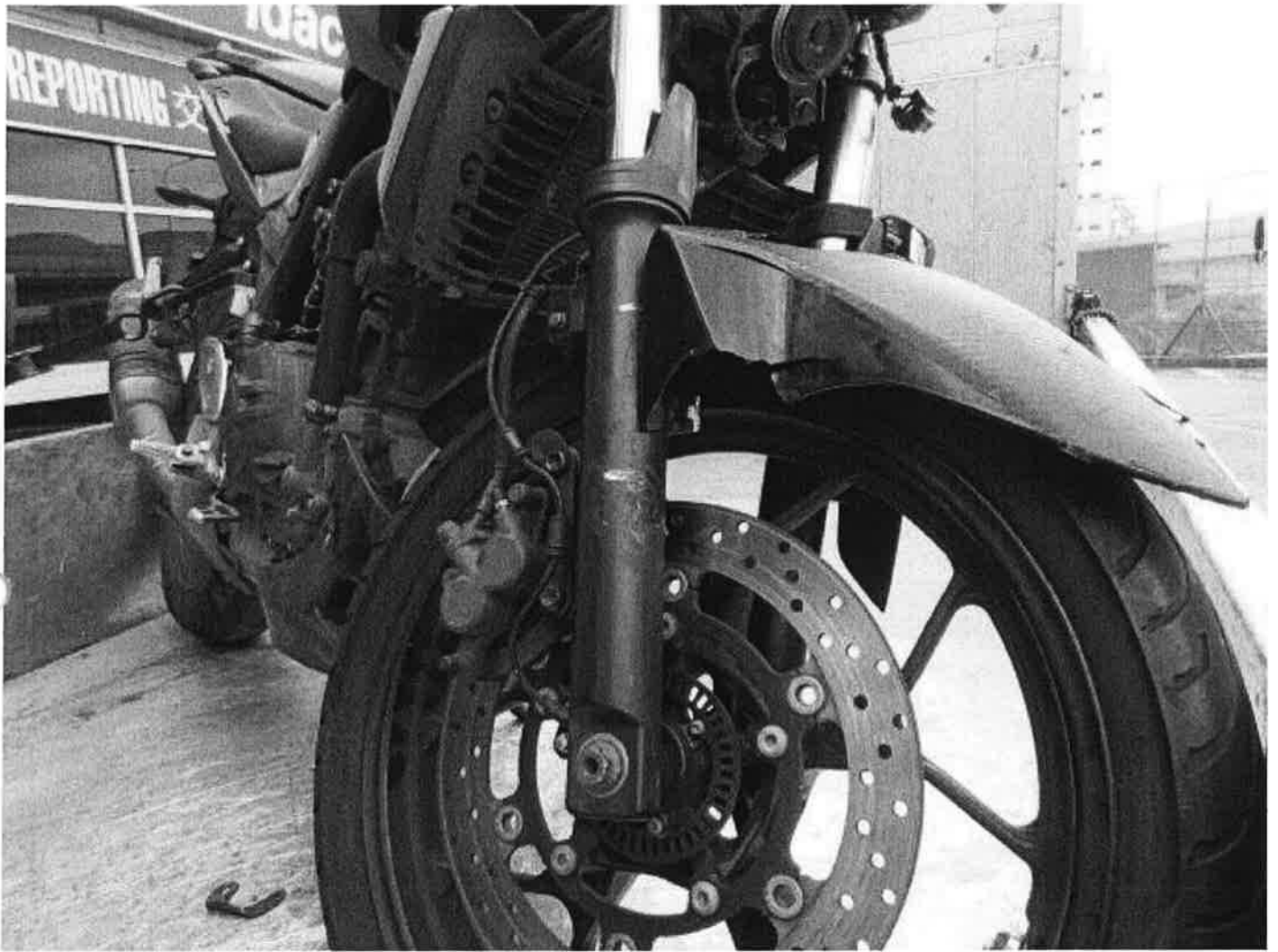
Accident Photo



Accident Photo



Accident Photo



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