

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 Submission 04/02/2021 10:35 (SGT)
Date of Accident 06/12/2020 10:10 (SGT)
Exact Location of Accident Makepeace Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR4002A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMMAD FIROZ BIN MOHAMAD NOOR
NRIC No SXXXX615Z
Email Address fir_17@hotmail.com
Mobile Phone No (Phone) +65-92230719
Alternative Phone No +65-92230719

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Aerox
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5110679836-01
Cover Note Number -

DRIVER

Name of Driver MOHAMMAD FIROZ BIN MOHAMAD NOOR
NRIC No SXXXX615Z
Date Of Birth 17/09/1980
Occupation Outdoor

| | |
|--|-------------------------------------|
| Date Of Driving Pass | 12/02/2001 |
| Driving experience | 19 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92230719 |
| Alt. Phone Number | +65-92230719 |
| Email Address | fir_17@hotmail.com |
| Address | BLK 139 PASIR RIS STREET 11 #04-189 |
| Address complement | - |
| Postcode | 510139 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|--------------------|
| Type of Accident | Collision - U-Turn |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201224/7009

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 | SLL8839P |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MOHAMMAD FIROZ BIN MOHAMAD NOOR
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? FBR4002A
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No


SKETCH PLAN


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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 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.

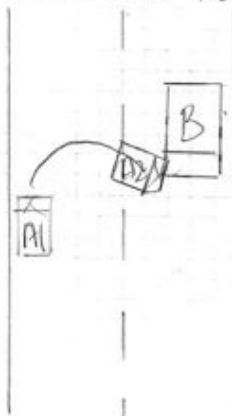
 1001 km / 4/2/2021
Policyholder's Signature / Date & Time

Sketch Plan

 04/02/2021
Driver's Signature (If driver is not the policyholder) / Date & Time

 04/02/2021
Witnessed by Reporting Centre Personnel

MAKE PLACE ROAD.



A) FBR 4002A


B) SCL 8839P

Describe Circumstances of the Accident

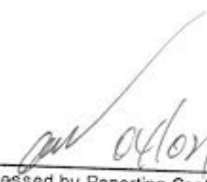
REFER to Police Report 7/2020/224/7009

Declaration

We declare the foregoing particulars are true in every respect.

 1001hs / 4/2/2021
Policyholder's Signature / Date & Time

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

 04/01/2021
Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



T/20201224/7009

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

1 of 3

Report No. T/20201224/7009

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 24/12/2020 10:24 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| Informant's Particulars | | | | |
|---|------------|------------------------------|--|----------------------------|
| Name of Informant: MOHAMMAD FIROZ BIN MOHAMAD NOOR | | | Address: 139 PASIR RIS STREET 11 #04-189 SINGAPORE 510139 | |
| ID Type / ID No.: NRIC NO / S8027615Z | | | Contact No.: Home/Office: Mobile: 92230719 | |
| Nationality: SINGAPORE CITIZEN | | | Email: FIR_17@HOTMAIL.COM | |
| Sex: Male | Age: 40 | Date of Birth: 17/09/1980 | Type of Informant: Rider | |
| Race: Malay | | | Language: English | Institution / School Name: |
| Occupation: Motorcycle delivery man | | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | |

| General Information of the Accident | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 06/12/2020 10:10 | Type of Location: Straight Road |
| Location: MAKEPEACE ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|--------|-----------------|-------|----------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| FBR4002A | Motorcycle | YAMAHA | GDR155A (AEROX) | Black | | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBR4002A | NTUC Income Insurance Co-Operative Limited | 5110679836-01 | 24/06/2020 | 23/06/2021 |



**SINGAPORE
POLICE FORCE**



T/20201224/7009

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

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Report No. T/20201224/7009

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|---------------------------------|-----------------------------------|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MOHAMMAD FIROZ BIN MOHAMAD NOOR | ID No. | S8027615Z |
| Related Vehicle | FBR4002A (Motorcycle) | Contact No. | 92230719 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |

Brief Details.

Accident occurred along Makepeace Rd and its a 2 lane with 1 lane going opposite direction with a broken white line in between. After making delivery at one of the customer house, i reversed my bike and decided to make a U-Turn to go.out from Makepeace Rd towards Bukit Timah Rd. As i was making the U-Turn my bike FBR4002A collided with the left side of vehicle number SLL8839P which is travelling on the opposite lane of Makepeace Rd going towards Bukit Timah Rd. Due to the impact, slight minor abrasion on my left leg when I fall but we didn't call any ambulance cause its a minor injury.



**SINGAPORE
POLICE FORCE**



T/20201224/7009

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

3 of 3

Report No. T/20201224/7009

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

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:
24/12/2020 10:24

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0821240001 Vehicle Registration No: FBR 4002A
 Name (as shown in NRIC): MOHAMMAD FIROZ NRIC/FIN/Passport No: SXXXX 6152
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 92280719
 Email Address: _____
 Date of Accident: 06/12/2020 Time of Accident: 10:10
 Place of Accident: MAKESPARE ROAD
 Insurance Company: NUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

POLICE REPORT NUMBER 76 7/2020/224/7009 ON SKARUT ROAD

Policyholder / Driver's Signature
 Date:

26/02/2021
 Reporting Centre Personnel's Signature
 Name: