

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
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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 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	

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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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.

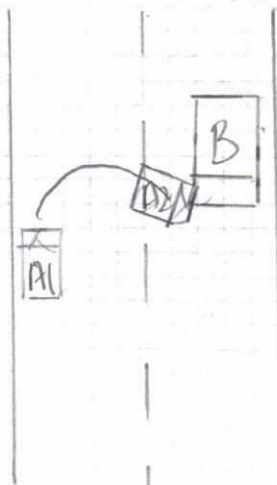
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

MAKE PLACE ROAD



A) FBR 4002A


B) SLL 8839P

Describe Circumstances of the Accident

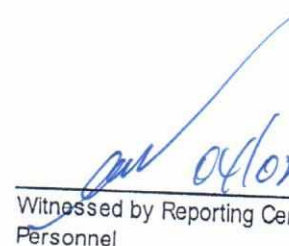
REFER to Police Report T/2021/224/7009

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

 04/02/2021
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

2 of 3

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 REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
24/12/2020 10:24

Classification Of Case:

Claim Handling

Accident MT/1112927

Policy No.	5110679836-01	Vehicle No.	FBR4002A	GST Registration No.
Certificate No.				
Policyholder Name	MOHAMMAD FIROZ BIN MOHAMAD NOOR			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	92279869	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	09/12/2020 12:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/12/2020	Time of Accident hh:mm	10:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG MAKEPEACE ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			Driver is Covered?
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 422 #06-1059	Address 2	JURONG WEST STREET 42	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-1059	Related Policy Number	5110679836-01	

▼ OI Driver Info

Driver Name	MOHAMMAD FIROZ BIN MOHAMAD NOOR	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8027615Z	Driver DOB
Register Date of Driver License	12/02/2001	Driver Age	40	Driving Experience
Contact No.(Mobile)	92279869	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 422 #06-1059	Address 2	JURONG WEST STREET 42	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-1059			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	MOHAMMAD FIROZ BIN MOHAMAD NOOR
Contact No.(Mobile)	92230719	Contact No. (Home)	6562015
Email Address	fir_17@hotmail.com	OI Vehicle Number	FBR4002
Claim Description	FBR4002A / SLL8839A ON 6 Dec 2020		
Preferred Workshop	Yes	Insured Liability	Partially at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	04/02/2021 10:16	Claim Close Date	

Report Taken By

ROS LI WAHAB

Print AK letter

Save Submit

Attachment

Accident No. MT/1112927 Claim No. 002
 Last Doc. Received ☒ Yes ☐ No Upload Date 04/02/2021 10:38

Path *

Choose File No file chosen

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Message Read

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Clear

Category *

Confidential

Please Select

NO

Please Select

NO

Please Select

NO

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NO









Please Select

NO

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 10:38	NRIC/ Driving License	Y	NRIC/ Driving L
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 10:38	SAS	Normal	SAS 20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 10:16	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 10:16	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 10:16	Photos	Normal	Photos 2
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 10:16	Photos	Normal	Photos 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 10:16	Photos	Normal	Photos 2

Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

06/12/2020 10:01

Vehicle No.(For Motor)

FBR4002A

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5110679836-01		MOHAMMAD FIROZ BIN MOHAMAD NOOR	S8027615Z	GMC	Third Party, Fire & Theft	FBR4002A	FBR4002A	24/06/2020	23/06/2021