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Owner / Driver: (	h Noi SI	20, 271	, 11401	Tel:	, , ,		
Policy No: (	) Perl	0/1/	·····	Cover Type: (			)
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SN0821240001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 04/02/2021 10:35 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (04/02/2021 10:35 (SGT))

# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

  2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

  3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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.

ACCI	IDENT STATEMENT
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	06/12/2020 10:10 (SGT) Makepeace Rd, Singapore
DETAIL	LS OF OWN VEHICLE
Vehicle Registration Number	EBR4002A

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

(Phone) +65-92230719 Alternative Phone No +65-92230719

### VEHICLE PARTICULARS

Manufacturer

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	■ 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1

#### DRIVER

Name of Driver	MOHAMMAD FIROZ BIN MOHAMAD NOOR
NRIC No	SXXXX615Z

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	12/02/2001 19 YEARS AND 10 MONTHS Male (Phone) +65-92230719 +65-92230719 fir_17@hotmail.com BLK 139 PASIR RIS STREET 11 #04-189 - 510139 Yes - No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collision - U-Turn Clear Dry
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes No Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20201224/7009	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category	SLL8839P Private car

Address	
Address complement	-
Postcode	-
Insurance Company Namo	_
Nature Of Damage	-
Details of property damaged in assistant	-
No. Of Passanger (Including Driver)	-
rto. Of rassenger (including Driver)	-

## INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person Address	MOHAMMAD FIROZ BIN MOHAMAD NOOR
Address Complement	-
Post Code	1
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBR4002A
Were seat belts worn?	Extraction of the second secon
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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. 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 ree 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 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) w ho 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' law yers/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' law yers/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 law yers/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

Witnessed by Reporting Personnel

Sketch Plan

MAKE PROCE ROAD

A

B) SLL 8839P

	Circumstan					,		,	
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We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel





20201224/7009

1 of 3

Report No. T/20201224/7009

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time 24/12/2020		de:	Vide Report No.:	Station Diary No.:
Informant'	s Particula	ars		明10号图表现在2000年的电话,从其为15°00日报
Name of In MOHAMMA NOOR	Served for the first party and the first party	BIN MOHAMAD	Address: 139 PASIR RIS STREET 11 #	04-189 SINGAPORE 510139
ID Type / II NRIC NO /		δZ	Contact No.: Home/Office:	Mobile: 92230719
Nationality: SINGAPOR		N	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		nan	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2020 10:10	Type of Location Straight Road
Location: MAKEPEACI	E ROAD			
Weather: Clear		Road Surface: Dry	K	load Speed Limit:
Weather: Clear Traffic Flow: Two Way		A STORAGE STANDARD CHESTER	Т	raffic Volume:

Details of v	ehicle Involve	ia .	A	Jacobski se	4-0	
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR4002A	Motorcycle	YAMAHA	GDR155A (AEROX)	Black	11304	0

Details of V	ehicle Insurance	And the second s	and the second second	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR4002A	NTUC Income Insurance Co-Operative Limited	5110679836-01	24/06/2020	23/06/2021





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

<b>Details of Perso</b>	n Involved				17.5		
Any Pedestrian I	nvolved: No		Tel All Marie Marie		30,000	Militia and the second	
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA				
Rider		PERMIT NO.			7 . 8		
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	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 abrassion on my left leg when I fall but we didn't call any ambulance cause its a minor injury.





3 of 3

Report No. T/20201224/7009

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

#### CONTINUATION OF REPORT

Sketch 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

#### Claim Handling

Accident MT/1112927					
Policy No.	5110679836-01	Vehicle No.	FBR4002A		CCT Parishanian N
Certificate No.			IBRHOOZA		GST Registration No.
Policyholder Name	MOHAMMAD FIROZ BIN MOHAMAD NOOR				Delia balda NDIG
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Ti	hoft	Policyholder NRIC
Contact No.(Mobile)	92279869	Contact No.(Office)	Time raity, riie & fi	ieit	Loading  Contact No.(Home)
Email Address		Special Remark			eCode
KFK	No Yes	TCA	No Yes		eCode Reason
NCD Protection	No	NCD Entitlement(%)	20		Private Hire
					Tivate fine
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				ICH NO.
▼ 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	Driver is Covered?
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00	
<b>▽</b> Benefits					
	ion				
GST Registered	No		GST Registra	ition Date	
GST Registration No.			GST Status \	/erified	Yes
Modification History					
	ress				
Address 1	BLK 422 #06-1059	Address 2	JURONG WEST STRE	ET 42	Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.	06-1059	Related Policy Number	5110679836-01		
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 STRE	ET 42	Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.	06-1059				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			Driver Insurer Comp
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
reading.					
Modification History					
Modification History					
Claim 002 New					
200 000 000					
error in the second sec					
Claim Type *				OD-MX	V Insured MOHAMM
Contact No.(Mobile)				00000000	Contact
				92230719	No. (6562015 (Home)
Email Address				fir_17@hotmail.com	OI Vehicle FBR4002
				III_17@Hotinali.com	Number PR4002
Claim Description				FBR4002A / SLL8839A ON	I 6 Dec 2020
Preferred					
Workshop	Insured Liability Partially at F	GIA C			
Rentact No. Finalisation	Repair Option Preferred Workshop, Na	me unknown v report Received	d ~		Claim
Date Registered				04/02/2021 10:16	Close Date
					The state of the s

Report Taken By

Print AK letter

Uploaded By/Date

ROSLI WAHAB

Save Submit Attachment Accident No. MT/1112927 Claim No. 002 Last Doc. Received Yes ○ No Upload Date 04/02/2021 10:38 Path \* Category \* Confidential Choose File No file chosen Clear Please Select V NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select ~ NO Choose File No file chosen Clear Please Select ~ NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO **Attachment List** Uploaded By/Date Attachment Category Urgency - " rages NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Feb 2021 10:38 NRIC/ Driving License F .... Normal NRIC/ Driving L NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BÜKIT 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 Normal Photos 2 NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE Photos Normal Photos 2 S (BUKIT MERAH)) on 04 Feb 2021 10:16 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 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 

File Name

Folder Date

**eBao**Tech GeneralClaim Hello, NAC\_BUKIT\_MERAH\_800676 Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 06/12/2020 10:01 Vehicle No.(For Motor) FBR4002A Certificate Number Search

> Policyholder NRIC

S8027615Z

Policyholder Name

MOHAMMAD

FIROZ BIN MOHAMAD NOOR

Certificate Number

Select

•

Policy No.

5110679836-01

Continue

GMC

Product Cover Type

Vehicle No.

Third Party, FBR4002A FBR4002A

Insured Object

Commence

Date

24/06/2020 23/06/2021

Expiry Date