

金国摩哆私人有限公司
KIM KOCK MOTOR PTE LTD
Blk 27A, Jurong Port Road, #01-19,
Singapore 619101
Tel: 6265 0226 / 6265 0358 Fax: 6265 2588



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 10/06/2021 11:15 (SGT)
Date of Accident 07/06/2021 13:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information YUNG KUANG ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG3604C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMED FIRDAUS BIN MOHAMED ISMAIL
NRIC No S8790197A
Email Address mohamedf2_net@hotmail.com
Mobile Phone No (Phone) +65-98519156
Alternative Phone No +65-98519156

VEHICLE PARTICULARS

Manufacturer Sym
Model Joyride 200
Variant -
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 - Claiming third party
Vehicle Category Motorcycle
Transmission Auto
CC 170

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5091342563-03
Cover Note Number -

DRIVER

Name of Driver MOHAMED FIRDAUS BIN MOHAMED ISMAIL
NRIC No S8790197A

Date Of Birth 19/11/1987
Occupation Indoor
Date Of Driving Pass 23/04/2009
Driving experience 12 YEARS AND 2 MONTHS
Gender Male
Mobile Number (Phone) +65-98519156
Alt. Phone Number +65-98519156
Email Address mohamedf2_net@hotmail.com
Address BLK 180 #04-107
Address complement YUNG SHENG ROAD
Postcode 610180
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 - Major/Minor Rd
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? Yes
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

REFER TO POLICE REPORT

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 YN9277P
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle

Name of Driver	CHIU ENG HUA
NRIC No	S1626047I
Contact Number	(Phone) +65-84812869
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	MOHAMED FIRDAUS BIN MOHAMED ISMAIL
Address	BLK 180 #04-107
Address Complement	YUNG SHENG ROAD
Post Code	610180
Approximate Age Years Old	33
Injuries Sustained	Wrist fracture, contusion of lower leg
Injured person in which vehicle?	FBG3604C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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SKETCH PLAN

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7. By the lodgment 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.
- (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: 10/6/21
1100HRS

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: SHAN
NRIC/FIN No.: S990349

A- FBG3604C
B- YN9277P

BLK 63
YUNG KUANG
ROAD CARMARK

YUNG KUANG ROAD
TOWARDS
CORPORATION DRIVE

Refer to police report

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

1100HRS

Date & Time:

NRIC/FIN No: 5990349



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**SINGAPORE
POLICE FORCE**



T/20210607/7046

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Report No. T/20210607/7046

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2021 23:04	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHAMED FIRDAUS BIN MOHAMED ISMAIL		Address: 180 YUNG SHENG ROAD #04-107 SINGAPORE 610180	
ID Type / ID No.: NRIC NO / S8790197A		Contact No.: Home/Office: Mobile: 98519156	
Nationality: SINGAPORE CITIZEN		Email: MOHAMEDF2.NET@GMAIL.COM	
Sex: Male	Age: 33	Date of Birth: 19/11/1987	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Data Center Operator		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/06/2021 13:50	Type of Location: T-Junction
Location: YUNG KUANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG3604C	Motorcycle	SYM	JOYRIDE 200I EVO CVT	White		0
YN9277P	Lorry	MITSUBISHI		Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210607/7046

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

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Report No. T/20210607/7046

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG3604C	NTUC Income Insurance Co-Operative Limited	5091342563-03	15/06/2020	14/06/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED FIRDAUS BIN MOHAMED ISMAIL	ID No.	S8790197A
Related Vehicle	FBG3604C (Motorcycle)	Contact No.	98519156
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	07/06/2021	Date	07/06/2021
No. of Days granted Medical Leave	14	Degree of	Slight
Driver			
Name	CHIU ENG HUA	ID No.	S1626047I
Related Vehicle	YN9277P (Lorry)	Contact No.	84812869
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I'm am

A1) MOHAMED FRIDAUS BIN MOHAMED ISMAIL, S8790197A, HP: 98519156.
 My vehicle is
 VA1) White Motorcycle Scooter, SYM Joyride 200i EVO, FBG4604C.

The other party is the lorry driver

B1) CHIU ENG HUA, S1626047I, HP: 84812869.
 The other party lorry details are
 VB1) A light grey Mitsubishi open back 10Ft small lorry, YN9277P.

The facts provided by me in this report is true to the best of my knowledge.



**SINGAPORE
POLICE FORCE**



T/20210607/7046

Police Station Of Origin:
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Tel No: 65470000

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Report No. T/20210607/7046

CONTINUATION OF REPORT

I stay at Blk 180 Yung Sheng Road #04-107 S(610180). My workplace is at 25 Serangoon North Avenue 5, Techplus Technology Pte Ltd. My route to work involves exiting the carpark through Corporation Tiara to Yung Kuang Road, turning right at Yuan Ching Road and merging to AYE.

On 07 June 2021 at around 1350hrs, I left for work as usual through Corporation Tiara exit. I stopped at the exit to ensure traffic is clear before proceeding. After checking both lane 1 and 2 is clear of traffic, I turned left to move out and immediately moved to lane 1 in preparation to turn right later at Yuan Ching Road.

As I was moving, in front of me, I noticed a van in lane 2 preparing to turn left and enter the carpark for NTUC Fairprice @ Yung Kuang. I also noticed VB1 stopped at the same carpark entrance/exit, preparing to exit.

However, as I was about to pass the NTUC Fairprice @ Yung Kuang carpark entrance/exit, VB1 suddenly moved out of the carpark exit to turn right. I immediately applied e-brake to slow down but it was not sufficient enough to stop and I collided onto the middle of the right side of VB1 as it was still turning right. The front portion and front wheel of my motorcycle also went under VB1.

The collision caused my motorcycle fall to its right side, however, I managed to jump off my bike to the left before the fall. I staggered on my feet for a moment before noticing sharp pains on my right shin, my left ankle and left wrist, forcing me to sit down on the road.

B1 and another driver, a male Indian, assisted me to move to the side of the road and the male Indian also assisted to call the ambulance.

Several other pedestrians and drivers also assisted to handle the scene before the arrival of the ambulance. They helped me to use my phone to take the picture B1's driving license. B1 also gave me a miss call after providing him with my phone number. One of them also assisted to take a picture of the incident and send the pictures to me via whatsapp.

I also heard B1 talking with some of the pedestrians saying that he did not see me as the van was blocking his view of me. I just replied that he was suppose to check both lanes if traffic clear before turning right.

Once the ambulance arrived and assessed me. At around 1429hrs, I was transported to Ng Teng Fong Hospital for further assessment. I was diagnosed with a left wrist fracture and contusion on my lower right leg. I was provided with a back slab cast on my left wrist, was given 14 days Medical Leave from 07 June 2021 to 20 June 2021 and was discharged.

This conclude my report.

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**SINGAPORE
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T/20210607/7046

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Report No. T/20210607/7046

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

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:
07/06/2021 23:04

Classification Of Case:

