

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	14/07/2020 14:30 (SGT)
Date of Accident	29/06/2020 05:55 (SGT)
Exact Location of Accident	JUNC OF UPP SERANGOON RD & UPP SERANGOON CRESCENT
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS1406K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NUR ARRZIL BIN AMINNUDDIN
NRIC No	S9206131J
Email Address	haizan_nor@yahoo.com.sg
Mobile Phone No	(Phone) +65-90089545
Alternative Phone No	(Phone) +90089545

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	PNMC2019-00005145
Cover Note Number	NA

DRIVER

Name of Driver	QUSYAIRI NOR HAZIM BIN HAZAT
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NRIC No	T0103002C
Date Of Birth	05/02/2001
Occupation	Indoor
Date Of Driving Pass	20/06/2019
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Office) +65-90089545
Alt. Phone Number	-
Email Address	haizan_nor@yahoo.com.sg
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver 1	-
Insurance Company of Other Vehicle Owned by Driver 1	-
Vehicle Registration Number of Other Vehicle Owned by Driver 2	-
Insurance Company of Other Vehicle Owned by Driver 2	-
Vehicle Registration Number of Other Vehicle Owned by Driver 3	-
Insurance Company of Other Vehicle Owned by Driver 3	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
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 vehicle 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	SENGKANG NPC
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - ON 29/06/2020 AT ABOUT 0030HRS, MY SON (ONE QUSYAIRI NOR HAZIM BIN NOR HAIZAT , NRIC T0103002C LEFT HOME FOR HIS PART TIME JOB AS A DELIVERY FOOD RIDER . AT 0730HRS , I CALLED MY SON'S MOBILE AS HE HAD NOT RETURNED HOME. THE PHONE WAS PICKED UP BY A STAFF FROM CHANGI GENERAL HOSPITAL (CGH) I WAS INFORMED THAT MY SON WAS INVOLVED IN AN ACCIDENT AND WAS ADMITTED TO CGH. I IMMEDIATELY WENT DOWN TO CGH A & E. I DID NOT SEE MY SON UNTIL HE WAS BEING TRANSFERRED TO THE INTENSIVE CARE UNIT (ICA). ON 30/06/2020 AT ABOUT 2220HRS, MY SON PASSED AWAY IN THE HOSPITAL. I WAS INFORMED BY IO KAMALIAH TO LODGE A POLICE REPORT IN REGARDS TO THE ACCIDENT VIDE E/20200629/0029

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	-
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB585Z
Vehicle Manufacturer	-
Vehicle Model	TOYOTA / PRIUS TAXI (SMRT)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	QUSYAIRI NOR HAZIM BIN HAZAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
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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.



VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Policyholder's Signature
 Date & Time:

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

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

13/7/2020

999999 9999999999999999

SKETCH PLAN

JUNCTION of
UPPER SERANGOON ROAD
&
UPPER SERANGOON CREEK
A: F21406K
B: 3H2535Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

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



SINGAPORE POLICE FORCE

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20200707/2041

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Report No: 1/20200707/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2020 13:07		Vide Report No.: E/20200629/0029	Station Diary No 56
Informant's Particulars			
Name of Informant: NOR HAIZAN BIN MOHD ZAILANI		Address: APT BLK 443C FERNVALE ROAD #02-377 SINGAPORE 793443	
ID Type / ID No.: NRIC NO / S7716283F		Contact No.: Home/Office: Mobile: 90089545	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 16/06/1977	Type of Informant: FATHER OF RIDER
Race: Javanese		Language:	Institution / School Name:
Occupation: FOOD DELIVERY RIDER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Fatal Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/06/2020 05:55	Type of Location:
Location: Junction of Road 1 and Road 2 UPPER SERANGOON ROAD UPPER SERANGOON CRESCENT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No:	Type	Make	Model	Color	Condition	No of Passenger
FS1406K	Motorcycle	YAMAHA	RXZ	Silver		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



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Report No. T/20200707/2041

CONTINUATION OF REPORT

Rider			
Name	QUSYAIRI NOR HAZIM BIN NOR HAZAT		ID No. T0103002C
Related Vehicle	FS1406K (Motorcycle)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class NIL Date of Expiry NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Fatal

Brief Details.

On 29/06/2020 at about 0030hrs, my son (one Qusyairi Nor Hazim Bin Nor Haizat, NRIC T0103002C) left home for his part-time job as a delivery food rider.

At 0730hrs, I called my son's mobile as he had not returned home. The phone was picked up by a staff from Changi General Hospital (CGH). I was informed that my son was involved in an accident and was admitted to CGH. I immediately went down to CGH A & E. I did not see my son until he was being transferred to the Intensive Care Unit (ICA).

On 30/06/2020 at about 2220hrs, my son passed away in the hospital.

I was informed by IO Kamaliah to lodge a police report in regards to the accident vide E/20200629/0029.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



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Report No: T/20200707/2041

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:

F /
Staff Sgt LOI SHI HUI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/07/2020 13:07

Officer In Charge Of Case:

TP / FAIT /
Sr Staff Sgt RAZIZ BIN TAHAR
Contact No: 65476195

Classification Of Case:

Authentication Stamp
SPR

Signature:

Police Force