

# 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 ..... 18/10/2021 14:22 (SGT)  
Date of Accident ..... 17/10/2021 09:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG BUKIT PANJANG RING ROAD.  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBG1097D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMED FIRDAUS BIN MOHAMED YUSOFF  
NRIC No ..... S8842285F  
Email Address ..... Frenzomayabee@gmail.com  
Mobile Phone No ..... (Phone) +65-81297379  
Alternative Phone No ..... +65-81297379

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Fz16  
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 ..... Manual  
CC ..... 160

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5123408707  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MOHAMED FIRDAUS BIN MOHAMED YUSOFF  
NRIC No ..... S8842285F

Date Of Birth .....	08/11/1988
Occupation .....	Outdoor
Date Of Driving Pass .....	25/04/2016
Driving experience .....	5 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81297379
Alt. Phone Number .....	+65-81297379
Email Address .....	Frenzomayabee@gmail.com
Address .....	BLK 31 MARSILING DRIVE #04-335
Address complement .....	-
Postcode .....	730031
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 .....	Hit and run / Vandalism / Damaged whilst parked
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Bukit Panjang North Neighbourhood Police Post
Police Station Address .....	Blk 27 Marsiling Drive Singapore 730027
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND 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 .....	SMN4661M
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	UNKNOWN
Contact Number .....	-

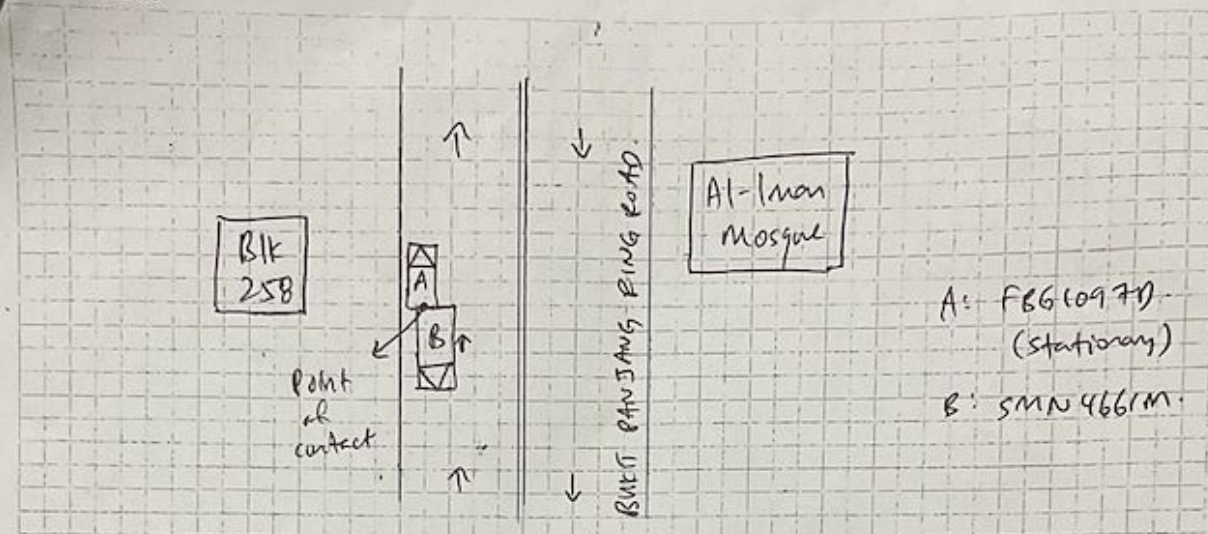
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

WITNESS DETAILS

WITNESS 1

Name .....	DON
Phone .....	(Phone) +65-81125903
Email .....	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

DECLARATION

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

Policyholder's Signature

Date & Time: 18/10/2021  
21:15h

Driver's Signature

(If driver is not the policyholder)

Date & Time: 18/10/2021  
21:15h

Reporting Centre Personnel's Signature

Name: Nizam

NRIC/FIN No.: 97385



SKETCH PLANIMPORTANT NOTICE

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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.
- (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:

18/10/2017  
2:14:15

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

18/10/2017  
2:14:15

Reporting Centre Personnel's Signature  
Name: N. R. A. M.  
NRIC/FIN No.: 99385
















**SINGAPORE  
POLICE FORCE**


T/20211017/2031

Police Station Of Origin:  
Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

1 of 3

Report No. T/20211017/2031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/10/2021 13:55		Vide Report No.: J/20211017/0075		Station Diary No.: 9	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED FIRDAUS BIN MOHAMED YUSOFF			Address: APT BLK 31 MARSILING DRIVE #04-335 SINGAPORE 730031		
ID Type / ID No.: NRIC NO / S8842285F			Contact No.: Home/Office: Mobile: 81297379		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 08/11/1988	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: ELECTRICAL INSTALLER			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 17/10/2021 09:50	Type of Location: Car Park
Location:  BUKIT PANJANG RING ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG1097D	Motorcycle	YAMAHA	FZ 16	Red	Slightly Damaged	0
SMN4661M	Car	BMW		Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG1097D	NTUC Income Insurance Co-Operative Limited	5123408707	20/08/2021	19/05/2022





**SINGAPORE  
POLICE FORCE**



T/20211017/2031

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Police Station Of Origin:  
Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

Report No. T/20211017/2031

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED FIRDAUS BIN MOHAMED YUSOFF	ID No.	S8842285F
Related Vehicle	FBG1097D (Motorcycle)	Contact No.	81297379
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	NIL

**Brief Details.**

On 17/10/2021 around 0950hrs, I had parked my motorcycle at the open space carpark of Blk 258 Bukit Panjang Ring Road. On the same day around 1015hrs, I return to my vehicle and tried to start however unable to do so.

I did what I could such as push start and even changed my gear however still unable to start. Before I pushed my bike to the opposite lane, there was a black Car (SMN4661M) behind my bike and I placed a note on the car stating what happened as I needed the assistance of the driver to check his CCTV footage.

Suddenly one car stopped behind my bike and the driver informed that earlier he witnessed that it was the very black car that had bumped onto the front part of my bike.

The black car was still there however no driver around. However while I was fixing my bike, the black car drove out. I then called for police assistance.





**SINGAPORE  
POLICE FORCE**



T/20211017/2031

Police Station Of Origin:  
Bukit Panjang North NPP  
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730027  
Tel No: 1800-3689999

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Report No. T/20211017/2031

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

L /

Staff Sgt MUHAMMAD HIDAYAT  
BIN MOHAMED FADIAH

Signature Of Informant

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/10/2021 13:55

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Classification Of Case:

SN 127



Signature :

**Singapore Police Force**