SY052471000F-01 / YEW TEE AUTOMOBILE TECH PTE LTD [737856] ENTRY DATE & TIME: 01/07/2024 15:26 (SGT) SUBMITTED BY: TOH TZE CHANG VERSION: 2 (01/07/2024 16:59 (SGT))

# **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 Actual Driver
- 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 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.

- 4. The issue and acceptance of this is form by instrained 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 First Submission 01/07/2024 15:26 (SGT) Reported by **Actual Driver** Date of Accident 27/06/2024 07:30 (SGT) Exact Location of Accident Malaysia Additional Location Information MALAYSIA JALAN UTAMA SELANCAR Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBR9516B INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NURAZMI BIN ABDUL RAHMAN NRIC No S8332856H Fmail Address AZMISOULLESS@GMAIL.COM Mobile Phone No (Phone) +65-93805844 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Yamaha Model TRACER 9 GT 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

No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Manual CC

**INSURANCE COMPANY** 

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5120144706-03

DRIVER

Name of Driver MUHAMAD HAFIZ BIN HALI NRIC No S8512928G Date Of Birth 27/04/1985 Occupation Indoor

Driving Pass Date 08/02/2019 Driving experience 5 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-93805844 Alt. Phone Number Email Address HAFIZHALI@GMAIL.COM Address APT BLK 230 PASIR RIS STREET 21 #12-38 Address complement Postcode 510230 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Friend Does Driver Own Other Vehicles? Nο 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Pasir Ris Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005852999 Alt. Police Station Phone No (Fax) +65-65855261 Police Station Address 1 Pasir Ris Drive 4 #01-01 Singapore 519457 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBP4949D

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Motorcycle
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  Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	MUHAMAD HAFIZ BIN HALI Male (Phone) +65-93805844 APT BLK 230 PASIR RIS STREET 21 #12-38 - 510230 FBR9516B No
Was this injured conveyed to hospital by ambulance?	Yes

#### SKETCH PLAN

#### 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 Actual Driver.
- Information provided must be as inthiti and accurate as cossible. 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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") mayiare 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' towyers/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:

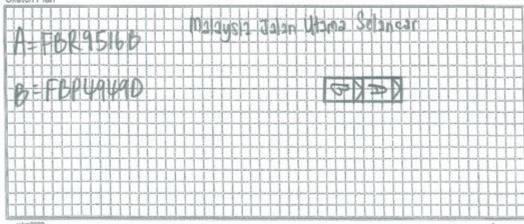
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); ant/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 sifed outside of Singgore, for one or more of the above Purposes.

Policyholde (Signature / Date & Time

Actital Driver's Signature (if driver is not the policyholder) / Dale & Time

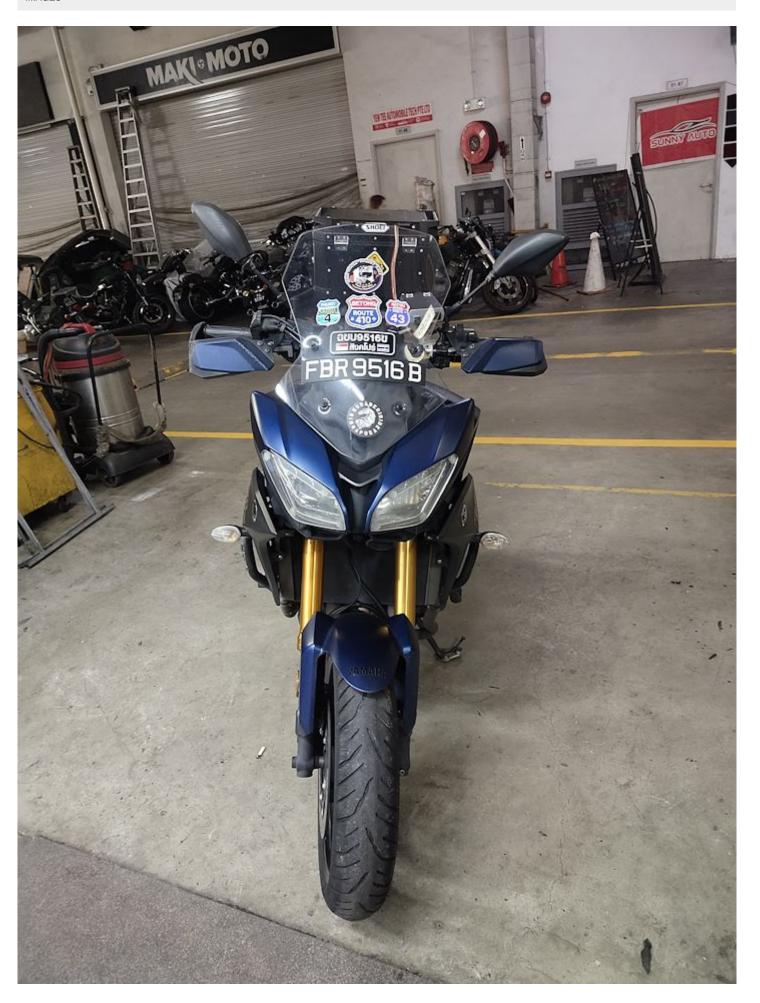
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

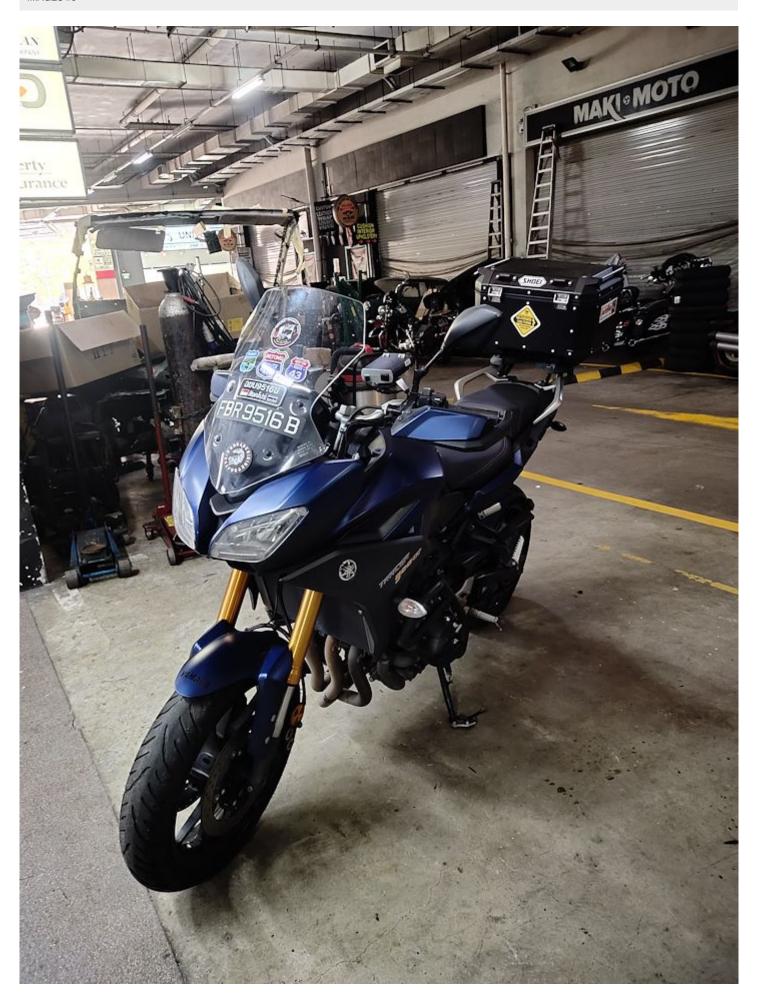


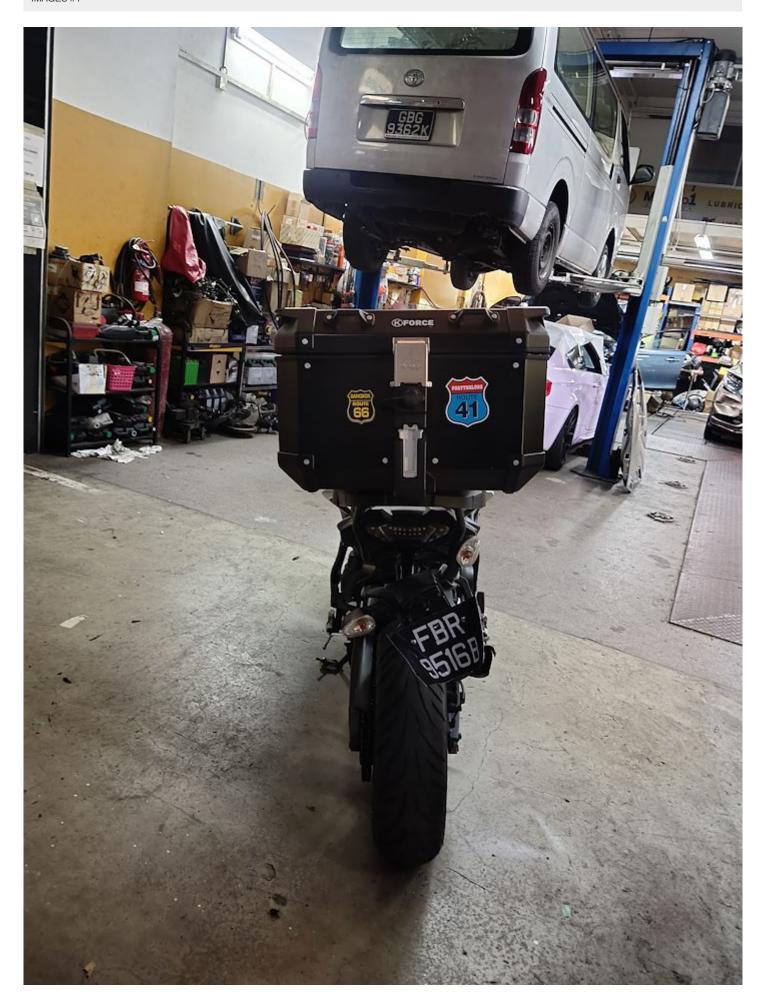
Accident report SY052471000F

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Seclare the foregoing pe	rticulars are true in every respect.	
An	Hato	(and
yhold Signature / Da	de & Time Actual Driver's Signature (if driver is not i / Date & Time	the policyholder) Witnessed by Reporting Centre P (Name as in NRIC/ID card)
2		

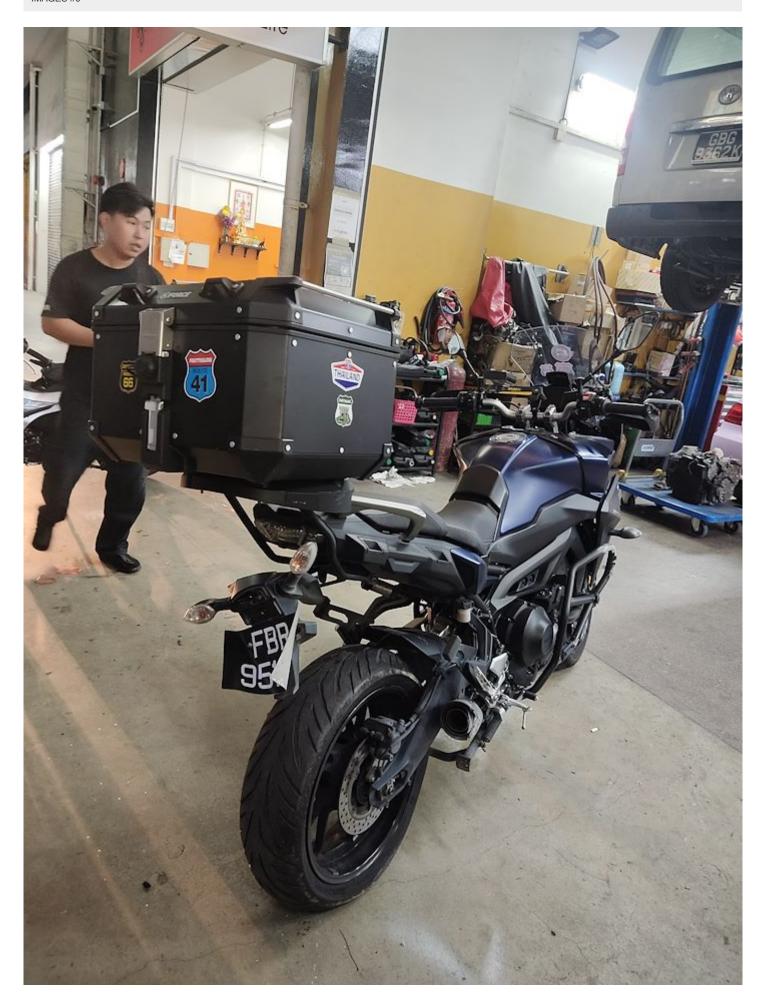


















Report No. G/20240630/2023

#### POLICE REPORT (NP299)

Police Station Of Origin Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

Date/Time Report Made 30/06/2024 12:16	Vide Re	port No.		Station Diary No. 10
Name Of Informant	Address			
MUHAMAD HAFIZ BIN HALI	230 PASIR RIS STREET 21 #12-38 SINGAPORE 51023			SINGAPORE 510230
ID Type / ID No. NRIC NO / S8512928G	Contact No. Home/Office Mobile 93805844			
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
TECHNICAL OFFICER	Male	39	27/04/1985	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 27/06/2024 08:45	Location Of Incident Jalan Utama Selancar			
	MALAYSIA			

#### Brief details.

On 27/06/2024 at around 0730hrs, I was riding my motorbike (FBR9516B) along the expressway in Malaysia towards Kuala Terengganu. I was riding along Jalan Utama Selancar when another motorbike (FBP4949D) suddenly hit onto the rear of my motorcycle from the back. The impact caused me to fall towards the right side of the road. I suffered injuries on the right side of my arm.

My motorcycle suffered damages as a result of the collision. There were damages to the rim, the exhaust and the rear tire. Further complications to the internal of the motorcycle had yet to be rectified. I am

Signature Of Officer Recording The Report: G / SR STAFF SGT MOHAMAD ADHA BIN MOHAMAD ADAM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/06/2024 12:16
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / INSP (2) LIAO JIA XING Contact No.: 62447200	Classification Of Case:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20240630/2023

lodging the report for my insurance purposes.

Signature Of Officer Recording The Report: G / SR STAFF SGT MOHAMAD ADHA BIN MOHAMAD ADAM

Ah

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / INSP (2) LIAO JIA XING Contact No.: 62447200 Signature Of Informant:

Hob

Date/Time: 30/06/2024 12:16

Classification Of Case:



## POLIS DIRAJA MALAYSIA REPOT POLIS

Balai	: TUN RAZAK
Daerah	: ROMPIN
Kontinjen	: PAHANG
No. Repot	: CHENDERAWASIH/000339/24

 Tarikh
 : 27/06/2024

 Waktu
 : 1454 PM

 Bahasa Diterima
 : B. Malaysia

Butir-butir Penerima Repot :

Nama : NUR MUNIRAH BINTI No. Badan : R209460 Pangkat : L/KPL ANUAR

Butir-butir Jurubahasa (Jika Ada) :

Nama :-- No. K/P (Baru) :-- No. Polis/Tentera :-- No. Pasport :-- Bahasa Asal :--

Alamat : — Butir-butir Pengadu :

Nama : MUHAMAD HAFIZ BIN HALI

No. K/P (Baru) :— No. Polis/Tentera :— No. Pasport : K4428305E

No. Sijil Beranak :— Jantina : Lelaki Tarikh Lahir : 27/04/1985

Umur : 39 Tahun 2 Bulan Keturunan : LAIN-LAIN Warganegara : SINGAPORE

Pekerjaan : TECHNICAL OFFICER

Alamat Tinggal : APT BLK 230 PASIR RIS STREET 21 #12-38, SINGAPORE 510230

Alamat IbuBapa :--

Alamat Ibubapa :-Alamat Pejabat :-No. Tel (Rumah) :--

No. Tel (Rumah) :-- No. Tel (Pejabat) :-- No. Tel (Bimbit) : 6593805844

Emel ; --

#### Pengadu Menyatakan :

PADA 27/06/2024 JAM LEBIH KURANG 0730 HRS SEMASA SAYA DALAM PERJALANAN DARI MACHAP, SEGAMAT JOHOR MALAYSIA HENDAK MENUJU KE KUALA TERENGGANU, MALAYSIA DENGAN MENUNGGAN M/SIKAL NO. PENDAFTARAN: FBR 9516B. PADA JAM 0843 HRS, APABILA SAYA SAMPAI DI JALAN UTAMA SELANCAR, CHENDERAWASIH ROMPIN PAHANG MALAYSIA, TIBA-TIBA SEBUAH M/SIKAL DARI ARAH BELAKANG NO. PENDAFTARAN: FBP 4949D TELAH MELANGGAR BELAKANG M/SIKAL SAYA. AKIBAT DARIPADA ITU, SAYA TELAH TERJATUH KE KANAN JALAN. DALAM KEMALANGAN ITU SAYA MENGALAMI KECEDERAAN DI PERGELANGAN TANGAN KANAN MANAKALA M/SIKAL SAYA MENGALAMI KEROSAKAN NO. PENDAFTARAN BENGKOK, TAYAR BELAKANG PECAH, RIM BENGKOK, EKZOS PECAH DAN LAIN-LAIN KEROSAKAN MASIH BELUM DI KENAL PASTIKAN LAGI. PADA HARI INI SAYA DATANG KE BALAI BUAT LAPORAN INI ADALAH UNTUK TUNTUTAN PIHAK INSURAN BERKENAAN SERTA SAYA TIDAK MAHU MELIBATKAN MANA-MANA PIHAK DI MALAYSIA. SEKIAN REPOT SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

Salinan Repot Pertama



#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADDENI	DUM	
(A)		RSON MAKING THE AMENDMEN'	TS:	
	Original Report No :	SY052471000F	Vehicle Registration No:	FBR9516B
	Name(as shownin NRIC) :	NURAZMI BIN ABDUL RAHMA	NRIC/FIN/Passport No:	S8332856H
	(*Vehicle Driver/Vel	hicle Owner) (*) Please delete as	appropriate	
	Address :	APT BLK 230 PASIR RIS STR	EET 21 #12-38	Singapore( 510230
	Contact (Tel) :		Mobile No. :_ 9380 5844	
	Email Address :	AZMISOULLESS@GMAIL.CO	М	
	Date of Accident :	27.06.2024	Time of Accident :0	7:30
	Place of Accident :	MALAYSIA JALAN UTAMA SELANCA	F	
	Insurance Company:	Income Insurance Limited		
	, <del>.</del>			
			LENG	
	Policyholder / Driver' Date:	s Signature	Reporting Centre Personame: NRIC/FIN No.: Date: 01.07.2024	onnel's Signature