SB0F249JM001 / Ban Hock Hin Co Pte Ltd ENTRY DATE & TIME: 19/09/2024 12:59 (SGT) SUBMITTED BY: Gan Lay Peng VERSION: 1 (19/09/2024 12:59 (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.

- 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 19/09/2024 12:59 (SGT) Both Policyholder and Actual Driver Reported by 14/09/2024 10:30 (SGT) Date of Accident Exact Location of Accident Singapore Additional Location Information TPE Towards Changi Between Exit 10 & 9 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM9515E INSURED/POLICYHOLDER

Name Of Registered Owner MUHAMMAD AS-RAFEEQ BIN IBRAHIM NRIC No SXXXX913E Email Address MUHDASRAFEEQ@GMAIL.COM (Phone) +65-85714434 Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

Yamaha SNIPER T150 Variant

Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

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

150 CC Vehicle Fuel Petrol First Regisration Date 22/05/2018

MH3UG0740J0101693 Chassis no Effective Date/Time of Ownership 22/12/2020 07:12 (SGT)

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MC00884209/03

DRIVER

Name of Driver MUHAMMAD AS-RAFEEQ BIN IBRAHIM NRIC No SXXXX913E Date Of Birth 20/02/1989 Occupation Indoor 23/01/2009 Driving Pass Date Driving License Pass Class 2B Driving License Validity Valid Driving experience 15 YEARS AND 8 MONTHS Gender Zamania and American and Mobile Number (Phone) +65-85714434 Alt. Phone Number Email Address MUHDASRAFEEQ@GMAIL.COM Address BLK 208B PUNGGOL PLACE 07-914 SINGAPORE 822208 Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver SGB7225D Insurance Company of Other Vehicle Owned by Driver Direct Asia Insurance (Singapore) Pte Ltd GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Change/cross lane Weather Conditions Clear Road Surface Wet 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 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 Traffic Police Police Station Phone No (Phone) +65-65470000 Alt, Police Station Phone No (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to sketch Plan 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	SHA1313R
Vehicle Manufacturer	-
Vehicle Model	-
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	MUHAMMAD AS-RAFEEQ BIN IBRAHIM
Gender ,	Male
Phone No	-
Address	-
Address Complement	-
Post Code	
Approximate Age Years Old	-
Injuries Sustained	Both legs pain, cuts and bruises.
Injured person in which vehicle?	FBM9515E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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Declaration

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

Oriver's Signature (if driver is not the policyholder) / Oate 8 Time

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

2

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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 6. 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)

Lunderstand, 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, involces, 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.

Policyholder's Signature / Day & Time

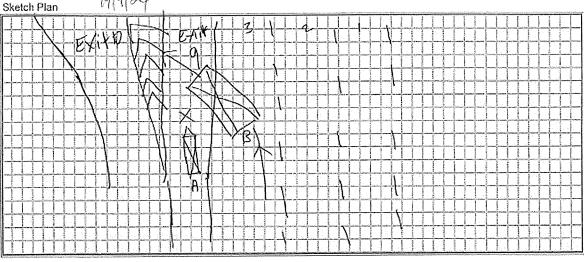
Oriver's Signature (# driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel

Gan Lay Peng

(Name as in NRICED card)





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



3 of 3

Report No. T/20240914/7062

CONTINUATION OF REPORT

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: 14/09/2024 17:12
Officer In Charge Of Case: TP / TPIB / MUHAMMAD KHAIRI SUFRIE BIN SUHAIMI Contact No.: 96207105	Classification Of Case:

NP168



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



2 of 3

Report No. T/20240914/7062

CONTINUATION OF REPORT

Any Pedestrian In	volved: No					
No. of Pedestrians	s Injured: NIL		Use of P	of Pedestrian Crossing: NA		
Rider						
Name	MUHAMMAD AS-RAF	EEQ BIN IE	BRAHIM	ID No		S8905913E
Related Vehicle	FBM9515E (Motorcycle)			Conta	ct No.	85714434
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: 2A,2,3,4 Date of Expiry: NIL
Date Treatment	14/09/2024		Date Dis	scharge	14/09	/2024
No. of Days grant	ed Medical Leave (MC)	NIL	Degree	of Injury	Slight	

Brief Details.

I was traveling at TPE towards changi at punggol area. I was on lane 4 going to exit 9Punggol. Suddenly taxi from lane 3 cut across trying exit at exit 10 cutting across the chevron. He suddenly stopped midway through this reckless behavior causing me to collide to its rear at the chevron.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240914/7062

REPORT	OF A TRAFFI	Ó ACCIDENT				
Date/Time Report Made: 14/09/2024 17:12		ide:	Vide Report No.:	Station Diary No.:		
Informan	nt's Particular	'S				
	Informant: MAD AS-RA	FEEQ BIN IBRAHIM	Address: 208B PUNGGOL PLACE #07-	914 SINGAPORE 822208		
ID Type / ID No.: NRIC NO / S8905913E		3E	Contact No.: Home/Office: Mobile: 85714434			
Nationality; SINGAPORE CITIZEN			Email; MUHDASRAFEEQ@GMAIL.COM			
Sex: Male	Age: 35	Date of Birth: 20/02/1989	Type of Informant: Rider			
Race: Malay			Language: English			
Occupation: Telecommunications technician		technician	Driving Licence Information: Class: 2A,2,3,4 Date of Expiry:			

Type of Accident: Injury Attended by Police		Drink Drive: Date/Time of Accid		Type of Location: Straight Road	
Location:	A.,				
TPE changi. Bet ex	cit 10 and exit 9				
Weather: Drizzling	a de translatido e político de presente pero se esta mande planela cita más de terre media de comenda de comen	Road Surface: Wet			
riamo i ioti.		Traine doines.		Fraffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear		,		yone conveyed by ibulance: s	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM9515E	Motorcycle	YAMAHA	SNIPER T150	Black		0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date		
FBM9515E	DIRECT ASIA INSURANCE (SINGAPORE)	MC/00884209/03	23/12/2020	21/11/2024		
	PTE. LTD.					