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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> by the Policyholder and/or the Authorised 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 ability.
- 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 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

THE SECOND SECOND SECOND SECOND	ACCIDENT STATEMENT
Date Of Report	29/11/2017 11:13
	24/11/2017 18:20
Exact Location Of Accident	OPPOSITE WHEELOCK PLACE CARPARK A0007
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK4644J
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAISAL BIN ISHAK
NRIC No	S9311156G
Email Address	BREAKERS24@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82007201
Alternative Phone No	OTHERS-82007201
Vehicle Particulars	
Manufacturer	HONDA
Model	CBR1000RR-999CC (M)
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5087214029
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FAISAL BIN ISHAK
NRIC No	S9311156G
Date Of Birth	24/03/1993
Occupation	INDOOR
Date Of Driving Pass	21/12/2016
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82007201
Fax Number	
Contact Number	OTHERS-82007201

BREAKERS24@HOTMAIL.COM

Address

BLK 485D CHOA CHU KANG AVENUE 5

#10-142

Postcode

684485

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT PANJANG SOUTH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 124 PENDING ROAD , POSTCODE: 670124 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7609999 - FAX NO: 67636614

Was notice of Intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171124/2150

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

SDM9688R

Vehicle Make/Model/Colour

NISSAN

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

UNKNOWN

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

F6454C

Vehicle Make/Model/Colour

VESPA.

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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. The 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 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: 29 / 11 /17

10:43am

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No. 108 W WATTONS

MKNOWN JUSUANO WAR MON SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect.

Policyholdens Signature Date & Time: 29/11/17

10:43am.

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

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





1 of 3 Report No. T/20171124/2150

Police Station Of Origin: Bukit Panjang South NPP 124 Pending Road #01-00 SINGAPORE 670124

Tel No: 1800-7609999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2017 20:09			Vide Report No.:	Station Diary No.:
Informa	ant's Partic	ulars	CORP. COR. 20 Sept. 1	
Name o MUHAN	of Informant MMAD FAIS		Address: APT BLK 485D CHOA CHU SINGAPORE 684485	KANG AVENUE 5 #10-142
ID Type / ID No.: NRIC NO / S9311156G			Contact No.: Home/Office:	Mobile: 92007204
Nationa SINGAR	lity: PORE CITIZ	EN	Email: Mobile: 82007201	
Sex: Male	Age: 24	Date of Birth: 24/03/1993	Type of Informant:	
Race: Indian			Language: English	Institution / School Name:
Occupation: PSA CONTAINER HANDLING SPECIALIST		HANDLING	Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive:	Date/Time of Accident:	Type of Location Car Park
Location: Along Road 1 ORCHARD R	OAD	No.	24/11/2017 18:20	
OPPOSITE V	HEELOCK PLACE CA	ARPARK A0007		
Weather: Roa Raining Wet		Road Surface:	F	Road Speed Limit:
		VVEL		
Traffic Flow: Type of Collis		Traffic Control:	11/1/2	raffic Volume:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
F6454C	Motorcycle	VESPA		Orange	Condition	0	
FBK4644J	Motorcycle	HONDA	CBR1000RR FIREBLADE		Slightly	0	
SDM9688R	Car	NISSAN	TINEBLADE	Black	Damaged	0	

Details of V	ehicle Insurance	STREET, SHOW SHOW AND	Maria de la compansión de	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
		This find that the first t	FIIGOTIAG	Explity Date





2 of 3

Report No. T/20171124/2150

Police Station Of Origin: Bukit Panjang South NPP 124 Pending Road #01-00 SINGAPORE 670124

Tel No: 1800-7609999

CONTINUATION OF REPORT

Details of V	ehicle Insurance	THE CHEST AND	Effective	Expiry Date
Vehicle No.	Insurance Company	Insurance No		
venicle 140.		5087214029	29/12/2016	25/02/2018
FBK4644J	NTUC Income Insurance Co-Operative Limited	5067214025	20/12/20	1982910000000000000000000000000000000000

	n Involved				
Any Pedestrian In	voived, No	Use of Pe	destrian	Cross	ng: NA
No. of Pedestrian	s Injured: NIL	030 011 0			No the Laboratory Co. (e)
Rider		1112	ID No.		S9311156G
Name	MUHAMMAD FAISAL BIN ISH	IAK	10 140.		050111000
	13		Conta	ct No	82007201
Related Vehicle	FBK4644J (Motorcycle)		Conta		
	112333		Class	of	Class: 2B,2A,2,3,4
Hospital/Clinic	NIL		Driving	g ce &	Date of Expiry; NIL
		1	I Decay Assets	The second distribution in which the	
Date Treatment	NIL	Date Dis		NIL	
No. of Days gran	ted Medical Leave NIL	Degree o	of Injury	INIL	

On 24/11/2017 at about 1700hrs, I parked my motorcycle in the carpark on the double yellow line at carpark A0007(Opposite Wheelock place). There was no other lots, thus I parked my motorcycle there. Everything was intact and normal. On the same day at about 1820hrs, I returned to my motorcycle and discovered that there was scratches on the left side of my fairing and engine guard. There was a note on my motorcycle from a witness namely HP:81610104. He claimed that he saw a car(SDM9688R) knocked onto a motorcycle(F6454C-Vespa). After that, the driver came out and carried the Vespa and the Vespa hit onto my motorcycle. After which, the driver just drove off. I have taken photos of the damages.





3 of 3

Report No. T/20171124/2150

Police Station Of Origin: Bukit Panjang South NPP 124 Pending Road #01-00 SINGAPORE 670124

Tel No: 1800-7609999

CONTINUATION OF REPORT

Sketch Plan

NP168

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 Reports J / Staff Sgt MUHAMMAD FIRDAUS BIN SAHROL	Signature Of Informant:
Signature Of Interpreter:	Date/Time: 24/11/2017 20:09
Officer In Charge Of Case: TP./ HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp	

Claim Handling Accident MT/0971607 Vehicle No. FBK46441 OST Registration for Palicyholder Name. MUHAMMAD FAISAL BIN ISHAK Policyholder NRIC Product Code MOTORCYCLE INSURANCE Cover Type Third Party, Fire & Theft Contact No. (Mobile) 82007201 Contact No.(Office) Contact No.(Home) Email Address Special Remark @ No Yes @ No Yes eCode Reason NCO Protestion NCD Entitlement(%) 10 Accident Details 29/11/2017 11:33 Report Date Accident Report Within 24 hrs. Accident Type Date of Accident 24/11/2017 Time of Accident hhumm 18:20 Country of Accident Singapore Reporting Centre Grange Force ICM No. Accident Location OPPOSITE WHEELOCK PLACE CARPARK ADDUT P Benefits W Excess Own damage Excess 8.00 Additional Facusa Windscreen Excess Outside Singapore QD Excess Unnamed Driver Excess Dutaide Singapore TP Excess GST Registered Information GST Registered GST Registration Date GST Registration No. **GST Status Verified** Yes Modification History ⇒ Policyholder Mailing Address BLK 4850 #10-142 Address t Address 7 CHOA CHU KANG AVENUE S Address 3 Address 4 Address Type Singapore address Post Code tion No. 10-147 Related Policy Number 5887214029 O OI Driver Info Driver Name MUHAMMAD FAISAL BIN ISHAK Driver Type Main Driver Unnamed driver Name Driver NRIC 59311156G Driver DOB Register Date of Driver License 22/05/2014 Driver Age Driving Experience Contact No.(Mobile) H2007201 Contact No. (Office) Contact No.(Home) Address 1 BLK 485D #10-142 Address 2 DROA CHU KANG AVENUE S Address 1 Address 4 Address Type Singepore address Post Code Unit No. 10-147 Does he own a Singapore Registered car? Yes G No Driver Vehicle No. FBK 46443 Driver Insurer Company Breathalyeer or Blood Teet Reading? Any injury? Yes @ No Modification History Claim 001 New Claim Type * OD-MX Insured Name MUHAMMAD FAISAL BIN ISHAK Insured NRIC Contact No.(Mobile) Contact No.(Home) 52007201 Contact No. (Office) NIL Email Address OI Vehicle Number TP Vehicle Number breakers24@hotmail.com FBK46443 Claim Description Name of Preferred Workshop FBK 46443 / SOM968BR ON 24 Nov 2017 Preferred Workshop Contact Insured Liability * Require Finalisation Proferent Repair Option Preferred Workshop, Name unknown GIA report **Date Registered** 29/11/2017 11:36 Claim Close Date Date Received Report Taken By BOSLI WAHAS Print AK letter Save Submit Attachment Accident No. MT/0971607 Claim No. Last Doc. Received W Yes C No Upload Date 29/11/2017 11:41 Darn . Category * Confidential Browse ...) Clear Please Select

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A CCIDENT STATEMENT

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ACCI	DENT DATE 24 /11 /2017	DD/MM/YYYY), TIME:(_Z	(MM:HH) (PO O
	HON: OPPosite wheel lock		
	7.,-1		
1.	DETAILS OF VEHICLE	× 1. 1. *	/6 13
	DETAILS OF VEHICLE FBK 4	6443	200 N N
	b) INSURANCE COMPANY: N	TUC	2 <u>2</u>
	CIPOLICY NUMBER: 5087	214029	
	DIPOLICY TYPE: (COMPREHENSIV	E / HIRD PARTY (THIRD	PARTY FIRE &THEFT
	BIMAKE & MODEL: CBL 1000		
	TYPE: (SALOOM / COUPE / MPY		
	g) VEHICLE CATEGORY: (PRIVATE		OKCACIED
	hipurpose of using at accidi		
	IJARE YOU CLAIMING UNDER YO		
	IF NO, PLEASE STATE (THIRD PAR	IT CLAIMY REPORTING	ONLT)
21,	ANAME: MU hammad FAISA	IL Bin Ishak	MALB / FEMALEL
	DINRIC/FIN/PASSPORT: SASINS	661 CONT.	
	DIADDRESS BIOCK 485D CHO	a Chu Kang Aves #1	0-142 S(684485)
	1		
A.	* CONTINUE TO 3, d IF DRIVER AL	SO POLICY HOLDER	
Allo of bustonidge	DRIVER		30023
(Including diriver)			
(_)	DINKIC/FIN/FASSFORT	CONI	ACI:
·/	c ADDRESS!		
	*d) DATE OF BIRTH: (//	I/DO/MM/YYYY	7
*11	DOCCUPATION: LINCOOR / OU		# 16 B
2.7	I PURE DEDRIVING I WOUCK		2
4,	WAS DRIVER AN EMPLOYEE O	F THE INSURED'S CON	MPANY? (YES /(NO)
	IF NO, RELATIONSHIP OF THE	DRIVER WITH INSUR	ED! CUMMIC
5,	a) WEATHER CONDITION: (CLEAR	(/RAINING / OTHERS_	
7	b) ROAD SURFACE: (DRY / WET / WAS ANYBODY INJURED IYES / h		
¥ 50	IF YES, PLEASE STATE WHICH PO	DUICE STATION: B.P	. S. MPP
8,	THIRD PARTY VEHICLE	1988	
the of pessonger	O) VEHICLE NUMBER: SDM9	MODE	NISSAN
(Induding driver)	b) DRIVER'S NAME:		
1 1	o) NRIC/FIN/PASSPORTI	сои.	IACII.
9.	THIRD PARTY VEHICLE	·C.	VESPA
\$ No of passinger	d) VEHICLE NUMBERI P6454	KMIN BIN GOTAK	(L) VWIII
(Including driver	O DRIVER'S NAME: NEW TO	004978Z CON	TACT: 8162 5493
7	z ij samozejneznoveznie. Zak	Annual Martine Control of the Contro	
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email: breakers 24@hotmil.com.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9311156G

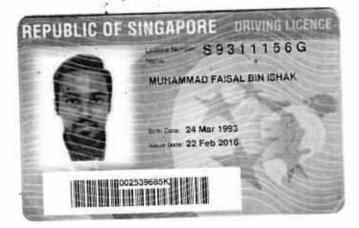




MUHAMMAD FAISAL BIN ISHAK

INDIAN Date of birth 24-03-1993 SINGAPORE





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Metarryctics =< 250 CC
Metarryctics between 191 CC and 400 CC
Metarryctics > 400 CC
Metarryctics > 400 CC
Metarryctics > 400 Eq
Metarryctics = 1900 Eq
Metarryctics = 1900 Eq
Metarryctics = 2500 Eq
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Metarryctics = 2500 Eq

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27-01-2016

APT BLK 485D CHOA CHU KANG AVENUE 5 #10-142 SINGAPORE 584485

S / No.9000264926

EFFECTIVE DATE

22 May 2814 23 Oct 2015 21 Dec 2016 25 Apr 2016

NP 428A

Class 28 Class 2A Class 2 Class 3

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oe No:S9311158G

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