

## 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 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 aforesaid.

### ACCIDENT STATEMENT

Date Of Report	19/12/2017 14:00
Date Of Accident	15/12/2017 10:00
Exact Location Of Accident	ALONG TAMPINES STREET 31
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	AQ3285Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ISKANDAR ZULKARNAIN BIN MUSTAFFA
NRIC No	S8705157I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83831041
Alternative Phone No	OTHERS-83831041

### Vehicle Particulars

Manufacturer	VESPA
Model	EXCLUSIVE II-150CC
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
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
Fleet Policy	NO
Policy Number	5044491755-07
Cover Note Number	

### Driver

Name of Driver	ISKANDAR ZULKARNAIN BIN MUSTAFFA
NRIC No	S8705157I
Date Of Birth	25/02/1987
Occupation	INDOOR
Date Of Driving Pass	20/03/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83831041
Fax Number	
Contact Number	OTHERS-83831041
Email Address	NOEMAIL

Address	BLK 139 #03-22 SIMEI STREET 1
Postcode	520139
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20171215/2134. ATTENDED BY SITI

#### 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	SHC8121X
Vehicle Make/Model/Colour	
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

**DETAILS OF INJURED PERSON 1**

Name	ISKANDAR ZULKARNAIN BIN MUSTAFFA
Approximate Age	30
Injuries Sustain	
Injured person in which vehicle?	AQ3285Z
Were seat belts worn?	NO
Was injured conveyed to hospital by ambulance?	YES
Address	BLK 139 #03-22 SIMEI STREET 1.
Postcode	520139



SKETCH PLAN

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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.

19 DEC 2017

Policyholder's Signature

Date & Time: 18/12/17

Driver's Signature

(If driver is not the policyholder)

Date & Time: 18/12/17

IDAC KAKI BUKIT(VAC)

23 KAKI BUKIT AVE 4

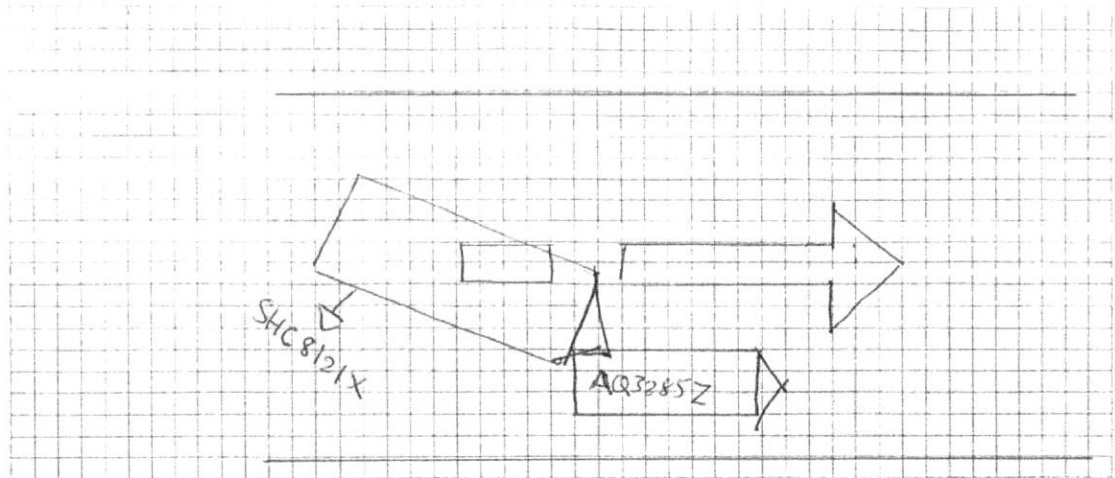
Singapore 415933

Reporting Centre Person's Signature

Name: Fax: 67492305

NRIC/FIN No: kackbi@singnet.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report no T/2017/215/2134

DECLARATION

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

Policyholder's Signature

Date & Time: 18/12/17

Driver's Signature

(If driver is not the policyholder)

Date & Time: 18/12/17

19 DEC 2017

IDAC KAKI BUKIT (VAC)

23 KAKI BUKIT AVE 4

Reporting Centre Personnel's Signature

Name: Tel: 67416697

NRIC/FIN No: Fax: 67492305


Email: vackb@singnet.com.sg

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S87051571**  
Name: **ISKANDAR ZULKARNAIN BIN MUSTAFFA**

Birth Date: **25 Feb 1987**  
Issue Date: **18 Feb 2016**

002538726C



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S87051571**



Name

**ISKANDAR ZULKARNAIN BIN MUSTAFFA**

Race  
**MALAY**

Date of birth  
**25-02-1987**

Sex  
**M**

**S87051571**



Country/Place of birth  
**SINGAPORE**

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

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE  
**20 Mar 2008**

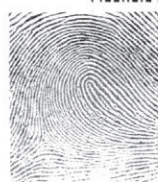
NP 428A



5767609



NRIC No. **S87051571**



Date of issue  
**27-06-2017**

Address

**APT BLK 139 SIMEI STREET 1  
#03-22  
SINGAPORE 520139**



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5044491755-07

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **AQ3285Z**  
Chassis Number : 0190265
2. Name of Policyholder : ISKANDAR ZULKARNAIN BIN MUSTAFFA
3. Effective Date of Insurance : 01 Sep 2017
4. Expiry Date of Insurance : 31 Aug 2018
5. Persons or Classes of Persons entitled to drive#  
(a) Named Driver(s) Only.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.  
This Policy does not cover  
(a) Use for hire or reward.  
(b) Use for racing, pace-making, reliability trial or speed-testing.  
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: ISKANDAR ZULKARNAIN BIN MUSTAFFA
NAMED DRIVER (2)	: MOHAMMAD FAIZAL BIN KASSIM
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : LOMEN INSURANCE AGENCY (00000591412)  
Date of Issue : 31 Aug 2017 17:04 hrs  
Reprint : 31 Aug 2017 17:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive