SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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 <u>truthful and accurate</u> 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 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	13/02/2018 17:17
Date Of Accident	08/02/2018 13:50
Exact Location Of Accident	JUNC AT STRAITS BOULEVARD MAXWELLRD ANDSHENTONWAY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF7123C
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD A'KASHA BIN MOHD AMIN
NRIC No	S9336751J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97831664
Alternative Phone No	OTHERS-97831664
Vehicle Particulars	
Manufacturer	HUSQVARNA
Model	SM 125
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5073493816-02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD A'KASHA BIN MOHD AMIN
NRIC No	S9336751J
Date Of Birth	07/10/1993
Occupation	INDOOR

13/08/2015

MALE

NOEMAIL

2 YEARS AND 5 MONTHS

(LOCAL) +65-97831664

OTHERS-97831664

Address BLK 945 TAMPINES AVE 4

#06-318

Postcode 520945

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

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

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

NO 1

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name MARINA BAY NPC

Police Station Address ROAD: 70 MARINA VIEW, POSTCODE: 018962, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180208/2108

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 SGV2955H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TEOW BEELENG

NRIC/Passport Number S1607892A Contact Number 97373628

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name MUHAMMAD A'KASHA BIN MOHD AMIN

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? FBF7123C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

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.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

TCH PLAN		161	1 1	
vertion Way	1 1	8 6 1		
6110		18)		
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	Da or	0		
E2 E7173 (1	\times		
-FBF7123C	OA		4	
	co 1 1	1 Straits B	1 1 501	
SCRIBE CIRCUMSTANCES OF	THE ACCIDENT			
Jeniae cincolna i Aireca di			-/	
		000		
		18 tes		
	59.	ce 108		
	Xue	8/21		
	to 007	32		
gole'	18008			
UC K	()			
V/V				
ECLARATION We declare the foregoing particula	ors are true in every respect.			
we declare the foregoing particula	al		1.013	6/2
1/2	(-11)		The state of the s	1
licyholder's Signature	Driver's Signature	Reporting Co	entre Personnel's Signatur	re

Sketch Plan #3





2 of 4

Report No. T/20180208/2108

Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999

CONTINUATION OF REPORT

Details of Person	Involved	NO HARMAN					
ny Pedestrian In	volved: No		Use of Pe	edestrian C	rossir	ng: NA	
No. of Pedestrians	Injured: NIL						
Rider	MUHAMMAD A'KASH	A RIN MO	OHD AMIN	ID No.		S9336751J	
Name	MUHAMMAD A'KASH	IA DIIA INI					
(4)		lo)		Contact	No.	97831664	
Related Vehicle	FBF7123C (Motorcycle)			0.500007200			
As an independent of complete of				Class o	f	Class: 2B	
Hospital/Clinic	NIL			Driving		Date of Expiry: NIL	
				Licence & Expiry Date			
			- T		NIL		
Teachment	NIL		Date Di	30Hdi go	Slight		
Date Treatment	nted Medical Leave	NIL	Degree	of Injury	Oligin	HER STATE OF STREET	
		No. of Concession, Name of Street, or other party of the last of t	DOM: NAME OF STREET	ID No.		S1607892A	
Driver	Teow Bee Leng			ID NO.			
Name	Manual Company of the			Contac	t No.	97373628	
Related Vehicle	SGV2955H (Car)			Como			
Troidios	-			Class	of	Class: NIL	
Hospital/Clinic	NIL			Driving	9	Date of Expiry: NIL	
				Licent			
				Expiry	-		
	AIII			Discharge	NIL		
Date Treatmen	NIL anted Medical Leave	NIL	Degre	e of Injury NII			

On the 08/02/2018 at about 1350hrs, I was travelling on my motorcycle, bearing registration number FBF7123C, along Straits Boulevard towards Maxwell Road. As I was approaching the junction of Straits Boulevard and Shenton Way, the traffic light was green in my favor. I noticed a black car, bearing registration number SGV2955H, on the opposite side of Maxwell Road waiting to turn right into Shenton Way. I saw the car slowly inching forward to turn right and I thought that the driver could see me approaching as such I continued forward as the light was still green in my favor.

Halfway through the junction, the said car kept on moving until It eventually hit me on the front right side of my motorcycle at the wheels. This caused my bike to be pushed off and resulted in me falling on the right side. I managed to get up on my own and moved my bike to the side of the road. The driver of the said car drove her car to the side of Shenton Way and we exchanged our particulars and contact number. Neither of us called for police or ambulance.

The damages to my bike from my current assessment are a broken brake lever, broken IU Unit, faulty alignment and a leaking petrol tank. The car had scratches and dents on the left passenger door. I informed the driver that I would be going to see the doctor to get myself assessed as I felt pain on my right wrist. I also informed her that I will be proceeding to make a police report and she acknowledged. That is all.



MT/NB/WELCOM/001

02 Nov 2017

MUHAMMAD A'KASHA BIN MOHD AMIN BLK 945 #06-318 TAMPINES AVENUE 4 SINGAPORE 520945

Dear Policyholder

MOTORCYCLE INSURANCE POLICY NUMBER: 5073493816-02

Thank you for insuring with Income. We are pleased to be able to help you with your protection and financial planning needs.

Please read the enclosed policy documents to make sure that the benefits meet your needs.

The main documents in this pack carry the Crystal Mark, an international seal of approval for the clarity of a document. It guarantees that a document is written in plain English and offers simple, clear and concise information. We are the first insurance company in Asia to carry out a major Crystal Mark initiative. We know that our customers want information that is easy to understand. By being as clear as possible, we help our customers make informed decisions.

For any correspondence on your Motorcycle Insurance policy, please quote your policy number. This will allow us to help you quickly. Please also let us know if there are any changes to your home address and contact numbers.

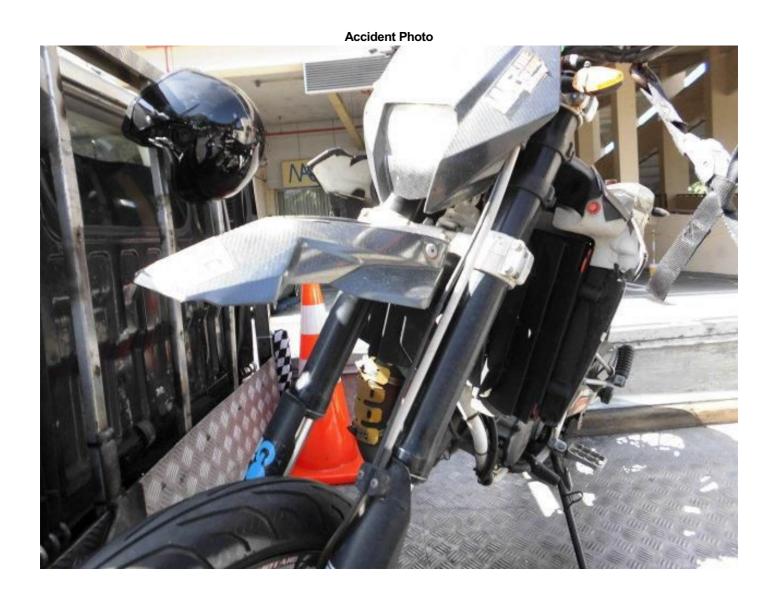
If you have any queries, please contact our customer service officers on 6788 6616 or email us at csquery@income.com.sg. Thank you.

Yours sincerely

Ken Ng Chief Executive





















1 of 4

Report No. T/20180208/2108

Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999

REPORT O	F A TRAFFIC	ACCIDENT		Station Diary No.	
Date/Tim 08/02/20	e Report M 18 16:11	ade:	Vide Report No.:	34	
Informa	nt's Particu	ilars			
Name of	Informant:	SHA BIN MOHD	Address: APT BLK 945 TAMPINES AVI 520945	ENUE 4 #06-318 SINGAPORE	
ID Type	/ ID No.: D / S933675	51J	Contact No.: Home/Office: Mobile: 97831664		
National	AND REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED	040404	Email:		
Sex: Male	Age:	Date of Birth: 07/10/1993	Type of Informant: Rider	T	
Race: Malay		•	Language:	Institution / School Name:	
Occupa	tion: MFR SERV	ICE OFFICER	Driving Licence Information: Class: 2B	Date of Expiry:	

Seneral Infor	mation of the Accid	Drink	Date/Time of	Type of Location	
Type of Accident:	Others	Drive: No	Accident: 08/02/2018 13:50	X-Junction	
Along Road 1 MAXWELL R SHENTON W Junction at S Weather:	OAD	well Road and Shentor Road Surface:	Way	Road Speed Limit: 50 Km/h	
Traffic Flow:		Traffic Control:	N2003	Traffic Volume: Moderate	
Traffic Flow:		Traffic Light - Wo	orking	1410-0101-010	
Two Way	sion: ving Vehicles - Head	To Side		Anyone conveyed by ambulance:	

AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN	ehicle Involve			Color	Condition	No of Passenge
Vehicle No.	Type	Make	Model	Color		
FBF7123C	Motorcycle	HUSQVARNA	SM 125	Black	Slightly Damaged	0
SGV2955H	Car				Slightly Damaged	0

Details of Ve	ehicle Insurance		T Manting	Expiry Date
Vehicle No.	Insurance Company	Insurance No	Effective	
	NTUC Income Insurance Co-Operative	5073493816-01	02/11/2017	01/11/2018



T/20180208/2108

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Report No. T/20180208/2108

Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999

CONTINUATION OF REPORT

	Involved						
Any Pedestrian In	volved: No		Use of Pe	destrian C	rossi	ng: NA	
No. of Pedestrian							
Rider	MUHAMMAD A'KASH	A BIN MOH	D AMIN	ID No.		S9336751J	
Name	MUHAMIMAD A 10101		-	Contact No.		67024664	
	FDF7403C (Motorcyc	le)				97831664	
Related Vehicle	FBF7123C (Motorcyc	FBF/123C (Motoroyou)					
ACHARACOE SAN ASS.		Class o	of	Class: 2B			
Hospital/Clinic	NIL			Driving Licence &		Date of Expiry: NIL	
				Expiry	-		
	NIL		Date Dis	Cildigo	NIL		
Date Treatment	NIL tod Medical Leave	NIL	Degree o	of Injury	Sligh		
	nted Medical Leave	The Park of the last			A PERSON	T-04007002A	
Driver	T Dealong		The Carte Carte	ID No.		S1607892A	
Name	Teow Bee Leng						
	an morell (Car)			Conta	ct No.	97373628	
Related Vehicle	SGV2955H (Car)						
				Class of		Class: NIL Date of Expiry: NIL	
Hospital/Clinic	NIL			Driving Licence &			
				Expiry	-	3	
			Date Di	ischarge	NIL		
Date Treatment	NIL Inted Medical Leave	NIL		of Injury	NIL		

On the 08/02/2018 at about 1350hrs, I was travelling on my motorcycle, bearing registration number FBF7123C, along Straits Boulevard towards Maxwell Road. As I was approaching the junction of Straits Boulevard and Shenton Way, the traffic light was green in my favor. I noticed a black car, bearing registration number SGV2955H, on the opposite side of Maxwell Road waiting to turn right into Shenton Way. I saw the car slowly inching forward to turn right and I thought that the driver could see me approaching as such I continued forward as the light was still green in my favor.

Halfway through the junction, the said car kept on moving until It eventually hit me on the front right side of my motorcycle at the wheels. This caused my bike to be pushed off and resulted in me falling on the right side. I managed to get up on my own and moved my bike to the side of the road. The driver of the said car drove her car to the side of Shenton Way and we exchanged our particulars and contact number. Neither of us called for police or ambulance.

The damages to my bike from my current assessment are a broken brake lever, broken IU Unit, faulty alignment and a leaking petrol tank. The car had scratches and dents on the left passenger door. I informed the driver that I would be going to see the doctor to get myself assessed as I felt pain on my right wrist. I also informed her that I will be proceeding to make a police report and she acknowledged. That is all.





3 of 4

Report No. T/20180208/2108

Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999

CONTINUATION OF REPORT





Police Station Of Origin: Marina Bay N.P.C 70 Marina View SINGAPORE 018962 Tel No: 1800-2229999 4 of 4 Report No. T/20180208/2108

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: A / Sgt 2 NUR FARHANA BINTI ABDUL AZIZ	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2018 16:11
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:
Authentication Stamp NP168	SN 173





1 of 3

Report No. G/20180213/2082

POLICE REPORT (NP299)

Police Station Of Origin

Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Date/Time Report Made 13/02/2018 13:54	Vide Rep	ort No.		Station Diary No 42		
Name Of Informant MUHAMMAD A'KASHA BIN MOHD AMIN	Address APT BLK 945 TAMPINES AVENUE 4 #06-318 SINGAPORE 520945					
ID Type / ID No. NRIC NO / S9336751.J	Contact Home/O		Mobile 97831664			
Nationality SINGAPORE CITIZEN	Email Ad	NO PRESENT	Date of Birth	Race		
Occupation Customer Service Officer	Sex Male	Age 24	07/10/1993	Malay		
Institution/School Name	Language English					
Date/Time Of Incident 10/02/2018 07:00	Location Of Incident EAST COAST PARK SERVICE ROAD SINGAPORE Carpark G					

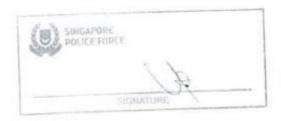
Brief details.

On 09/02/2018 at about 2200hrs, I went to East Coast Parkway carpark G1 to overnight.

On 10/02/2018 at about 0700hrs, I discovered that the under mentioned items belong to me no longer with me. Make a search but to no avail. I am not sure whether there CCTV around the vicinity.

Property Information	
Signature Of Officer Recording The Report:	Signature Of Informant:
G / Staff Sgt MUHAMMAD ZAMRIN BIN ABDUL	- ONL
Signature Of Interpreter: Not applicable	Date/Time: 13/02/2018 13:54
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp KIANG HENG HUI, ROYCE Contact No.: 62447163	Classification Of Case:

Authentication Stamp







2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180213/2082

S/N	Item	Туре	Brand/ Account/ Property/ Security- Type	The second	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Black canvas wallet	Lost	THE STATE OF THE S			1		One Black canvas wallet
2	Singapore Identity card	Lost				1		One Singapore Identity card
3	Singapore Driving	Lost				1		One Singapore Driving licence
4	Singapore Police Force 11-B	Lost				1		One Singapore Police Force 11-B
5	Work access card	Lost				1		One Work access card
6	Work health and dental card	Lost				1		One Work health and dental card
7	Cash	Lost				10	Singapor e Dollars 500.00	Cash amounting to Five Hundred dollars Singapore

Signature Of Officer Recording The Report:	Signature Of Informant:	
G / Staff Sgt MUHAMMAD ZAMRIN BIN ABDUL RAHMAN		
Signature Of Interpreter: Not applicable	Date/Time: 13/02/2018 13:54	
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp KIANG HENG HUI, ROYCE Contact No.: 62447163	Classification Of Case:	





3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180213/2082

8	ATM card	Lost	1	One POSB ATM card
9	Medical Certificate	Lost	1	One medical Certificate from Healthway Medical Centre

Signature Of Officer Recording The Report:

G / Staff Sgt MUHAMMAD ZAMRIN BIN ABDUL RAHMAN

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp KIANG HENG HUI, ROYCE Contact No.: 62447163

Authentication Stamp



Date/Time:
13/02/2018 13:54

Classification Of Case:



Class 3 08 Apr 2016 **Private & Confidential**

MUHAMMAD A'KASHA BIN MOHD AMIN

APT BLK 945 TAMPINES AVENUE 4 #06-318 SINGAPORE 520945

TRAFFIC POLICE SINGAPORE POLICE FORCE 10, UBI AVENUE 3 SINGAPORE 408865 Tel: 65470000

www.police.gov.sg

You will receive your photocard drivin licence by registered post within 10 to working days from the date of application unless you made a special request to colle at Traffic Police at the time of application

You can drive while awaiting the delive of your photocard driving licence

Please turn overleaf for important notes.

\$9336751J (2B/3)

C001335951 13/02/2018--- \$25/-

YOU CAN DRIVE WHILE AWAITING THE (Please do not detach) DELIVERY OF YOUR PHOTOCARD ------ DRIVING LICENCE --



TRAFFIC POLICE SINGAPORE POLICE FORCE 10, UBI AVENUE 3 SINGAPORE 408865 Tel: 65470000 www.police.gov.sg

Private & Confidential

MUHAMMAD A'KASHA BIN MOHD AMIN

APT BLK 945 TAMPINES AVENUE 4 #06-318 SINGAPORE 520945 You will receive your photocard drivi licence by registered post within 10 &cc working days from the date of application unless you made a special request to colle at Traffic Police at the time of application

You can drive while awaiting the delive of your photocard driving licence

Please turn overleaf for important notes.

S9336751J (2B/3) C001335951

MPORTANT NOTES

YOU CAN DRIVE WHILE AWAITING THE

(Please do not detach). DELIVERY OF YOUR PHOTOCARD

webpage

http://www.police.gov.sg/e-services

FOR NEW DRIVING LICENCE HOLDER

- Your driving licence is now placed on one-year probation.
- Please be reminded that your driving licence will be revoked for a period of one-year if you fail to display the P-plate sign twice or accumulated 13 or more demerit points within the first 12 months from the date your driving licence was issued.
- If your driving licence is revoked, you are required to pass the prescribed tests of competency (theory and practical) before you can be issued with a new driving licence.

(Please do not detach)