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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.
- 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 ladgement 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

By the lodgement of this report to the insurers, you hereby conser- foresaid.	ti to the archiving or this response
La des Espais Contragnes Sans vin A	ACCIDENT STATEMENT
Date Of Report	27/02/2018 17:53
Date Of Accident	26/02/2018 15:40
Exact Location Of Accident	ALONG OUTRAM RD TOWARDS KIM SENG RD
	SINGAPORE
District Colors Di	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ2774K
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD AZIM BIN ABDUL AZIZ
NRIC No	S8127306E
Email Address	AZIMAILEEN1127@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87527044
Alternative Phone No	OTHERS-87527044
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	5085081648-01
Cover Note Number	
Driver	
Name of Private	MOHAMMAD AZIM BIN ABDUL AZIZ

MOHAMMAD AZIM BIN ABDUL AZIZ Name of Driver S8127306E NRIC No 11/08/1981 Date Of Birth

OUTDOOR Occupation 07/09/2006 Date Of Driving Pass

11 YEARS AND 5 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-87527044 Mobile Number

Fax Number

OTHERS-87527044 Contact Number

AZIMAILEEN1127@GMAIL.COM EMail Address

BLK 469 ANG MO KIO AVENUE 10

#07-964

560569 Postcode

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

SIDE SWIPE Type Of Accident CLEAR Weather Conditions

DRY Road Surface

Other Information

Address

Was any foreign vehicle involved in this accident? NO 2

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

YES

NO

YES Was any other material or property damaged?

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

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

QUEENSTOWN N.P.C Police Station Name

ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-4719999 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180227/2134

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLE2232R Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE HIRE Vehicle Category

Name of Driver

RIDWAN

NRIC/Passport Number

98335514 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 23

DETAILS OF INJURED PERSON 1

Name

MOHAMMAD AZIM BIN ABDUL AZIZ

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBJ2774K

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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 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.
- 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)
 - (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
 - 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: 27/02/2018 Driver's Signature (If driver is not the policyholder)

Date & Time:

Drown our Rom Ross Towness Kin Sung Ross SKETCH PLAN A) FBJ 2774K B) SLE 2232 R DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature
Name: Driver's Signature Policyholder's Signature (If driver is not the policyholder) Date & Time: 27 / 02 / 2018 NRIC/FIN No.: Date & Time:

payers and payers of



REPORT OF A TRAFFIC ACCIDENT



1 of 3

Report No. T/20180227/2134

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT		Station Diary No.:
Date/Time Report Made: 27/02/2018 17:07	Vide Report No.:	67
Informant's Particulars		
Name of Informant: MOHAMMAD AZIM BIN ABDUL AZI	SINGAPORE 560469	O KIO AVENUE 10 #07-964
ID Type / ID No.: NRIC NO / S8127306E	Contact No.: Home/Office:	Mobile: 87527044
131.31.3	Email:	

Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Age: Sex: Rider 11/08/1981 36 Male Institution / School Name: Language: Race: English Boyanese Driving Licence Information: Occupation: Date of Expiry: Class: 2B,3 Motorcycle delivery man

Type of Accident:	Injury Conveyed By Amb		Drink Drive: No	Date/Time of Accident: 26/02/2018 15:40	Type of Location Straight Road
OUTRAM RO		g Road Road	Surface:		Road Speed Limit:
Clear Dry Traffic Flow: Traffi One Way		c Control:		Traffic Volume: Moderate	
Tune of Colli	sion: ving Vehicles - Side Swi	pe - San	ne Direction		Anyone conveyed by ambulance: No

Details of V	ehicle Involve		1	Color	Condition	No of Passenger
Vehicle No.	Type	Make	Model	Color	Condition	110 011 00001130
FBJ2774K	Motorcycle	YAMAHA	JUPITER MX (HC)	Red		0
SLE2232R	Car					1

Details of V	ehicle Insurance		THE ALLE	Expiry Date
Vehicle No.	Insurance Company	Insurance No	Effective	
		5085081648-01	31/10/2017	10/09/2018
FBJ2774K	NTUC Income Insurance Co-Operative Limited	5065061646-01	31/10/2011	1813 2123 15





2 of 3

Report No. T/20180227/2134

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Person		The state of the s			
Any Pedestrian In	volved: No	111 6 D	- dootdon	Cross	ing: NA
No. of Pedestrian	s Injured: NIL	Use of Pe	edestrian	Cross	ilig. IVA
Rider			100.11		S8127306E
Name	MOHAMMAD AZIM BIN ABDUL	ID No.		58127300E	
Related Vehicle	FBJ2774K (Motorcycle)	Contac	t No.	87527044	
Hospital/Clinic	SINGAPORE GENERAL HOSP	Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL	
Date Treatment	26/02/2018		scharge	NIL	
No. of Days gran	ted Medical Leave 03	Degree	of Injury	Sligh	
Driver			1550		
Name	Ridwan		ID No.	(f)	NIL
Related Vehicle	SLE2232R (Car)		Conta	ct No.	98335514
Hospital/Clinic	NIL				Class: NIL Date of Expiry: NIL
Date Treatment	NIL		scharge	NIL	
	nted Medical Leave NIL	Contract Contract	of Injury	NIL	

Brief Details.

On the 26/02/2018 at about 1540hrs, I was riding along Outram Road towards Kim Seng Road and was on the way to Alexandra View to make a delivery. I was riding on the first lane in my bike registration number FBJ2774K.

Later on a silver car with registration number SLE2232R was on the second lane when he made a sudden right turn which went into my lane and the right side of the car hit me. I lost control and fell. Traffic police came to the scene and I was being conveyed to Singapore General Hospital. I was given 3 days of medical leave. I sustained an injury to my back.

I do not have the particulars of the driver however he is a Male malay man in his 20s to 30s. His contact number is 98335514. There are witnesses during the accident but all details are with the police, I do not have the incident number as well.





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 3 Report No. T/20180227/2134

CONTINUATION OF REPORT

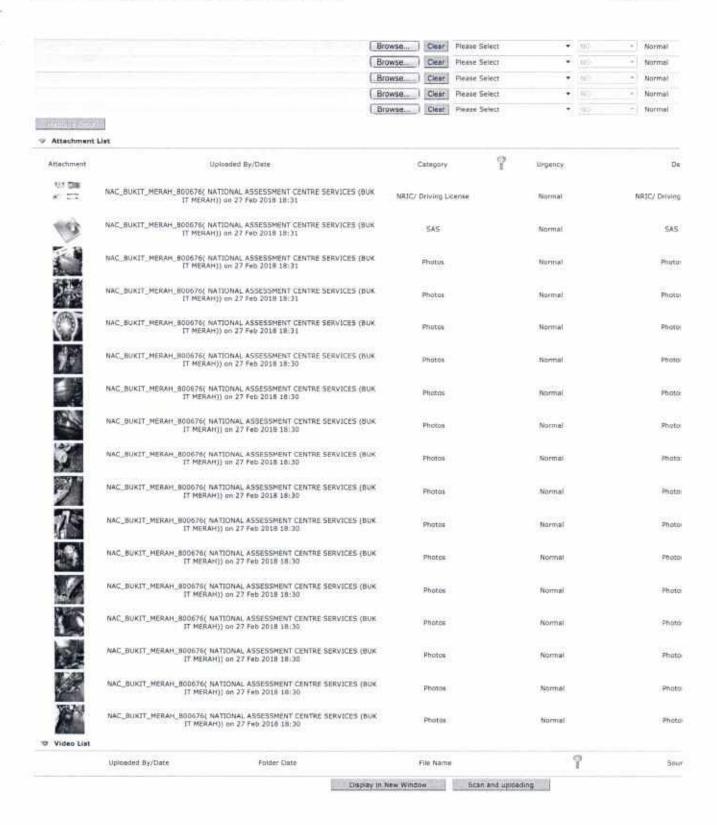
Sketch Plan

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 Repor D / Sgt 2 JESSICA JESTAS MIRANDA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/02/2018 17:07
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMAD ABDILLAH BIN Contact No.: 65476246	Classification Of Case:
Authentication Stamp NP168	SN 46

ccident MT/0983960				
relicy No.	5085081648-01	Vehicle No.	FB12774K	GST Registration No.
Sicyholder Name	MOHAMMAD AZIM BIN ABOUL AZIZ			Policyholder NRJC
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
omaci No.(Mobile)	B7527044	Contact No.(Office)	SCOREGRAPH.	Contact No.(Home)
mail Address	W. Charles	Special Remark		eCode
FK.	© No Yes	TCA	© No Yes	eCode Reason
				Private Hire
CD Protection	No.)	NCD Entitlement(%)	10	PHOMOLEGICS
Accident Details	WWW.AAAAAA CAA	4 Million and Million of Manager and Million	Yes	Accident Type
eport Date	29/02/2018 18:22	Accident Report Within 24 hrs		
ate of Accident	26/02/2018	Time of Accident hhamm	15:40	Country of Accident
aporting Centre		Orange Force		ICM No.
ccident Location	ALONG DUTKAM RD TOWARDS KIM SENG RD			
♥ Benefits				
♥ Excess				
lwn stamage Excess	0.00	Additional Excess		Windscreen Excess
Innamed Driver Excess		Outside Singapore OD Excess		
hird Party Excess	0.00	Outside Singapore TP Excess		
♥ GST Registered Informa	ition			
ST Registered	No		GST Registration Date	
ST Registration No.			GST Status Verified	Yes
fodification History				
Policyholder Mailing Ad	dress			
Address 1	BLK 469 #07-964	Address 2	ANG MO KIO AVENUE 10	Address 3
Address 4	SINGAPORE 560469	Address Type	Singapore address	Post Code
anit No.	07-964	Related Policy Number	5083081648-01	
♥ OI Driver Info				
Driver Name	MOHAMMAD AZIM BIN ABDUL AZIZ	Oriver Type	Main Driver	
Innamed driver Name		Driver NR3C	\$6127306E	Driver DOB
Register Date of Oriver License	97/99/2006	Driver Age	36	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address I	BLK 469 #87-964	Address 2	ANG HO KID AVENUE 18	Address 3
Address 4	SINGAPORE S60469	Address Type	Singapore address	Post Code
Unit No.	07-964		WILLIAM CONTROL	
Does he own a Singapore		Ba	FB12774K	Driver Insurer Company
Registered car?	Yes jii No	Driver Vehicle No.	F#127708	Diver Indian Campany
Decaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes-III No	
Modification History				
Claim 001 New				
Claim Type •	CD-MX •	Insured Name	MOHAMMAD AZIM BIN ABDUL A	Josured NRIC
Contact No (Matrile)	91669594	Contact No.(Home)		Contact No.(Office)
Email Address		Of Vehicle Number	FBJ2774K	TP Vehicle Number
Claim Description	FB32774K / SLE2232R ON 26 Feb 2018	sun Mekkelistak Mekelista	II. The second s	Name of Preferred Workshop
Preferred Workshop Contact		Insured Liability. •	Not at Fault .	CARWEI (POHOLONOMANA)
		many an endowed .		
	Back Control of the C	The second second second second second		
Require Finalisation	Yes •	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	27/02/2018 18:30	Preference Repair Option Claim Close Date	Freterred Workshop, Name unknown	Date Received
Require Finalisation			Preferred Workshop, Name unknown	
Require Finalisation Date Registered	27/02/2018 18:30		Preferred Workshop, Name unknown	
Require Finalisation Date Registered Report Taken By Front AK letter	27/02/2018 18:30		Save Submit	
Require Finalisation Date Registered Report Taken By	27/02/2018 18:30			
Require Finalisation Date Registered Report Taken By Front AX letter	27/02/2018 18:30			
Require Finalisation Date Registered Report Taken By Front AK letter Attachment	27/02/2018 18:30 ROSLI WAHAB	Claim Close Date	Save Submit	
Require Finalisation Date Registered Report Taken By Front AX letter Attachment	27/02/2018 18:30			



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	. ACCIDE	DOL STATISTICS	VF C6.	
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LOCATION DO			1	
	OF VEHICLE		3 -	
1. DETAILS	OF VERICES CRI	2174K		
	CLE NUMBER: 150	NOUC		
b)INSUR	ANCE COMPANY!	VILLAND		
· c)POLIC	CY NUMBER:	WE / THIRD PARTY / T	HIRD PARTY FIRE &	(THEFT)
diport	DA TABE: ICOWEKEDEUS	ive, and		
e)MAKE	SALOON / COUPE / MP	VIVAN / LORRY / MC	DTORCYCLE, OTH	HERS]
()TYPE:(SACOON / COUPE / MF CLE CATEGORY: [PRIVA]	E / COMMERCIAL / N	HOTORCYCLE)	
g)VEHIC	CLE CATEGORITIFRIYA	ment tiller		
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(T) (1/10)	11,100	7.50	NAVAVA I	
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1 000	CUPATION: (INDOOR /	OUTDOOR)	SA (S)	PC 5322
DAT	EOF DRIVING PINS	- THE MINISTER	COMPANY? (Y	ES / NO)
4 WAS	DRIVER AN EMPLOYED RELATIONSHIP OF	E OF THE INSURED	NEIDED! ON	achil
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email = AZIMAILEEN 1127. GMAIL. COM

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Name

MOHAMMAD AZIM BIN ABDUL AZIZ

محمد ازیم بن عبدال ازیز احمد

Hase BOYANESE Date of birth 11-08-1981

SINGAPORE

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