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 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

aforesaid.	THE TOTAL OF THE STATE OF THE S	
	ACCIDENT STATEMENT	
Date Of Report	04/09/2017 13:24	
Date Of Accident	26/08/2017 00:20	
Exact Location Of Accident	NICOLL HIGHWAY	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBH5485K	
Insured/Policyholder		
Name Of Registered Owner	S. H. CYCLE PTE LTD	
Co Reg No	200000420C	
Email Address	SHCYCLE@SINGNET.COM.SG	

Mobile Phone No Alternative Phone No

OFFICE-62998782

Vehicle Particulars

SUZUKI Manufacturer

GN 125-125CC (M) Model

Exact Purpose for which vehicle was being used at HIRE time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No. Please state action to be taken MOTORCYCLE Vehicle Category

Insurance Company

LIBERTY INSURANCE PTE LTD Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

SD/17V00993 Policy Number

Cover Note Number

Driver

AZMAN BIN KSAAIM Name of Driver

S7318176C NRIC No 19/05/1973 Date Of Birth OUTDOOR Occupation 01/01/1996 Date Of Driving Pass

21 YEARS AND 7 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-85471123 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

Address

APT BLK 25 TEBAN GARDENS @12-173

Postcode

600025

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - HIRER

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 YES

Was any other material or property damaged? 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

GEYLANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8486999 - FAX NO: 68486799

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

AS PER SKETCH PLAN AND POLICE REPORT T/20170831/2001 DATED 31 AUG 2017

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWNTAXI

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

ELDINE

Phone Number

96868345

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

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

SYAFIQ

Phone Number

90280477

Email Address

DETAILS OF INJURED PERSON 1

Name

AZMAN BIN KASSIM

Approximate Age

44

Injuries Sustain

Injured person in which vehicle?

FBH5485K

Were seat belts worn?

NO

Were seat belts worm?

? NO

Was injured conveyed to hospital by ambulance? Address

25 TEBAN GARDENS ROAD #12-173

Postcode

600025

9-4-2017

3012 08-01 PHOTO-04000002 (PG





Folice States of Origin (Michigan, N. P.C.) 12. Palla Letter Roset 101, CAPORE 400 114 for the child extension 2,14 1,124, -2,1703,001

REPORT OF A TRAFFIC ACCIDENT

Date 1 me Report Made 31:08-2017 (X) 24

Vide Report No.

Street Dury No.

Informa	nt's Partic	ulars				
Neme of informant ACMAN BIN KASSIM			Address APT BUK 25 TEBAN GARDENS ROAD #12-113 SINGAPO 500025			
ID Type (ID/No NRICING STATESTED			Contact No Home Office	Mot e 854 milys		
*Ghona ty SINGAPORE CITIZEN		EN	Emai			
Sex Mae	4.pa 44	Date of Birth 19/05/1973	Type of Informant Rider			
Race Malay			Language	Institution - School Name		
Occupati Delivery	OP.		Onlying Licence Information Class 28 2A	Date of Expiry		

- Injury		Drink	Date 1 me of	Type of Location
Type of Acadent	Conveyed By Ambulan	ce Drive No	Accident _26/08/2017 00:20	Junction Intersec
Location Along Road NICOLL HIG		tamford Road		
Weather Clear	Ī	road aunase Iry		Road Speed Limit
Traffic Flow Two Way		Fraffic Control Fraffic Light - W	orking	Traffic Volume No Traffic
* (***)	sion ving Vehicles - Side Swipe -	Opposite Direct		Anyone conveyed by ambulance.

THE RESERVE AND PARTY AND PARTY.	ehicle Involve	Make	Model	Calar	Condition	No of Passenge
Vehicle No.	Type	1	CAMPELL	Black	Seriously	7
FBH5485K Not	Motorcycle	SUZUKI	GN125H	Distor	Damaged	

Details of Person Involved	
Any Pedestrian Involved NO	Use of Pedestrian Crossing NA
No of Pedestrians Injured, NIL	1 - Andrews - Company - Co

SHC 2497 B

94/2017

2017 09-01-PHC/TO-20000003 ppg





Police Station Of Ongin Geylang N P C 132 Pava Letiar Road SINGAPORE 409014 Tel No. 1200 8488999

Expensive Topics training of the

CONTINUATION OF REPORT

Ridef		ID No	S7318175C	
Name	AZMAN BIN KASSIM	(D 40	30.00 at 10.464	
Related Vehicle	FBH5485K (Motorcycle)	Contact No	85471123	
Hospital Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (CLEMENTI)	UP Class of Driving Ucence & Expriy Date		
Date Treatment	30/08/2017	Date Discharge NIL		
No of Days gran	tec Medical Leave 06	Degree of Injury Sand	ous	
Witness		The state of the s		
Name	Eldine	ID No	NIL	
Related Venide	Nii	Centact No	9886834E	
Hosbital/Chric	NIL	Class of Driving Licence & Expiry Date	Class NIL Date of Expiry NIL	
Date Treatment	NIL	Date Discharge NIL		
	tted Medical Leave NtL	Degree of Injury NiL		
Witness				
Name	Syafo	D No	NIL	
Related Vehicle	NIL	Contact No.	90280477	
Hospital/Clinic	NIL	Class of Oriving Licence & Expiry Date	Date of Expiry Nil.	
Date Treatment	NII	Date Discharge NIL		
Date Heating t	THE STATE OF THE S	Degree of Injury NIL		

Brief Details

On the 25/08/2017 at about 0020hrs. I was riding along Nicoll Highway and got hit by a tax: at the unction of Nicoll Highway and Stamford Road. The taxi was from the opposite direction of Nicoll Highway and wanted to turn into Stamford Road as such the driver collect into me.

I was then conveyed to SGH by ambulance with body injury and was given two days MC from the 26/08/2017 to 27/08/2017 and was discharged on the day itself. Subsequently I seek medical meatment as I was still encountering pain from my body and visited Clementi Polyclinic and was given 6days of MC My company bike was badly damaged.

942017

2"17:09.01.PHSTO-0200004.pg



Police Station of Chight Geologia, Pic 15. Paya Lebor Road SINGAPORE 404014 for No. 1800 8486990

CONTINUATION OF REPORT

9:42017

2517-09-51-PHOTG-0000005 (8)





Paice Station Of Tell 1 Day #13 N.P.C +17 Pays - et al Road Station Poiss 400013 Tel No. 1400 Marisha

CONTINUATION OF REPORT

sketch Plan

payment is not able to procupe sketch plan

IMPORTANT. Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the pertificate with you now, please fax a copy to 65474385 staring the report number as reference.

Signature Of Officer Recording The Report

Sat 2 ANG YI FENG ELSON

Signature Of Interpreter Not applicable

Officer In Charge Of Case TP / GIT / Staff Sgt WONG SIEU LUI Contact No. 66476423

Authertication Stamp

Signature Of Informant

2-

Date/Time 31/08/2017 00:24

Classification Of Case

SKETCH PLAN

IMPORTANT NOTICE

- there is no parriably the Lebels of the autoper transaction and thorse to the
- 7. The Property of a completed by the Policyhalder and or the Authorises Original
- I make the provided making as truthful and accurate as possible. Any all intercomments of a more than a first has grant and the territory of the published pulled liability
- do Thylidia in and addestance on this formuly insulance companies, and so against on the backful of the part of the fixen on the 00000000
- Any falsis reporting may be referred to the Police for investigation
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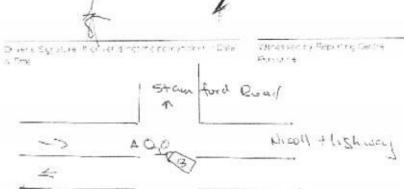
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- moving her assets as times, encounternesses organic financial segments of the contest of the section for the



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Sketch Flan

A-FB45485



Describe Sittoumstances of the Accident	
On the 25th wing 2017 at ab	
was riding along spicoll + highway	
However 9 get but lay a ta	ixi act the junction
of NICOU Hishway and stound for	ed exampora load
The taxi was for the uppo	site direction ut
Licoll Highway and want to +	no juto standford
and.	
9 was convey to SGH by	ambulance with
Serious body igury. My bike	was pertly dange.
9 got a witnesses as follow	
=yafiq -9028-0477 Eldne -9686-8345	
Declaration	
Note that the following particulars and than the ethologists of	· A* 星桥大
	ries are Wirescado, Papining Certi





1 -5 7

Report No. G/20170831/2001

POLICE REPORT (NP322)

Police Station Of Origin Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

Date/Time Report Made 31/08/2017 00:05	Vide Re		Station Diary No.		
Name Of Informant AZMAN BIN KASSIM	Address APT BLK 25 TEBAN GARDENS ROAD #12-173 SINGAPORE 600025				
ID Type / ID No. NRIC NO / S7318176C	Contact No. Home/Office		Mobile 85471123		
Nationality SINGAPORE CITIZEN	Email Address				
Occupation Delivery	Sex Male			Race Malay	
Institution/School Name	Language				
Date/Time Of Incident 27/08/2017 02:00	Location Of Incident At the vicinity of Bendeemer Road SINGAPORE				

Brief details.

Property Information

On the above mentioned date, time and location. I discovered the below mentioned items to be missing. I tried to make a search but to no avail.

Signature Of Officer Recording The Report:	Signature Of Informant:
G / Sgt 2 ANG YI FENG, ELSON	3-
Signature Of Interpreter: Not applicable	Date/Time: 31/08/2017 00:05
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp YEO QI QI, EUNICE Contact No.: 62447200	Classification Of Case:
Authentication Stamp	FUPO hotline number: 68429645







2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20170831/2001

S/N	Item	Туре	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Lost				1		One Driving license bearing "AZMAN BIN KASSIM" ,"S7318176C"
2	Credit Card / Debit Card/ ATM Card	Lost	POSB			1		One POSB ATM Card
3	CashCard	Lost				1		One Cashcard
4	Cash	Lost				1	Singapor e Dollars 14.00	cash amounting to Fourteen dollars

Signature Of Officer Recording The Report:

G / Sgt 2 ANG YI FENG, ELSON

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp YEO QI QI, EUNICE Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:

31/08/2017 00:05

Classification Of Case:

FUPO hotline number: 68429645