

## 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 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	08/06/2018 14:48
Date Of Accident	21/04/2018 17:05
Exact Location Of Accident	LORONG 21 GEYLANG (TOWARDS SIMS AVE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC9928A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD SHAHRIZAL BIN ADNAN
NRIC No	S8907615C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98459234
Alternative Phone No	OFFICE-98459234

### Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R
Exact Purpose for which vehicle was being used at time of accident	
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	5062443140-04 TP
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD HAFIZ BIN ABDUL JABBAR
NRIC No	S8944255I
Date Of Birth	15/12/1989
Occupation	INDOOR
Date Of Driving Pass	15/02/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98459234
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 465 CHOA CHU KANG AVE 4 #08-03
Postcode	680465
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

#### 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	SFY1184T
Vehicle Make/Model/Colour	SUBARU FORESTER 2.0XT CVT AWD SR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAYMOND
NRIC/Passport Number	
Contact Number	96928543
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MOHAMMAD HAFIZ BIN ABDUL JABBAR
Approximate Age	28
Injuries Sustain	LEFT ELBOW, RIGHT LITTLE FINGER
Injured person in which vehicle?	FBC9928A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 465 CHOA CHU KANG AVE 4 #08-03
Postcode	680465

SKETCH PLAN

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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.

**IDAC KAKI BUKIT (VAC)**

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 8 JUN 2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

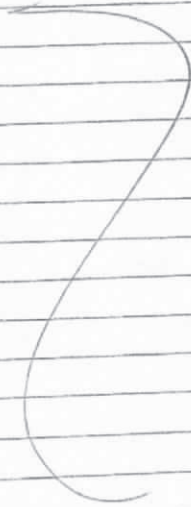


SKETCH PLAN

refer to attached Drawing

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


refer to police Report no T/20180430/2012



DECLARATION

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

  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: - 8 JUN 2018

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

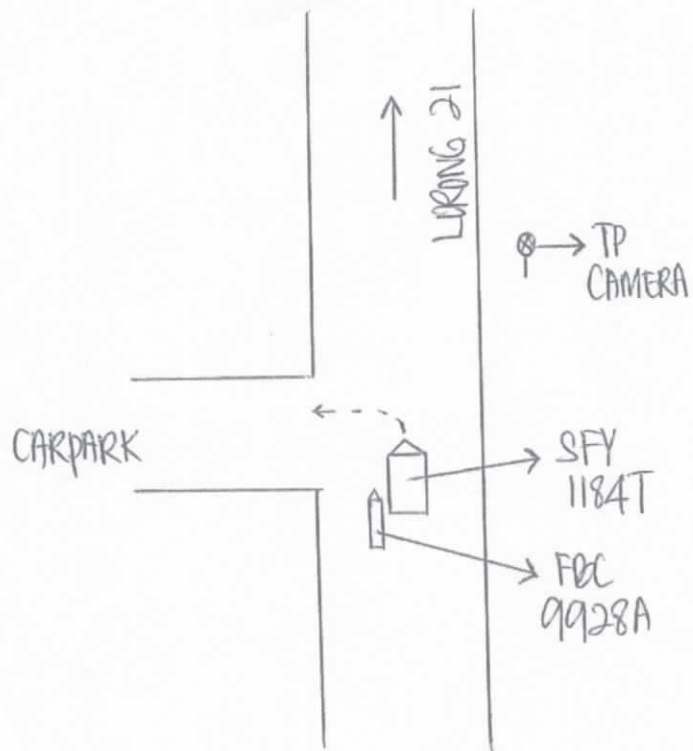
Tel: 67416697 Fax: 67492305

Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20180430/2012

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

1 of 3

Report No. T/20180430/2012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/04/2018 10:39	Vide Report No.:	Station Diary No.: 52
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**Informant's Particulars**

Name of Informant: MOHAMMAD HAFIZ BIN ABDUL JABBAR	Address: APT BLK 465 CHOA CHU KANG AVENUE 4 #08-03 SINGAPORE 680465
ID Type / ID No.: NRIC NO / S8944255I	Contact No.: Home/Office: Mobile: 98459234
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 28 Date of Birth: 15/12/1989	Type of Informant: Rider
Race: Indian	Language: Institution / School Name:
Occupation: SENIOR EXECUTIVE AT MUJAHIDIN MOSQUE	Driving Licence Information: Class: 2B,3 Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/04/2018 17:05	Type of Location: Straight Road
Location: Along Road 1 LORONG 21 GEYLANG  TOWARDS SIMS AVENUE				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC9928A	Motorcycle					0
SFY1184T	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180430/2012

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Report No. T/20180430/2012

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**CONTINUATION OF REPORT**

<b>Rider</b>				
Name	MOHAMMAD HAFIZ BIN ABDUL JABBAR		ID No.	S8944255I
Related Vehicle	FBC9928A (Motorcycle)		Contact No.	98459234
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	21/04/2018		Date Discharge	21/04/2018
No. of Days granted Medical Leave	17		Degree of Injury	Slight
<b>Driver</b>				
Name	Raymond		ID No.	NIL
Related Vehicle	SFY1184T (Car)		Contact No.	96928543
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 21/4/2018 at about 1708hrs, I was riding on the rear left of the car SFY1184T, when suddenly the car made a sharp left turn into a carpark without signaling and hit onto me. My bike fell and I landed 1 meter in front of my bike. The driver, Raymond, called for the ambulance and TP attended to the incident, I was conveyed to Tan Tock Seng Hospital. I fractured my left elbow and right little finger from this incident. There is a TP CCTV at that road.





**SINGAPORE  
POLICE FORCE**



T/20180430/2012

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20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20180430/2012

**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:

J/

Sgt 2 EDWINA CHEW HUI LING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Signature Of Informant:

Date/Time:

30/04/2018 10:39

Classification Of Case:

Authentication Stamp

NP168

## 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** : 5062443140-04

**Cover** : Third Party

- |   |                                |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : FBC9928A                     |
| Chassis Number  | : 4S3203101                    |
| 2. Name of Policyholder   | : MUHAMMAD SHAHRIZAL BIN ADNAN |
| 3. Effective Date of Insurance  | : 28 Oct 2017                  |
| 4. Expiry Date of Insurance   | : 27 Oct 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)	: MUHAMMAD SHAHRIZAL BIN ADNAN
NAMED DRIVER (2)	: HAFIZ BIN ABDUL JABBAR
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 : COMMERCIAL AGENCY PTE LTD (00000614425)  
Date of Issue : 26 Oct 2017 14:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8944255I



Name

MOHAMMAD HAFIZ BIN ABDUL  
JABBAR

محمد حفظ بن ابدول جبر

Race

INDIAN

Date of birth

15-12-1989

Sex

M

S8944255I

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8944255I

Name:

MOHAMMAD HAFIZ BIN ABDUL  
JABBAR

Birth Date: 15 Dec 1989

Issue Date: 06 Jun 2017



5679354



NRIC No. S8944255I



Date of issue

24-11-2016

APT BLK 465 CHOA CHU KANG AVENUE 4 #08-03  
SINGAPORE 680465

NRIC No: S8944255I

Date: 06/04/2017

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	15 Feb 2013
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	27 Jun 2008

NP 428A



Licence No: S8944255I

FBC 99281A



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8907615C



Name

MUHAMMAD SHAHRIZAL BIN  
ADNAN

محمد بن ادينان

Race

MALAY

Date of birth

11-03-1989

Sex

M

Country of birth

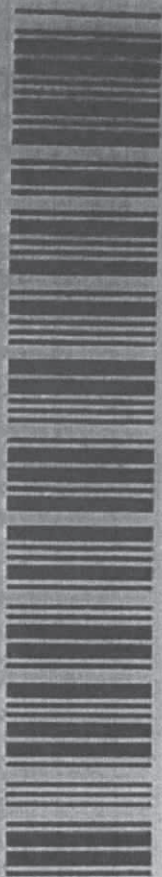
SINGAPORE



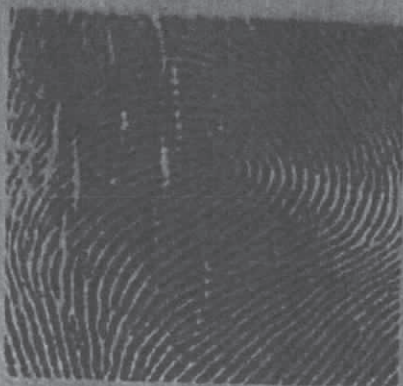
Owner



3487087



NRIC No. S8907615C



Date of Issue

15-03-2004

Address

APT BLK 690D WOODLANDS DRIVE 75  
#04-188  
SINGAPORE 734690