## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number EMail Address

- 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.

aforesaid.	the state of the report of the control and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	25/07/2018 11:32
Date Of Accident	19/07/2018 22:00
Exact Location Of Accident	TPE (CHANGI) NEAR ELIAS ROAD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBB3392P
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD SHAHRIN BIN AWI
NRIC No	S7314713A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97902240
Alternative Phone No	OTHERS-97902240
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5041939687-08 TPFT
Cover Note Number	
Driver	
Name of Driver	MOHAMAD SHAHRIN BIN AWI
NRIC No	S7314713A
Date Of Birth	05/05/1973
Occupation	OUTDOOR
Date Of Driving Pass	22/06/1993
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97902240
Fax Number	
	0711770 0700000

OTHERS-97902240

NOEMAIL

BLK 473 #03-500 PASIR RIS DRIVE 6 Address

Postcode 510473

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 2 Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES YES

NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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 TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

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 SLA207Z

MERCEDES BENZ CLA180 SB (R18 BI) Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

, •	
No. Of Passenger (Including Driver)	
	DETAILS OF INJURED PERSON 1
Name	MOHAMAD SHAHRIN BIN AWI
Approximate Age	45
Injuries Sustain	
Injured person in which vehicle?	FBB3392P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be campleted 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.
- 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 nvestigations 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.
- 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 purp

(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.sq

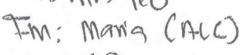
2 5 JUL 2018

(if driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

CH PLAN .	
ELIAK PO SLA 2	和 7
thas RD SLAZ	16 2
FRR	3392 P
The second secon	/3 12 1
TO	
TPE -> TOWARDS CHANGI	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Scribe CROWSTANCES OF THE ACCIDENT	80720 70 (0
refer to police Report no 1/201	30,70,10
V 4	
/	
	IDAC KAKI BUKIT (VA
DECLARATION  I/We declare the foregoing particulars are true in every respect.	23 Kaki Bukit Ave 4 Singapore 415933
000	Tal: 67416697 Fax: 674923
Shipp Shipp	Email: vackb@singnet.com.
Policyholder's Signature Driver's Signature (If driver is not the policyholder)	Name
Date & Time? 5 JUL 2018 (If driver is not the policyholder) Date & Time:	NRIC/FIN No

SINGAPORE POLICE FORCE





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408868 Tel No: 65470000

1 of 3 Report No. 1/20180720/7010

## REPORT OF A TRAFFIG ADDIDENT

Date/Time Report Made: 20/07/2018 20:46		/ade:	Vide Report No.:	Station Diary No.:	
intoma	nts Partic	ปลาสุ			
Name of	Informant:	RIN BIN AWI	Address: APT BLK 473 PASIR RIS DRIVE 6 #03-502 SINGAPORE		
ID Type / ID No.: NRIC NO / S7314713A			510473 Contact No.! Home/Office: Mobile: 97902240		
Nationality: SINGAPORE CITIZEN		EN	Email: shahrin713awi@gmail.com		
Sex: Male	Age: 45	Date of Birth: 05/05/1973			
Race: Boyanese			Language: Institution / School Nam English		
Occupation: DRIVING INSTRUCTOR.		TÖR.	Driving Licence Information Class: 28,3,4	n: Date of Expiry;	

General Info	mation of the Accident		SECTION CONTRACTOR	PARTONINA NA PAR
Type of Accident	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/07/2018 22:00	Type of Location: Straight Road
Location:				
PASIR RIS D	RIVE 8			
Slip road from	TPE.			
Weather:	#31 #94 \$00031 C #0 00     2000 C #0 1001	Road Surface:		Road Speed Limit:
Clear		Dry		BO KUNU
Traffic Flow:		Traffic Control:		Traffic Volume:
Dual Carriage	Way			Moderate
Type of Collis Between Mou	ilon; ring Vehicles - Side Swip	e - Same Direction		Anyone conveyed by ambulance: Yes

Details of Ve	hicle involved			775-2556 <del>5</del> -5		2167536017-1481655 <u>3</u> 1
Vehicle No	Турв	Make	Viodel	Color .	Condition	No of Passenger
FBB3392P	Motorcycle	YAMAHA	T135	Black	Slightly	0
					Damaged	

Details of Ve	hicle insulance			A. 2004. A. 400 M.C.
Vehicle No.	Insurance Company	insurande No	Effective	Expliny Date:
FBB3392P	NTUC Income Insurance Co-Operative	5041939687-08	02/03/2018	01/03/2019
	Limited			





Polloe Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 ž of 3 Řeport No. Ť/20180720/7010

### CONTINUATION OF REPORT

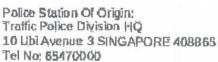
No. of Pedestrians Injured: NIL Use of Pe			edestrian Crossing: NA		
Rider					
Name	MOHAMAD SHAHRIN BIN AWI		ID No.		S7314713A
Related Vehicle	FBB3392P (Motorcycle)		Conta	ct No.	97902240
Hospital/Clinic	CHANGI GENERAL HÖSPITAL		Class Driving Licens Exploy	) Se&	Class: 26,3,4 Date of Expiry: NIL
Date Treatment	20/07/2018 Date Dit				/2018
	ted Medical Leave   15	Degree of		Serio	VI

## Brief Details.

On the 19th of July 2018, at about 10pm, I was riding my motorcycle home on the TPE towards Changl. As I passed the slip road from Elias Rd, a car suddenly hit my motorcycle from my left side causing me to be thrown-off my vehicle. I tumbled onto the ground and landed on the extreme left lane of the TPE. I managed to quickly get to my feet and huried to the safety of the road-shoulder where I had to lie down to recover from the pain of the fall. I passed-out for a time but was awoken by the passers-by that had stopped their vehicles to render me aid. I do not have the make, model or registration number of the vehicle that hit me but, was informed by my nephew who arrived at the scene later, that a ritler from Ntuc Insurance had come and taken all the necessary information at the scene. An ambulance arrived to bring me to CGH for treatment. My injuries are quite substantial. I have lacerations and cuts on both sides of my body. My left big-toe and left knee are both fractured. A procedure was done on my damaged toe to stop the bleeding and remove/replace my toe-nail. I was informed by the attending Doctor that I will have to remain in observation overnight. I was discharged on the 20th of July at 4,30pm and given Hospitalization Leave for 15 day from the 20th of July - 3rd of August 2018.

That is all.







Bots Report No. 1/20160720/7010

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:

Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required,
Signature Of Interpreter: Not applicable	Date/Time; 20/07/2018 20:46
Officer in Charge Of Case: TP / TPHO/	Classification Of Case:

Signature Of Informant:

Authentication Stamp NP169

RASHIDAH BINTE AZMAN Contact No.: 65476216

Not applicable





1 of 2

Report No. G/20180720/7046

# POLICE REPORT (NP299)

Police Station Of Origin Bedok Police Divisional HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made	Vide Re	Vide Report No.		Station Diary No.	
20/07/2018 21:06					
Name Of Informant	Address	Address			
MOHAMAD SHAHRIN BIN AWI	APT BL 510473	APT BLK 473 PASIR RIS DRIVE 6 #03-502 SINGAP 510473			
ID Type / ID No.	Contact	Contact No.			
NRIC NO / S7314713A	Home/C	Home/Office: Mobile:			
		97902240			
Nationality	Email A	Email Address			
SINGAPORE CITIZEN	shahrin	713awi@gn	nail.com		
Occupation	Sex	Age	Date of Birth	Race	
DRIVING INSTRUCTOR.	Male	45	05/05/1973	Boyanese	
Institution/School Name	Langua English	Language English			
Date/Time Of Incident	Location	Location Of Incident			
19/07/2018 22:00 - 19/07/2018 23:00	1 ELIAS	1 ELIAS ROAD ELIAS GREEN SINGAPORE 519959			
Brief details.					

On the 19th of July 2018, at about 10pm, i was riding my motorcycle home on the TPE towards Changi. As i passed the slip road from Elias Rd, a car suddenly hit my motorcycle from my left side causing me to be thrown-off my vehicle. I tumbled onto the ground and landed on the extreme left lane of the TPE. I managed to quickly get to my feet and hurried to the safety of the road-shoulder where i had to lie down to recover from the pain of the fall. I passed-out for a time but was awoken by the passers-by that had stopped their vehicles to render me aid. I do not have the make, model or registration number of the vehicle that hit me but, was informed by my nephew who arrived at the scene later, that a rider from Ntuc

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2018 21:06
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180720/7046

Insurance had come and taken all the necessary information at the scene. An ambulance arrived to bring me to CGH for treatment. My injuries are quite substanstial. I have lacerations and cuts on both sides of my body. My left big-toe and left knee are both fractured. A procedure was done on my damaged toe to stop the bleeding and remove/replace my toe-nail. I was informed by the attending Doctor that i will have to remain in observation overnight. I was discharged on the 20th of July at 4.30pm and given Hospitalization Leave for 15 day from the 20th of July - 3rd of August 2018.

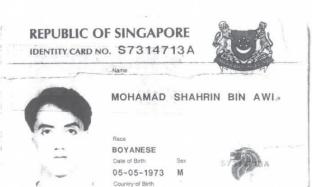
That is all.

Subjects Involved	d. A company of the c		14.60是李龙生的发展了影響的		
Victim					
Person Name	MOHAMAD SHAHRIN BIN AWI				
ID Type	NRIC NO	ID No	S7314713A		
Gender	Male	Age	45		
Race	Boyanese	Language	English ·		
Occupation	DRIVING INSTRUCTOR.	Address Type			
Address	APT BLK 473 PASIR RIS DRIVE 6 #03-502 SINGAPORE 510473	Mobile No .	97902240		
Is Informant A Victim?	Yes				
Person Name	MOHAMAD SHAHRIN BIN AWI	(Informant)			

Signature Of Officer Recording The Report:  Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2018 21:06	
Officer In-Charge Of Case:	Classification Of Case:	

Authentication Stamp





SINGAPORE



NP 428A







## Certificate of Insurance

	Certificate	ormsurance
MOTOR VEHICLES (THIRD PARTY RISKS A	ND COMPENSATION	) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS A	ND COMPENSATION	) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA	.)	
MOTOR VEHICLES (THIRD PARTY RISKS) F	RULES, 1959 (MALAY	'SIA)
Certificate Number : 5041939687-08		Cover : Third Party, Fire & Theft
1. Index mark and Registration Number	of Vehicle	: FBB3392P
Chassis Number		: 5YP207010
2. Name of Policyholder		: MOHAMAD SHAHRIN AWI
3. Effective Date of Insurance		: 02 Mar 2018
4. Expiry Date of Insurance		: 01 Mar 2019
5. Persons or Classes of Persons entitled	d to drive#	
(a) Named Driver(s) Only.		
the Motor Vehicle or has been so enactment or regulation in that l	permitted and is n	ordance with the licensing or other laws or regulations to drive ot disqualified by order of a Court of Law or by reason of any the Motor Vehicle.
6. Limitations as to Use#		
	sure purposes and i	n 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, reli		-
The state of the s		connection with any trade or business.
(d) Use for any purpose in connection	on with the Motor I	ade.
headings.  EXCESS (SECTION 1)	: N/A	
	: PLEASE REFE	ROVERLEAF
	: YES	
NAMED DRIVER (1)	: MOHAMAD S	SHAHRIN AWI
NAMED DRIVER (2)	: N/A	
HIRE PURCHASE COMPANY	: N/A	
SUM INSURED	: MARKET VAL	UE OF INSURED VEHICLE AT TIME OF LOSS
EXCESS (SECTION 2) EXCESS (THEFT OUTSIDE SINGAPORE) INSURE WITH COE NAMED DRIVER (1) NAMED DRIVER (2)	: N/A : PLEASE REFEI : YES : MOHAMAD S	
O MC FOC DOCKONISONTECK	5.5	
	555 MARIEN	
SUM INSURED	: MARKET VAL	UE OF INSURED VEHICLE AT TIME OF LOSS
Vehicles (Third Party Risks and Compens	ation) Act (Chapter STOMER DEPT (000	relates is issued in accordance with the provisions of the Motor 189) and Part IV of the Road Transport Act, 1987 (Malaysia)  00600002)  For NTUC INCOME INSURANCE CO-OPERATIVE LIMIT
Countersigned By:	orised Officer	Chief Executive