

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	05/09/2018 20:09
Date Of Accident	13/07/2018 16:55
Exact Location Of Accident	ALONG AYE TOWARDS TUAS 9.6KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB2082R
Insured/Policyholder	
Name Of Registered Owner	ZEN KIFLI BIN MAHAT
NRIC No	S7234388C
Email Address	ZULKMAHAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94745335
Alternative Phone No	OTHERS-81304653

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5033571386-09
Cover Note Number	

Driver

Name of Driver	ZUL KIFLI BIN MAHAT
NRIC No	S7128598G
Date Of Birth	22/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	07/09/1990
Driving Experience	27 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81304653
Fax Number	
Contact Number	OTHERS-94745335
Email Address	ZULKMAHAT@GMAIL.COM

Address	BLK 408 PANDAN GARDENS #11-59
Postcode	600408
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	NO
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	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180829/2081

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	FBJ5472L
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	CHEW WEICHEN JOEL
NRIC/Passport Number	S9025343C
Contact Number	91371130
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ZUL KIFLI BIN MAHAT
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBF2082R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHEW WEICHEN JOEL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ5472L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

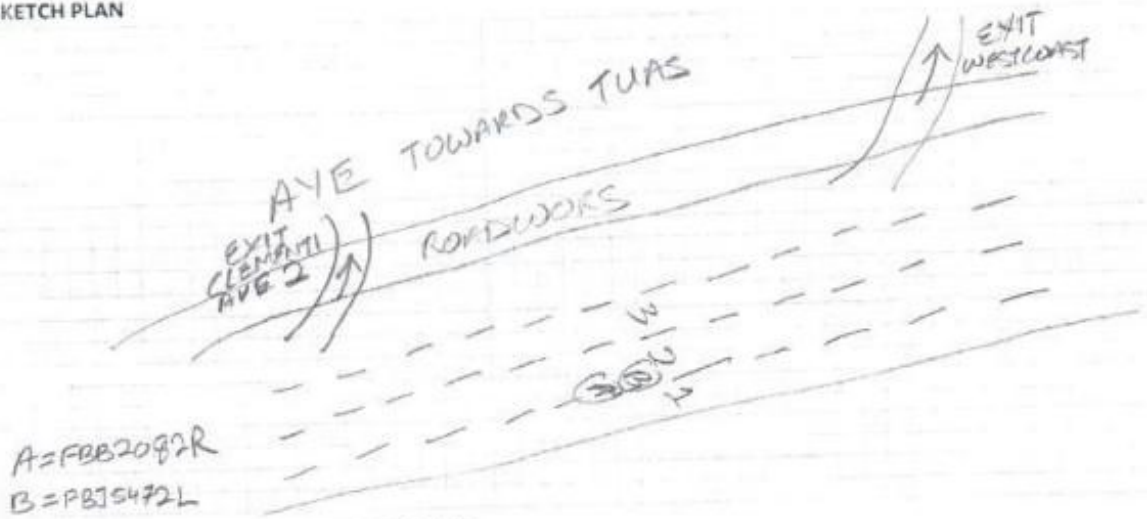
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the description box:

PS Refer to Police Report 170180829/2081

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180829/2081

1 of 3

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

Report No. T/20180829/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2018 13:49	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars

Name of Informant: ZUL KIFLI BIN MAHAT	Address: APT BLK 408 PANDAN GARDENS #11-59 SINGAPORE 600408
ID Type / ID No.: NRIC NO / S7128598G	Contact No.: Home/Office: Mobile: 81304653
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 47 Date of Birth: 20/08/1971	Type of Informant: Rider
Race: Javanese	Language: English Institution / School Name:
Occupation: Despatch Rider	Driving Licence Information: Class: 2A,3,4 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/07/2018 18:05	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY towards Tuas, 9.6KM	Road Surface: Dry	Road Speed Limit:	Traffic Volume: Heavy	Anyone conveyed by ambulance: No
Weather: Clear	Traffic Control: Not Controlled			
Traffic Flow: Two Way	Type of Collision: Between Moving Vehicles - Head To Rear			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB2082R	Motorcycle				Seriously Damaged	0
FBJ5472L	Motorcycle				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180829/2081

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

2 of 3

Report No. T/20180829/2081

CONTINUATION OF REPORT

Rider			
Name	ZUL KIFLI BIN MAHAT	ID No.	S7128598G
Related Vehicle	FBB2082R (Motorcycle)	Contact No.	81304653
Hospital/Clinic	TEBAN GARDEN CLINIC	Class of Driving Licence & Expiry Date	Class: 2A,3,4 Date of Expiry: NIL
Date Treatment	13/07/2018	Date Discharge	13/07/2018
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Rider			
Name	Chew Weichen Joel	ID No.	S9025343C
Related Vehicle	FBJ5472L (Motorcycle)	Contact No.	91371130
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	13/07/2018	Date Discharge	13/07/2018
No. of Days granted Medical Leave	06	Degree of Injury	NIL

Brief Details.

On the 13/7/2018 @ 1655hrs at a/m location, I was riding my motorcycle at the said location, at the most right lane. Suddenly, the motorcycle one FBJ5472L, in front of me jammed brake to avoid collision to one unknown Malaysian motor cycle, thus caused me to brake hard as I was not able to stop on time, thus also collided onto the said motorcycle.

However, the first Malaysian motorcycle after stood up and left the scene without exchanging details and also I was not able to take down the registration plate was I was injured.

Ref TP/IP/47305/2018.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180829/2081

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

3 of 3

Report No. T/20180829/2081

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:
D /
Staff Sgt YIP KUM HOONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
29/08/2018 13:49

Classification Of Case:

LETTER



Our Ref: MT/CA/TP/059/1003397-002/AS/VU

24 Aug 2018

ZEN KIFLI BIN MAHAT
BLK 408 #11-59
PANDAN GARDENS
SINGAPORE 600408

Dear Policyholder

CLAIM NUMBER: MT/1003397-002
ACCIDENT INVOLVING FBB2082R / CHEW WEICHEN JOEL on 13 Jul 2018

We would like to inform you that a claim for S\$8,145.48 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely

Goh Peng Hong
Manager
Motor Insurance

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 07 / 2018 (DD/MM/YYYY), TIME: 16 : 55 (HHMM)

LOCATION: Ayong Road 1, Ayer Rajah Expressway

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: PB22082 R
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5033571386-09
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA CB400
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLED)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING HOURS
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE THIRD PARTY CLAIM (REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: ZUL KIFLI Bin Mohd (MALE/FEMALE)
b) NRIC/IN/PASSPORT: 57234388C CONTACT: 9474 5836
c) ADDRESS: BLK 408, PANDAN GARDENS #11-59
S'Pore (Coolidge)

* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: ZUL KIFLI Bin Mohd (MALE/FEMALE)
b) NRIC/IN/PASSPORT: 57234388C CONTACT: 9474 5836
c) ADDRESS: BLK 408, PANDAN GARDENS #11-59
S'Pore (Coolidge)

* d) DATE OF BIRTH: 28 / 07 / 1971 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR
f) DATE OF DRIVING: PAST - 28/09/1990

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: BROTHER

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED: YES/NO

7. a) REPORTED TO POLICE: YES/NO
IF YES, PLEASE STATE WHICH POLICE STATION: DOVER NPP

3. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: PB25472 L MODEL: HONDA
b) DRIVER'S NAME: CHEN WEE CHAI 706 L
c) NRIC/IN/PASSPORT: 59025243C CONTACT: 9127 1130

4. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/IN/PASSPORT: _____ CONTACT: _____

EMail: zulkowhet@gmail.com

VIDEO =

Accident Photo



Accident Photo



Accident Photo



Accident Photo



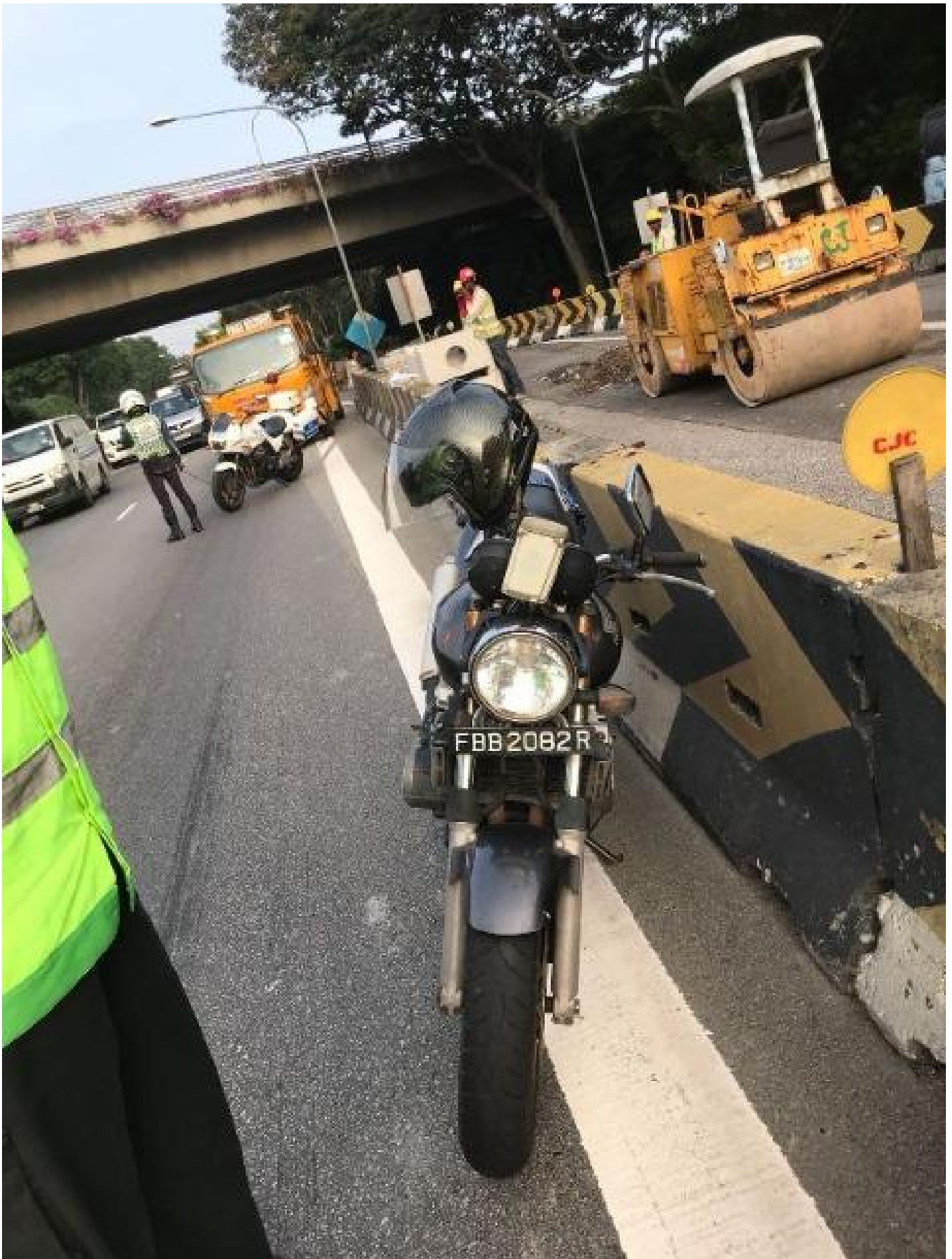
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