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TP Pardiculars: Veh No:	892Z.	. INC(,)/Non-INC	()		
Owner / Driver: (Tel:)	
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Confirmed by : (Dates,	Thne	-	,	= 75 NE
	lote-Est. Status (W		0%; P: 21-79%	. P: 80-100%		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number 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.
- 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 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.
- 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 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 aforesaid.

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· · · · · · · · · · · · · · · · · · ·	ACCIDENT STATEMENT
Date Of Report	31/12/2018 14:46
Date Of Accident	08/11/2018 18:10
Exact Location Of Accident	ALONG PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG9202P
Insured/Policyholder	
Name Of Registered Owner	TOPIWALA MURTUZA KUTUBUDDIN
NRIC No	S8262540B
Email Address	MURTAZAT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96710193
Alternative Phone No	OTHERS-96710193
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5087154662-01
Cover Note Number	
Driver	
Name of Driver	TOPIWALA MURTUZA KUTUBUDDIN
NRIC No	S8262540B
Date Of Birth	05/10/1982
Occupation	INDOOR
Date Of Driving Pass	30/12/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96710193

OTHERS-96710193

MURTAZAT@HOTMAIL.COM

Address

55 TAMPINES CENTRAL 7

#13-08

Postcode

528617

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 (including own vehicle)

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

CLEMENTI NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8729999 - FAX NO: 67748639

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT /20181121/7037 AND T/20181121/7019

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJS892Z

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

GAN MENG KIONG

NRIC/Passport Number

S7223797H

Contact Number

81985692

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TOPIWALA MURTUZA KUTUBUDDIN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBG9202P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - 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:
 - 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)

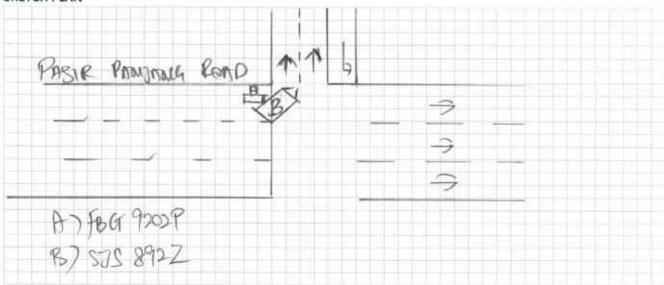
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .: /

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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: ROPLI WAT

NRIC/FIN No .:



Report No. D/20181121/7037

POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000

Vide Re	oort No.		Station Diary No.
Address			
55 TAMPINES CENTRAL 7 #13-08 SINGAPORE 5286			INGAPORE 528617
1070	874	Mobile: 96710193	
		com	10
Sex	Age	Date of Birth	Race
Male	36	05/10/1982	Indian
Language English			
Location Of Incident			
	Address 55 TAMi Contact Home/O Email Admurtaza Sex Male Languag English Location	55 TAMPINES CEN Contact No. Home/Office: Email Address murtazat@hotmail.c Sex Age Male 36 Language English Location Of Inciden	Address 55 TAMPINES CENTRAL 7 #13-08 S Contact No. Home/Office: Mobile: 96710193 Email Address murtazat@hotmail.com Sex Age Date of Birth Male 36 05/10/1982 Language English

Brief details.

This incident happened on 8th November 18:10 while i was returning back home from office...I was riding on a motorbike going towards Alexandra road, the car in front suddenly turned left without checking the blind spot and giving any indicator... I was coming from behind on the left and banged into the front door of the car.. Fell off from the motorbike with the bike on my right leg... The impact was so bad that my motorcycle handle broke into half . I had bruises on my hand and leg, my right foot had little swelling but i was able to walk and parked my bike into the car park... I exchanged the particulars with the driver and he went away.. After an hour my right foot was swollen and i couldn't walk at all, i called my friend who drove me to Changi General Hospital for medical assistance.. Xrays were taken and it turned out to be a

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: 21/11/2018 21:00		
Officer In-Charge Of Case:	Classification Of Case:		

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20181121/7037

fracture on the foot, since then i'm bed ridden and the doctor advised for a complete bedrest for 4-6 weeks before i could walk again...I'm trying to contact the car driver through whatsapp, he did not have a courtesy to check on me despite me sending multiple messages on WA which he has read...

I would like to file a report against the driver for his negligence and want this to be investigated, the particulars of the driver is as below...

Driver Name: Gan Meng Kiong

ID Number :S7223797H

Subjects Involve Suspect		Sireirenni makin	
Person Name	Gan Meng Kiong		
ID Type	NRIC NO	ID No	S7223797H
Gender	Male	Age	46
Race	Chinese	Language	English
Victim Person Name	TOPIWALA MURTUZA KUTUB	UDDIN	
Person Name	TOPIWALA MURTUZA KUTUB	UDDIN	
ID Type	NRIC NO	ID No	S8262540B
Gender	Male	Age	36
Gender		I	English
Race	Indian	Language	English

Signature Of Informant: The identity of the person making this		
report has been authenticated by SingPass. No signature is required.		
Date/Time: 21/11/2018 21:00		
Classification Of Case:		





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20181121/7037

Address	55 TAMPINES CENTRAL 7 #13-08 SINGAPORE 528617	Mobile No	96710193	
ls Informant A Victim?	Yes			
Person Name	TOPIWALA MURTUZA KUTUE	BUDDIN (Informa	nt)	

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: 21/11/2018 21:00
Officer In-Charge Of Case:	Classification Of Case:



Authentication Stamp







Report No. T/20181121/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 1/11/2018 21:28		Vide Report No.: D/20181121/7037	Station Diary No.:	
Informa	nt's Particu	ulars		OF THE LOCAL PROPERTY.	
	Informant: LA MURTU JDDIN		Address: 55 TAMPINES CENTRAL 7 #13-08 SINGAPORE 528		
ID Type	/ ID No.: D / S826254	40B	Contact No.: Home/Office:	Mobile: 96710193	
National SINGAP	ity: ORE CITIZ	EN	Email: murtazat@hotmail.com		
Sex: Age: Date of Birth: Male 36 05/10/1982			Type of Informant: Rider		
Race: Indian		Language: English	Institution / School Name:		
Occupation: Information technology project manager		Driving Licence Inform Class:	ation: Date of Expiry:		

General Inform	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/11/2018 18:10	Type of Location: Straight Road
Location: PASIR PANJ	ANG ROAD	Road Surface:		Road Speed Limit:
Weather: Clear		Dry		30 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate
Type of Collis	sion: ving Vehicles - Side	Swipe - Same Direction		Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG9202P	Motorcycle	BAJAJ CHETAK	PULSAR+20 0+NS+MAN UAL	Black	Seriously Damaged	1
SJS892Z	Car	MITSUBISHI		Red	Slightly Damaged	1

Details of V	ehicle Insurance			MENTERSED.
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Report No. T/20181121/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of V	ehicle Insurance			- :- D-1-
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
		5087154662-01	02/01/2018	01/01/2019

Details of Person			The second			
Any Pedestrian In	volved: No		1		0	a as NIA
No. of Pedestrian	s Injured: NIL		Use of I	Pedestrian	Cross	ing; INA
Rider				LIDAL		S8262540B
Name	TOPIWALA MURTUZA KUTUBUDDIN			ID No.		58202540B
Related Vehicle	FBG9202P (Motorcy	cle)		Contac	ct No.	96710193
Hospital/Clinic	CHANGI GENERAL	L	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NII	
Date Treatment	08/11/2018		Date D	ischarge	08/11	/2018
	ted Medical Leave	30	Degree	e of Injury	Serio	us
Driver						
Name	Gan Meng Kiong			ID No		S7223797H
Related Vehicle	SJS892Z (Car)			Conta	ct No.	81985692
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date I	Discharge	NIL	
No. of Dave gran	ited Medical Leave	NIL	Degre	e of Injury	NIL	

Brief Details.

This incident happened on 8th November 18:10 while i was returning back home from office...I was riding on a motorbike going towards Alexandra road, the car in front suddenly turned left without checking the blind spot and giving any indicator... I was coming from behind on the left and banged into the front door of the car.. Fell off from the motorbike with the bike on my right leg... The impact was so bad that my motorcycle handle broke into half . I had bruises on my hand and leg, my right foot had little swelling but i was able to walk and parked my bike into the car park... exchanged the particulars with the driver and he went away.. After an hour my right foot was swollen and i couldn't walk at all, i called my friend who drove me to Changi General Hospital for medical assistance.. Xrays were taken and it turned out to be a fracture on the foot, since then i'm bed ridden and the doctor advised for a complete bedrest for 4-6 weeks before i could walk again...I'm trying to contact the car driver through whatsapp, he did not have a courtesy to check on me despite me sending multiple messages on WA which he has read...

- Pictures of the incidents are available
- Traffic light turning left to Mapletree business city
- Pasir Panjang Road





20101121//019

3 of 4

Report No. T/20181121/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

I would like to file a report against the driver for his negligence and want this to be investigated, the particulars of the driver is as below.

Driver Name: Gan Meng Kiong

ID Number :S7223797H





Report No. T/20181121/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

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Authentication Stamp

NP168

Informant is not able to provide sketch plan

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: 21/11/2018 21:28
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Claim Handling

locident MT/1021558			E0-000000		GST Aegis	desident file			
Pelicy No.	5067154662-01	Vehicle No.	F6G9202P		500 miles	STREET, THOU			
Certificate No.									
Felicyholder Name	TOPIWALA MURTUZA KUTUSUDDIN				Policyheid	er NRIC	38	8282540B	
Product Code	MGTORCYCLE INSURANCE	Cover Type	Third Party		Loading		.0		
Contact No.(Mobile)	NA	Corract No.(Office)			Contact N	o.(Hame)			
Email Address		Special Remark			eCode		N	is v	
KPK	of No. C. Yes	TCA	+ No Yes		eCode Rei	EVOTS			
NCC Protection	Mn	NCD Entitlement(%)	0		Private Hi	TH.	No	1	
Report Date	27/11/2018 12:43	Accident Report Within 24 firs	795		Acquient 1	ype	5	de Switze	
Date of Assigent	08/11/2918	Time of Accident his mm	18:30		Country of	Accident	3	ngepore	
Reporting Centre	administrator	Orange Force	Yes		ICM No.		97	753325	
Aundert Location	36 FESTIL PANJANO RELTWOS HAPLE THEE	BUSINESS CITY							
♥ Excess									
Dwn damage Excess	0.00	Additional Excess			Windstree	in Excess			
Unnamed Striver Extess		Outside Singepore DD Excess							
Third Party Excess	m.oc	Outside Singapore TP Excess							
Genafits									
	lon								
IST Repistered	Fee		GST Registre						
ST Registration No.			GST Status V	erified		Yes			
Redification History									
Tr. Balloubalder Malling Adding	200								
Policyholder Mailing Add		Edition 1	Salarana esta terrata en		Address 3		500	National Co.	W224
Address 1	51 TAMPINES AVENUE 1	Address Tons	#52-04 THE TROPSCA					INSAPORE 52	Servil
Address 4 Jmr No.	112-414	Address Type Relates Folicy Number	Singapore address 5067154662-01		Post Code		:30	29771	
♥ OI Driver Info	112-04	RESIDER PRINCY NUMBER	S067154662-H1						
Driver Name		Driver Type							
Unramed oriver Name		Driver (VDE)			Driver DO	0			
Register Date of Driver License		Oriver Age			Driving £				
Contact No.(Mobile)		Contact No.(Office)			Contact N				
Address I		Address 2			Address 3				
Acidrana 4		Address Type	Foreign address		Post Cade	13			
Unit No.									
Dues he own a Singapore seguthered car?	Yes « No	Driver Vehicle No.			Driver and	ume Compar	w		
Unit No. Dues he own a Simpspure Registered car? Modification History Claim 002 New Claim Type *	Yes e No	Driver Vehicle No.		OD-MX	▼ Insured	0.4126.000.00	миятиза кит	MODE.	2070
Duel He dien a Simpapore Registered car? Modification History Claim 002 New Chirm Type *	Yes « No	Driver Vehicle No.		OD-MX 96710193	Insured Name Correct No.	0.4126.000.00	v.	Centar Tentar	3070
Duel He dien a Simpapura Registered car? **Color 002 New Chilm Type ** Contact No. (Mobile)	Yes « No	Driver Vehicle No.			Insured Name Correct	0.4126.000.00	v.	Cuntac No. (Office TP	3870
Dues He own a Simpspore Registered car? **Godication History **Claim 002 **New**	Yes « No	Driver Vehicle No.			Insured Name Contest No. (Harre) Col	TOPTWALA	v.	Centar So. (Office	50.70 T
Dues He own a Simpapore Registered car? Hodification History Claim 002 New Chim Type * Contact No.(Mobile)	Yes « No	Driver Vehicle No.		96710193	Insured Name Cunted No. Insured OI Vericle Number	TOPTWALA	v.	Cuntar No. (Office 179 Vehicle Number	EISS
Dues He own a Simpapore Registered car? Hodification History Claim 002 New Chim Type * Contact No. (Mobile) Emeil Address Claim Description	Yes « No	Driver Vehicle No.			Insured Name Cunted No. Insured OI Vericle Number	TOPTWALA	v.	Centar No. (Office 17 Vehicle Number	Elisa
Dues He own a Simpapore Registered car? **Godication History **Claim 002 New Chim Type ** Contact No.(Mobile) Emeil Address Claim Description Preferred Workshop	Insured Liabisty	Pault T		96710193	Insured Name Cunted No. Insured OI Vericle Number	TOPTWALA	v.	Centac No. (Office 12 Vehicle Numbs Name Prefer	Elsa
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1	NAC_BUKIT_HERAH_BOORJS(NATIONAL ASSESSMENT CENTRE BERVICE S (BUKIT MERAH)) on 31 Dec 2018 14:45	Photos	Normal	Physics 2019-12-31
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1	NAC_BUNIT_HORAH_BODOTO; NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH)) on 31 Dec 2018 14:46	Photps	Normal	Protest 2018-12-31
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5	NAC_BURST_HERAM_000676; NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURST MERAM)) on 31 Dec 2018 14:44	Phonos	Normal	Physics 2018-12-11
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ACCIDENT STATEMENT

ACCID	ENT DATE: (OE)	11/201810	D/MM/YYYY). TIM	E:(18 : [() THEMMI
LOCATI	ON: PASIR	PANJANG	ROAD		market (Michigan Land)
2. 1	DETAILS OF VEHICLE NUM b) INSURANCE CO c) POLICY NUMBE d) POLICY TYPE: (e) MAKE & MODE l) TYPE: (SALOON e) VEHICLE CATE (T) PURPOSE OF US ARE YOU CLAIM IF NO, PLEASE ST NSURED / POLICY (NAME: TOP, W.)	BER: FBG 92 DMPANY: NTO ER: 508715 COMPREHENSIVE L: BAJAT PU COUPE / MPV / GORY: (PRIVATE / O SING AT ACCIDEN ING UNDER YOUR ATE (THIRD PARTY	1 THIRD PARTY / TI LSAP NS 2 AN / LORRY / MC COMMERCIAL / M T TIME: PERSON OWN INSURANC CLAIM / REPORTI	DIORCYCLE / MOTORCYCLE / MOTORC	OTHERS)
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email = murtagat@hotmail com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8262540B



TOPIWALA MURTUZA KUTUBUDDIN

INDIAN Date of porth 05-10-1982 Country of birth

INDIA



4928506



₩C N S8262540B

24-01-2013

55 TAMPINES CENTRAL 7 ៛13-08 SINGAPORE 528817

NRIC No. \$8282540B

Date: 12/05/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 28 Motorcycles =< 200 cc
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 20 Dec 2009 of the driver; and other motor vehicles =< 2500kg

NF 428A

Licence No: S8287540B

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