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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 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.
- 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.	
LOW STATE OF	ACCIDENT STATEMENT
Date Of Report	28/01/2019 19:47
Date Of Accident	27/01/2019 01:20
Exact Location Of Accident	OPEN SPACE CARPARK NEAR BLK 164A STIRLING RD
Country/State of Loss	SINGAPORE
国际电影电影运送器 1985年 1986年 1	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBB626K
Insured/Policyholder	
Name Of Registered Owner	SHAIK MUJIBUR RAHMAN
NRIC No	S7298020D
Email Address	RAH_SG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91093374
Alternative Phone No	OTHERS-91093374
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400-399CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	5086207637-02
Cover Note Number	
Driver	
Name of Driver	SHAIK MUJIBUR RAHMAN

Name of Driver	SHAIK MUJIBUR RAHMAN

NRIC No S7298020D Date Of Birth 03/04/1972 Occupation OUTDOOR Date Of Driving Pass 23/12/1993

Driving Experience 25 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91093374

Fax Number

Contact Number OTHERS-91093374

EMail Address RAH_SG@HOTMAIL.COM Address

BLK 164 STIRLING ROAD

#06-1214

Postcode

140164

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle.

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

1

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 0

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190128/2089

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

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 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.
- 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: 280119 1609HES

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signaty

Name:

NRIC/FIN No.:

NRIC/FIN No.:

Date & Time:





Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

1 of 3 Report No. T/20190128/2089

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 15:16	/lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	Samuel Street, or High Samuel	and the same state of the same
	f Informant: MUJIBUR R		Address: APT BLK 164 STIRLING ROA 140164	AD #06-1214 SINGAPORE
The second of th	/ ID No.: O / S72980:	20D	Contact No.: Home/Office:	Mobile: 91093374
National SINGAP	lity: PORE CITIZ	EN	Email:	
Sex: Male	Age: 46	Date of Birth: 03/04/1972	Type of Informant: Vehicle Owner	
Race: Indian		0)	Language: English	Institution / School Name:
Occupat WEDDIN	tion: NG PLANNI	ER	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/01/2019 01:20	Type of Location Car Park
Location: Along Road 1 STIRLING RO Open space of Weather:	DAD	4A Stirling Road, lot no		Road Speed Limit:
Control of the Contro			1.0	Cau Speed Limit
Clear		Dry		opens minn.
Clear Traffic Flow: Dual Carriage	· Way	Traffic Control: Not Controlled	3.0	raffic Volume:

Details of V	ehicle Involve	d	A REPORT		=15-40 (EQ ELZ)	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBB626K	Motorcycle	HONDA	CB400	Grey	Slightly Damaged	0

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





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

Report No. T/20190128/2089

2 of 3

CONTINUATION OF REPORT

Vehicle Owner						
Name	SHAIK MUJIBUR R	AHMAN		ID No	2	S7298020D
Related Vehicle	FBB626K (Motorcyc	cle)		Conta	ct No.	91093374
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On 24/01/2019, at about 1200hrs, I had parked my motorcycle, a Black and Silver Honda Super 4, vehicle registration number: FBB626K, at carpark QXMLM1, lot 113 near to the pavilion of Blk 164A Stirling Road.

Subsequently, I went overseas from 24/01/2019 and I came back on 27/01/2019.

On 27/01/2019, at about 0120hrs, I came back home from the airport and when I was near the lift area which was also near to my motorcycle, I noticed that my motorcycle was upright, however I noticed that my motorcycle box was open and there was a dent on the left side of my fuel tank, my left signal light was broken, my left side mirror was loose and my side stand was also bent.

I wish to state that all my belongings in the box are intact. I also wish to state that there is a CCTV from Blk 163 Stirling Road which was facing my motorcycle. This is the first time such an incident has happened to me. I believe that a vehicle had hit onto my motorcycle thus toppling it on the left side.





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999 3 of 3 Report No. T/20190128/2089

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: D / Sgt 3 YIP XUANYU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2019 15:16
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI	Classification Of Case:
Contact No.: 65476902 Authentication Stamp	50.40

Claim Handling

Attition(MT/1019688					
PORCY MISC	COMPANIE TO AN	MARKON MA	and a second	NAME OF THE OWNER.	
ertificate No.	5386207637-62	Vehicle Na.	FBB628K	GST Registration No.	
olicyholder Name	SHAIK HUIDBUG RAHMAN			Palityholder NR)C	572980200
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Farty, Fire & Theft	Loading	
antact No.(Molein)	91092374	Contact No.(Office)	THE PERSON STREET STREET	Contact No.[Hume]	10
mail Address		Special Remark		eCode	No *
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y bom		- 906/67A VEXV. V.			
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Innamed Driver Excess		Outside Singapore OD Svices			
Nint Party Excess	0.00	Outside Singapore TP Excess			
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IST Registered	No.		GST Registration Data		
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lodification History					
and the second s					
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hodress 4		Address Type	Singapore attitress	Post Circle	140164
int Re.		Related Policy Number	5D#6207657-02		
₩ OI Driver Info					
Driver Name	SHAIK HUITBUR KAHMAN	Driver Type	Main Driver		
Innamed driver Name		Oriver NRSC	872990200	Oriver DOB	E3/04/1972
egister Date of Driver Lizense	09/01/1990	Orlver Age	46	Onling Experience	26
Contact No.(Motile)	91993374	Contact No.(Office)		Contact No.(Home)	
ddina 1	BLK 164 #06-1214	Address 2	STURLING ADIAD	Address 3	SINGAPORE 140164
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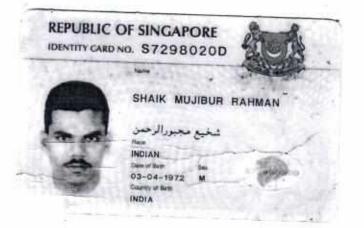
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ACCIDENT STATEMENT

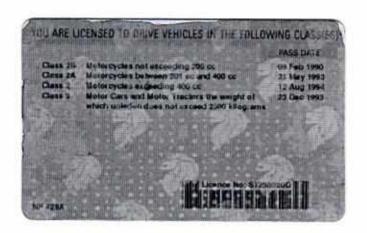
COLIDENT DATE TO	MMMM), TIME: () (HH:MA
LOCATION: BIK 164 STUREMEN RD	carparle axmems Lot 173
1. DETAILS OF VEHICLE	A S I
a) VEHICLE NUMBER: 188626K	W 7/ 20 0 1
DINSURANCE COMPANY: NTUC	161/061
CIPOLICY NUMBER: 508 6 207 63	
BIMAKE & MODEL: HOH DA C 5 40	HIRD PARTY / THIRD PARTY FIRE &THEFT
f)TYPE:(SALOON / COUPE / MPV /V AN	1/LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / CO	MMERGIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TI	ME: PERKEY MOTOR CACETY
I) ARE YOU CLAIMING UNDER YOUR OF	WN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CL 2. INSURED / POLICY HOLDER	AIM / REPORTING ONLY)
A) NAME: SHAIR MUDIBUR KA	MMA.
b) NRIC/FIN/PASSPORT: STOP PUXCO	the state of the s
CIADDRESS: BILL 164 STITLING	CONTACT: 9/093374
STATE OF STATE OF	ROAD #06-1214 SC140164)
* CONTINUE TO 3.d IF DRIVER ALSO PO	NICY HOLDER
No of passanges DRIVER	ACT HOLDER
Including driver) DINAME: AS BOULE	(MALE / FEMALE)
bjnric/fin/Passport:	CONTACT:
c)ADDRESS:	
AND ATE OF BIRTHAN AR A AND A 1823	
*d)DATE OF BIRTH: (03 / 04 / 1877)	(DD/MM/YYYY)
DATE OF DRIVING PASC 2	
4. WAS DRIVER AN EMPLOYEE OF THE	1993
IF NO, RELATIONSHIP OF THE DRIVE	INSURED'S COMPANY? (YES / NO)
5. g)WEATHER CONDITION: (CLEAR / RAIN	VING (OTHERS
b)ROAD SURFACE: (DRY / WET / OTHER	s :
6. WAS ANYBODY INJURED (YES 7 NO)	· · · · · · · · · · · · · · · · · · ·
7. a) REPORTED TO POLICE (YES / NO)	8.4
IF YES, PLEASE STATE WHICH POLICE ST	EATION. NPP QUEENS towar
S THISD BARTY VELUCIE	Allone Transfer
c of passenger a) VEHICLE NUMBER:	MODEL
including driver) b) DRIVER'S NAME:	
() NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	
d) VEHICLE NUMBER:	MODEL:
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	H 2
nduding driver) f) NRIC/FIN/PASSPORT:	CONTACT:

email = rah - sy e hotmail - low VIDEO











Countersigned By:

Authorised Officer

Certificate of Insurance

Certificate Number - 5086307637-03	RULES, 1959 (MALAYSIA)
the Motor Vehicle or has been so enactment or regulation in that been so enactment or regulation in that been so enactment or regulation in that been so that the second s	: JH2NC39916M200426 : SHAIK MUJIBUR RAHMAN : 24 Nov 2018 : 23 Nov 2019 d to drive# is permitted in accordance with the licensing or other laws or regulations to drive permitted and is not disqualified by order of a Court of Law or by reason of any behalf from driving the Motor Vehicle. sure purposes and in connection with the Policyholder's business or profession. ability trial or speed-testing. her than samples) in connection with any trade or business.
EXCESS (SECTION 1) EXCESS (SECTION 2) EXCESS (THEFT OUTSIDE SINGAPORE) INSURE WITH COE NAMED DRIVER (1)	N/A N/A PLEASE REFER OVERLEAF YES SHAIK MUJIBUR RAHMAN ABDUL AZIZ BIN HAJA MAIDEEN

Chief Executive