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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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,
- 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.

	ACCIDENT STATEMENT
Date Of Report	22/02/2019 12:02
Date Of Accident	07/02/2019 16:45
Exact Location Of Accident	TRAFFIC LIGHT AFTER SLE TO WOODLANDS AVE 3 EXIT
Country/State of Loss	SINGAPORE
CONTRACTOR SERVICES OF D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM3536J
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD TAUFIQ BIN KAMARUDIN
NRIC No	S8425195Z
Email Address	MDTAUFIQ170811@YAHOO.COM
Mobile Phone No	(LOCAL) +65-87683977
Alternative Phone No	OTHERS-87683977
Vehicle Particulars	
Manufacturer	HONDA
Model	FS150F-149CC
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	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	5094591086-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD TAUFIQ BIN KAMARUDIN
NRIC No	S8425195Z
Date Of Birth	17/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	26/02/2007
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87683977
Fax Number	
Contact Number	OTHERS-87683977

MDTAUFIQ170811@YAHOO.COM

Address

BLK 81 COMMONWEALTH CLOSE

#03-119

Postcode

140081

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

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO S

Number of vehicles (including own vehicle) involved in the accident

2

YES

Was any body injured in the Accident?

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)

NO

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

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 SKETCH PLAN AND POLICE REPORT T/20190212/2163

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

UNKNOWN

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

YANG DAJUN

NRIC/Passport Number

G2612052M

Contact Number

91210859

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD TAUFIQ BIN KAMARUDIN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBM3536J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 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.
- 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:

- 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: 9

Driver's Signature

(If driver is not the policyholder)

Date & Time:

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

GIARNIC Statistican V3

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

REPORT OF A TRAFFIC ACCIDENT

Date/Ti	me Report N 019 19:15	Made:	Vide Report No.:	Station Diary No.: 65	
throma	ent's Partic	ulars		DESCRIPTION OF THE PROPERTY OF	
Name of Informant: MUHAMMAD TAUFIQ BIN			Address: APT BLK 81 COMMONWEAL SINGAPORE 140081	TH CLOSE #03-119	
ID Type / ID No.; NRIC NO / S8425195Z		95Z	Contact No.: Home/Office:	Mobile: 87683977	
	Nationality: SINGAPORE CITIZEN		Email:		
Sex:	Age:	Date of Birth: 17/08/1984	Type of Informant: Rider		
Race:		ATT LABOR	Language: English	Institution / School Name.	
Occupat	tion: OOD RIDER	and the same	Driving Licence Information: Class: 2B,2A	Date of Expiry:	

Type of Accident.	injury Others	Drink Drive No	Date/Time of Accident 07/02/2019 15:45	Type of Location.
Location: Along Road 1 WOODLANDS Traffic light righ Weather: Raining	AVENUE 3	ands ave exit Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Worki	THE RESERVE THE PROPERTY OF TH	raffic Volume:
Two Way				

Details of Vahicle involved		W	ner ille i in i	
Vehicle New 17 /pe	Make	Model	Goloc .	Condition No of Passenger
FBM3536J Motorcycle	HONDA	FS150F	Blue	Slightly 0
The Section of the Section	1 (4 h		A SA	Damaged

Detalla of V	ehicle insulance	SEE MARKET	dan ekes	A MARKET	
Valuate No	Insurance Company		Insurance No.	Effective	Expiry Date
FBM3536J	NTUC Income Insurance	Co-Operative	5094591086-01	02/10/2018	01/10/2019
	Limited	THE RESERVE	CONTRACT OF THE PARTY OF	三人	



Report No. 1/20190212/2163

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4718999 CONTINUATION OF REPORT

Any Pedestrian No. of Pedestria	Involved No	Use of Pe	edestrian Cross	ing: NA
Ridel Name	MUHAMMAD TAUFIQ BIN KAN	ARUDIN	ID No.	S8425195Z
Related Vehicle	FBM3536J (Motorcycle)		Contact No.	87683977
Hospital/Clinic	NIC		Class of Driving Licence & Expiry Date	Class: 28,2A Date of Expiry: NIL
Date Treatment		Date Dis	charge NIL	
No. of Days gran	ted Medical Leave NIL	Degree	of Injury NIL	STATE OF THE PARTY
Name	Yang Dajun		ID No.	G2612052M
Related Vehicle	NIL	11/10	Contact No.	91210859
Hospital/Clinic	NIL		Class of Driving Licence & Explry Date	Class: NIL Date of Expiry: NIL
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO	NIL	Date Dis		二下35万公司
No, of Days gran	ted Medical Leave NIL	Degree	of injury NIL	

Brief Details.

On 07/02/2019 at about 4.45pm, I have just exit SLE Woodlands Ave 3 exit and stop at the traffic light and it was raining. Suddenly I feel an impact from behind and it cause me to move forward. Luckly there was no car moving and I manage to balance myself. So I push my bike to the pavement and went to call him to come out of the lony. I had tried to talk to him however he was unable to speak English. I only manage get my point across using simple Chinese. When I tried to get the plate no. he refused to give me. He want to have a private settlement. However I told him that I need to get the bike shop assessment. on the damage.

I have already make a report on idac and was told by them that the company also refused to give them the plate number. I am currently still having back pain and was unable to sleep at night due to the pain.



T/20190212/2153

2012

Report No 1720190212/2163

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

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.

0 /
Sgt 3 LEE HONG HAI

Signature Of Interpreter. Not applicable

Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No., 85476151

Authentication Stamp

X 59.49

Signature Of Informant:

Date/Time: 12/02/2019 19:15

Classification Of Case:

Accident MT/1033208						
	The commence of the					
Policy No. Certificate No.	5094593086-D1		Vehicle No.	78M35363	GST Registration No.	
	TVINESCRIPTION	VIII (WWW.				
Folicyholder Name	МИНАММАВ ТАИРОВ				Policyholder NRDC	594251992
Product Code	NOTORCYCLE INSUR	IANDE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Molske)	B7683977		Contact No.(Office)		Contact No.(Home)	
Email Address			Special Remark			growing
CFIC.	+ No. Yes		YEA	000243923	eCode	74g * 1
VCID Protection	No.			in No. 11 Yes	dCode Ressor	
▼ Accident Betalle	1177		NCI) Entitlement(%)	18	Private Hey	No
Separt Date						
	32/02/2019 13:12		Accident Report Within 24 hrs.	Yes	Assident Type	Cofficien - Head to Rear
White of Accident	07/02/2019		Time of Accident bitumin	16:45	Country of Accident	
eporting Centre			Grange Force			Singapore
VOODertt Location	TRAFFIC LIGHT AFTE	R FLE TO WOODLANDS	AVE 3 EXIT		ICM No.	
Txcess			115.6.010			
two damage Escent		1909	Communication and the			
Imamed Oriver Excess		0.00	Additional Excess		Windscreen Excess	
			Outside Singapore DD Excess			
Hird Party Excess		0.00	Outside Singapore TF Excess			
₹ Senefits						
♥ GST Registered Informa	Mon					
ST Registered	No			GST Registration Date		
57 Registration No.				GST Status Verified		
odification matury				OST STATUTE SETTINGS	Yes	
Policyholder Mailing Add	frees					
Mruss I	Carlo					
	BLK 81 #03-119		Address 2	COMMONWEALTH CLOSE	Address 3	SONGAPORE 140081
difres 4			Address Type	Singépore activess	Plot Code	140081
ret No.			Related Policy Number	5094591086-81	Total Control	175981
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Huer Name	MUHAMMAD TALFTO	BIN KAHARUDIN	Driver Type	Hain Driver		
nnamed driver Name		BF CHEMOLOGIC	Driver MIDC			
rgister Date of Driver License	26/02/2007			584251952	Onver DOS	17/08/1984
ortes No. (Mupile)			Driver Age	34	Orlving Experience	11
	W76X2977		Contact No.(Office)		Contact No.(Home)	1/2
idress I	BFR 91 N03-118		Address 3	COMMONWEALTH CLOSE	Address 3	STAGEARDER LANDS
difress 4			Address Type	Singagore address	Profit Code	SINGAPORE 140081
nit No.					Committee of the Commit	140961
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55-000 FF45	MEAN PROOF			*BW353E3	Driver Snourer Company	NTUC
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odification History	W.T.		Any injury?	Yes + No		
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Claim 001 New			Any Injury?	Yes + Au	Insured MUHAMMAD TAUFIC Name	BIN KANAS INSUPER BB4251952
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Claim Handling(accident reporting Claim Task)

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	S (BLEST MERAH)) on 22 Feb 2019 12:14
÷	NAC_BURIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) or 22 Feb 2019 12:14
1	NAC_BUNIT_MERAH_BOOG76(NATIONAL ASSESSMENT CENTRE SERVICE

Photos

Photos 2019-2-72

5 (BUXCIT MERAHO) on 22 Feb 2019 12:14

Photos 2019-2-22

NAC_BURIT_PIERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 22 Feb 2019 12:14

Normal Photos 2019-2-22

NAC_BURIT_MERAN_803676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAN)) on 22 Feb 7019 12:14

Photos 2019-2-22

NAC_BURIT_MERRY_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERRY)) on 22 Feb 2019 17:14

Normal Photos 2019-7-72

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W Video List Uploaded By/Date

Fulder Date

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ACCIDENT STATEMENT

ACCIDENT DATE:	12120/2)(DD/MM/YY	(YY), TIME:(16 : 45)(HH:MM
LOCATION: Woodle	and Avenue 3	
1. DETAILS OF VE	N. 10	
	MBER: FBM 3536	
		The state of the state of
	COMPANY: NTUC	
	BER: 5094591086	
a)POLICY TYPE	COMPREHENSIVE / THIRD P	ARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MOI	DEL: RS ISOK HONDO	2.
I)TYPE:(SALOO	N / COUPE / MPV /VAN / LOF	RRY / MOTORCYCLE / OTHERS)
.g/VEHICLE CA	EGORY: (PRIVATE / COMMER	CIAL / MOTORCYCLEI
N/PURPOSE OF	USING AT ACCIDENT TIME: V	Norkince
I) ARE YOU CLA	IMING UNDER YOUR OWN IN	SURANCE IVES NOT
IF NO, PLEASE	STATE (THIRD PARTY CLAIM)	REPORTING ONLY)
2. INSURED / POLI	CYHOLDER	THE TALL THE STATE OF THE STATE
A) NAME: /V//	AINMAD TAUFIE BID KA	MARUDIN MALE! FEMALE
D/NRIC/FIN/PA	SPORT: 58425/95Z	CONTACT: 87683977
c)ADDRESS:	k 81 Common wealth	Class #03-119
31	0146 140081	
4.116 A	3.d IF DRIVER ALSO POLICY H	OLDER
the of passange, DRIVER	1- 11:113	
	as above.	(MALE / FEMALE)
C) DINKIC/FIN/PAS	SPORT:	CONTACT:
c)ADDRESS:		
*d\DATE OF BIRT	11/2 100 1601	Value of the second of the sec
eloccupation	H: 1/7 108 1 1984 100	/MM/YYYY)
FIDATE OFFICE	: (INDOOR OUTDOOR)	220-
1) DATE OF DRIVER A	ING PASS 26/2/2	1001
IF NO. RELATIO	NSHIP OF THE DRIVER	RED'S COMPANY? (YES /NO)
5. g)WEATHER CON	NSHIP OF THE DRIVER WINDING!	IH INSURED: Owner
b)ROAD SURFAC	E: (DRY /WET/ OTHERS_	OIHERS
6. WAS ANYBODY I	VIURED YES! NO!	
7. a)REPORTED TO	POLICE LYES (NO.)	U2 #2
IF YES, PLEASE S	TATE WHICH POLICE STATION	r
8. THIRD PARTY VEH	ICLE	1
to of passenger a) VEHICLE NUM		HOREL
Including driver) b) DRIVER'S NA		MODEL:
() RIC/FIN/PA	SSPORT:076587582	CONTACT: 9/2/0859
9. THIRD PARTY VEH	CLE	
No of passenger d) VEHICLE NUM		_MODEL:
- Dan sense in		
Including driver f) NRIC/FIN/PA		CONTACT:
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8425195Z



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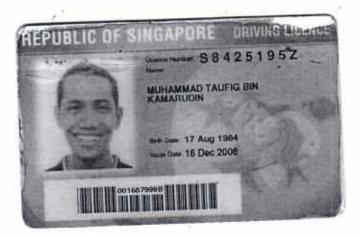
Name

MUHAMMAD TAUFIQ BIN KAMARUDIN



Sex M





5353923



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NMCH. S8425195Z

18-09-2014

APT BLK 81 COMMONWEALTH CLOSE #03-119 SINGAPORE 140081 GU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

28 Feb 2007
16 Dec 2006

Licence No: 58425195Z



Certificate of Insurance

MOTOR	VEHICLES (THIRD	PARTY RISKS	AND C	OMPENSAT	ION) A	CT (CHAPTER	189)
MOTOR	VEHICLES (THIRD	PARTY RISKS	AND	COMPENSAT	ION) RI	JLES, 1960	
	ANICHORT ACT 1	OUT INAMIAYS	1412				

ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

The Lotter and the Lo	
Certificate Number : 5094591086-01	Cover : Third Party, Fire & Theft
to the standard Number of Vehicle	FRM35361

Index mark and Registration Number of Vehicle : FBM3536J
 Chassis Number : PMKKC27E0HB005749

Name of Policyholder : MUHAMMAD TAUFIQ BIN KAMARUDIN

 3. Effective Date of Insurance
 : 02 Oct 2018

 4. Expiry Date of Insurance
 : 01 Oct 2019

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.

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.

headings.

EXCESS (SECTION 1) : N/A

EXCESS (SECTION 2) : N/A
EXCESS (THEFT OUTSIDE SINGAPORE) : PLEASE REFER OVERLEAF

INSURE WITH COE : YES
NAMED DRIVER (1) : MUHAMMAD TAUFIQ BIN KAMARUDIN

NAMED DRIVER (1) : MUHAMMAD TAUFIQ BIN KAMARUDIN
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : SPEEDWAY MOTOR PTE LTD
SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : AXIS LINK PTE LTD (00000614797)

Agency : AXIS LINK PTE LTD (000000614797

Date of Issue : 02 Oct 2018 15:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive