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1) Apply for Transport Allowance ()	/ Courtesy Car ()
2) QC Check / Post Repair Inspection	()
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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 wilholding 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.

aforesaid.	
C PARTIES NAMED IN THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	12/03/2019 11:39
Date Of Accident	02/03/2019 15:00
Exact Location Of Accident	ALONG JURONG CANAL DRIVE
Country/State of Loss	SINGAPORE
Part of the second seco	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD6377D
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	MUHDKHAIRIN0810@GMAIL,COM
Mobile Phone No	(LOCAL) +65-87500726
Alternative Phone No	OFFICE-87500726
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135-135CC
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	REPORTING ONLY
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	5100726122
Cover Note Number	
Driver	
Name of Driver	AN ILLAMAND PURIDIN DAY DAY DON I COLUZANI

Name of Driver MUHAMMAD KHAIRIN BIN BADRULJSHIZAN

 NRIC No
 T0034433D

 Date Of Birth
 08/10/2000

 Occupation
 INDOOR

 Date Of Driving Pass
 11/12/2018

Driving Experience 0 YEAR AND 2 MONTH

Gender MALE

Mobile Number (LOCAL) +65-87500726

Fax Number

Contact Number OTHERS-87500726

EMail Address MUHDKHAIRIN0810@GMAIL.COM

Address

BLK 427 JURONG WEST AVENUE 1

#07-234

Postcode

640427

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

NO COLLISION

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

0

Was any body injured in the Accident?

YES

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

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 - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

ir res,against whothis

Circumstances of Accident
PLEASE REFER TO POLICE REPORT T/20190305/2060

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 INJURED PERSON 1

Name

MUHAMMAD KHAIRIN BIN BADRULJSHIZAN

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBD6377D

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Page 2 of 17

SKETCH PLAN

IMPORTANT NOTICE

- 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 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. 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) 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.

Date & Time:

Policyholder's Signature Date & Time:

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

SKETCH PLAN	
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A) FBD 63770	BI Exit 3
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B) MUKANOWN CAR	
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DECLARATION	
I/We declare the foregoing particu	lars are true in every respect.
	12/02/2018
(EC.)-1	1 11/05/100/
Policyholder's Signature Date & Time:	Driver's Signature Reporting Centre Parsonijel's Signature





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20190305/2060

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 12:54	Made:	Vide Report No.: D/20190302/0100	Station Diary No.:
Informa	nt's Partic	ulars		
MUHAM	f Informant: IMAD KHAI LJSHIZAN		Address: 427 JURONG WEST AVENU 640427	E 1 #07-234 SINGAPORE
	/ ID No.: O / T00344:	33D	Contact No.: Home/Office:	Mobile: 87500726
National SINGAP	ity: PORE CITIZ	ΈN	Email:	
Sex: Male	Age: 18	Date of Birth: 08/10/2000	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupat Student			Driving Licence Information: Class: 2B	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambulan	ce Drink No	Date/Time of Accident: 02/03/2019 15:00	Type of Location: Bend
Location: JURONG CA ALONG JURO	NAL DRIVE			
Weather: Clear	1 22	load Surface:]	Road Speed Limit:
Traffic Flow:	1.75	raffic Control: lot Controlled	1/3	Traffic Volume: Light
Type of Collis	ion: le Against - Others			Anyone conveyed by

Details of V	ehicle involve	d	R A TURNIGHT	and the part of	STATE OF STREET	TO MILETA SEA
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBD6377D	Motorcycle	YAMAHA	T135	Red		0





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

Report No. T/20190305/2060

2 of 3

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS TRAVELLING FROM MY MOTORCYCLE WORKSHOP, AT BUKIT MERAH LANE 2, WHERE I RENT THE MOTORCYCLE.

AS I WAS NEGOTIATING THE LEFT BEND INTO JURONG CANAL DRIVE, I SUDDENLY SAW A CAR ON THE LEFT, I THEN VEERED TO MY RIGHT. MY RIGHT SIDE COLLIDED INTO THE CENTRE DIVIDER. I DID NOT FELL AND THERE WAS NO COLLISION WITH OTHER VEHICLE. THAT'S ALL. 87500726





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

3 of 3 Report No. T/20190305/2060

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: TP / MUHAMMAD HAZIQ BIN SAIFUDDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2019 12:54
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp	

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ACCIDENT STATEMENT

ACCIDENT DATE: 62,03, 2018 (DD/MM/YYY	1). TIME: (15: 05) (HH:MM)
LOCATION: ALONG Tippone Comp	
1. DETAILS OF VEHICLE FISD 6377D DINSURANCE COMPANY: NTW	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PAR	RTY / THÍRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /VAN / LORR' g)VEHICLE CATEGORY:(PRIVATE / COMMERCI	Y / MOTORCYCLE / OTHERS)
i) ARE YOU CLAIMING UNDER YOUR OWN INSU	RANCE IVES INCL
2. INSURED / POLICY HOLDER A) NAME: OUMPING MO. W.C.	(MALE / FEMALE)
b) NRIC/FIN/PÄSSPORT:	_CONTACT:
CONTINUE TO 3.d IF DRIVER ALSO POLICY HO DRIVER Clincluding driver) DINDICCEIN/PASSBORY	LDER
(CONTAGE TOO TO
eJOCCUPATION: (INDOOR / OUTDOOR)	MM/YYYY) : .
4. WAS DRIVER AN EMPLOYEE OF THE INSURE IF NO, RELATIONSHIP OF THE DRIVER WITH	INSURED!
5. a) WEATHER CONDITION: (CLEAR / RAINING / O b) ROAD SURFACE: (DRY / WET / OTHERS	THERS
7. d) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	***
No of passanger a) VEHICLE NUMBER: Including driver) b) DRIVER'S NAME:	1//
9. THIRD PARTY VEHICLE	_CONTACT:
Including driver of NRIC/FIN/PASSPORT:	
(_)	,

email = mundrettere masto o granic con.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. T0034433D



MUHAMMAD KHAIRIN BIN BADRULJSHIZAN

MALAY

08-10-2000

SINGAPORE



5480515



05-06-2015

APT BLK 427 JURONG WEST AVENUE 1 W07-234 SINGAPORE 640427

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 28 Motorpycins >< 200 cc

11 Dec 2018

NP 428A





Countersigned By:

Certificate of Insurance

TOR VEHICLES (THIRD PARTY RISKS) TOR VEHICLES (THIRD PARTY RISKS)	Baller	Cover : Third Party
tificate Number : 5100726122	er of Vehicle	FBD6377D
ndex mark and Registration Names	A Contract of the Contract of	SYP301160
Theorie NUMBER		SOUTHERN MOTOR
at policyholder		25 Sep 2018
net neuro Date of Insurance		24 Sep 2019
Expiry Date of Insurance	lest to drowth	Mr. Philippins of Library of the State of the
materials of CIBSSCS 12 1 4 1 2 2	160 (0:01/4-4	M. P. C. L.
the Motor Vehicle or has been	n so permitted and is	r's order or with his/her permission. cordance with the licensing or other laws or regulations to drive not disqualified by order of a Court of Law or by reason of any g the Motor Vehicle.
enactment of the	3.36	with the Policyholder's or Hirer's business.
5. Limitations as to Use#	leasure purposes and	s in connection with the Policyhalder's or Hiror's business.
(a) Use for social course		Sec. 6, 542001
This Policy does not cover (a) Use for racing, pace-making,	reliability trial or sper	ed-testing.
	rather than samples) in confidence was
(a) Use for rearriage of goods	EDING: Man and	<u>계면 1일 2개 중 하다.</u>
(b) Use for the carriage of good	when with the Motor	r Trade.
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Authorised Officer

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details

Vehicle No.:

FBD6377D

Vehicle Type:

P00 - Passenger Motorcycle/Autocycle/Moped

Vehicle Attachment 1:

No Attachment

Vehicle Scheme:

Normal YAMAHA

Vehicle Make: Vehicle Model:

T135

Chassis No.:

5YP301160

Propellant:

Petrol

Engine No.:

5YP301160

Engine Capacity:

135 cc

Maximum Power

Output:

Maximum Laden

Weight:

Unladen Weight:

101 kg

Year Of Manufacture:

2009

Original Registration

26 May 2009

Date:

Lifespan Expiry Date:

COE Category:

D - Motorcycle

Quota Premium:

\$902.00

COE Expiry Date:

25 May 2019

Road Tax Expiry Date:

25 May 2019

Inspection Due Date:

25 May 2019 11 Sep 2018

Intended Transfer

Date:

CO2 Emission:

CO Emission:

HC Emission:

NOx Emission:

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s)

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

Amount After GST GST Amount Amount Before GST (5\$)(5\$) (\$\$)25.00 25.00

TransferFee:

25.00

Total Amount Payable:

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OK

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