#### 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 <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 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	25/03/2019 19:29
Date Of Accident	23/03/2019 23:50
Exact Location Of Accident	BLK 625A CHOA CHU KANG ST 62 MSCP DECK 4B LOT 49
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL9491U
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RIDHWAN BIN ZAKARIA
NRIC No	S9033821H
Email Address	MDRZ.021@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90227959
Alternative Phone No	OTHERS-90227959
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR RS 200-200CC
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	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	5101832656
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD RIDHWAN BIN ZAKARIA

Name of Driver MUHAMMAD RIDHWAN BIN ZAKARIA

 NRIC No
 \$9033821H

 Date Of Birth
 21/09/1990

 Occupation
 INDOOR

 Date Of Driving Pass
 05/02/2018

Driving Experience 1 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90227959

Fax Number

Contact Number OTHERS-90227959

EMail Address MDRZ.021@GMAIL.COM

Address BLK 626 CHOA CHU KANG STREET 62

#05-186

Postcode 680626

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

modrance dompany of briver's Own Verlicle

**General Information of the Accident** 

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

1

NO

NO

0

NO

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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 CHOA CHU KANG NPC

Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 ,

**COUNTRY**: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT T/20190324/2031

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

#### Accident Sketch Plan

# 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.
- 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) af:
  - (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
- 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:

25/03/2019

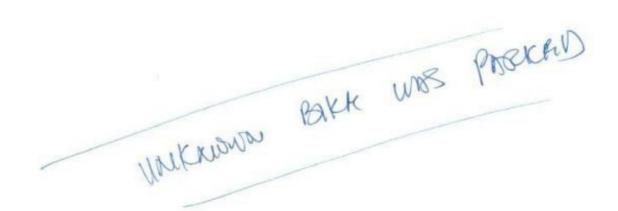
15.53

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

Date & Time:

Bisporting Centre Personnel's Signature

SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	Dupapa	
	To the Contract of the Contrac	
	Pollar 31	
	11 Po 2 Po	
	19032	
/		
4		

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

25/3/19 15.56

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Resorting Centre Person

NRIC/FIN No.:

#### **POLICE REPORT**





1 of 3

Report No. T/20190324/2031

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286

REPORT OF A TRAFFIC ACCIDENT

Tel No: 1800-7659999

Date/Time Report Made; 24/03/2019 10:32			Vide Report No.:	Station Diary No. 53	
Informat	nt's Particu	lars		10 连 医伊,张 黄蓉 经 弄彩 。	
Name of MUHAM	Informant: MAD RIDH		Address: APT BLK 626 CHOA CHU SINGAPORE 680626	KANG STREET 62 #05-186	
ZAKARIA ID Type / ID No.: NRIC NO / S9033821H Nationality: SINGAPORE CITIZEN		21H	Contact No.: Home/Office: Mobile: 90227959		
		CHOICE	Email:		
Sex: Male	Age:	Date of Birth: 21/09/1990	Type of Informant: Rider	Latin Man / Cahaal Nama:	
Race: Malay			Language: English	Institution / School Name:	
Occupation: PRODUCT ENGINEER		EER	Driving Licence Informatio Class: 2B,3	n: Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/03/2019 23:50	Type of Location Car Park	
	I KANG STREET 62 HOA CHU KANG STRE	ET 62 MSCP, DECK	( 4B, LOT 49	Road Speed Limit:	
vveatrier.		Dry			
Clear	Traffic Flow:			Traffic Volume: No Traffic Anyone conveyed by	
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		No Traffic	

Details of V	ehicle Involve	d			Condition	No of Passenger
Vehicle No.	Type	Make	Model	Color	Condition	NO OF Passerige
FBL9491U	Motorcycle	BAJAJ CHETAK	PULSAR RS 200	Blue		0

Details of V	ehicle Insurance	No.	Effective	Expiry Date	
Vehicle No.	Insurance Company	Insurance No		The second secon	
		5101832656	28/06/2018	27/06/2019	
FBL9491U	NTUC Income Insurance Co-Operative	5101632000	20,000		

#### POLICE REPORT





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

2 of 3 Report No. T/20190324/2031

#### CONTINUATION OF REPORT

Details of Perso	n Involved	F. ST. LEWIS	A STATE OF THE PARTY OF THE PAR	Call Street	2120	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	Use of F	Use of Pedestrian Crossing: NA				
Rider			5. S. No. 12.		701000	Autoria in April 1997
Name	MUHAMMAD RIDHWAN BIN ZAKARIA			ID No		S9033821H
Related Vehicle	NIL			Conta	ct No.	90227959
Hospital/Clinic	NIL .			Class Drivin Licen Expin	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL Date Dis			scharge	NIL	
No. of Days granted Medical Leave NIL				of Injury	NIL	

#### Brief Details.

On 22/03/2019 at about 2000hrs, I parked my motorbike, FBL9491U at Blk 625A Choa Chu Kang Street 62, Deck 4B, Lot number 49 and everything is intact.

On 23/03/2019 at about at about 2350hrs, I went to retrieve my motorbike and I discovered my motorbike front headlight cover was cracked, front right mirror is broken and missing, rear registration plate number is dented in, rear cover dented in and touches the rear wheel, rear tyre hugger was damaged, both front fairing was broken. The impact also causes my motorbike to jerk forward and hit the wall which causes scratches and dent.

I am unsure of the price for the repair. There is no note left behind as well,

#### POLICE REPORT





3 of 3

Report No. T/20190324/2031

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

#### Sketch Plan

NP168

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:  J / Staff Sgt TOH ZHENG YAN	Signature Of Informant:
Signature Of Interpreter: Not applicable scalure	Date/Time: 24/03/2019 10:32
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authentication Stamp	



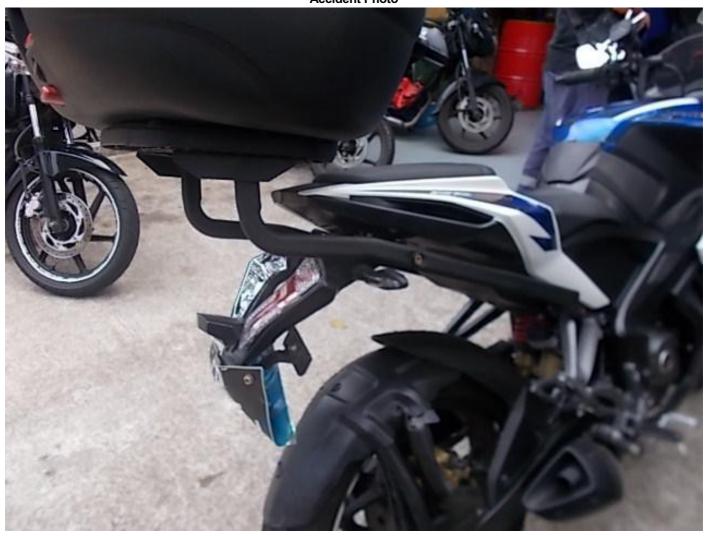










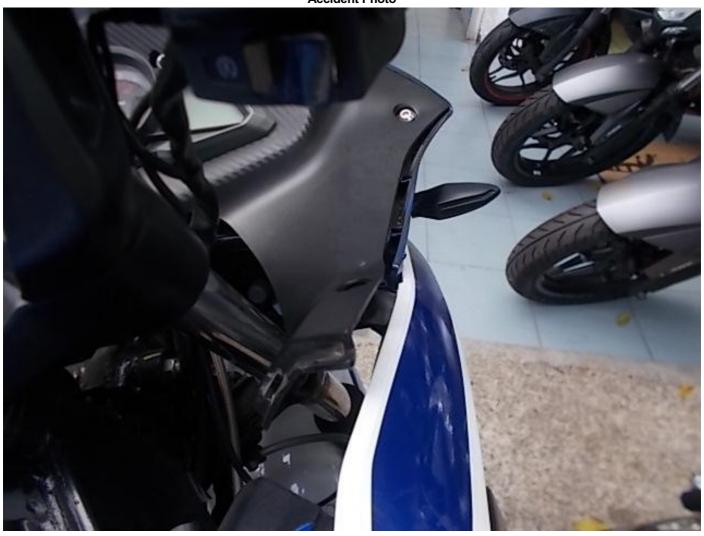














#### **Identification Card**



