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TP Insurer:	ss't Report by Pax/Hand	to Owner/Wksp	
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TP Panticulars: Veh Nor CYCLU	§7 INC	(,)/Non-INC().	
Owner / Driver: (Tel:	
Policy No: () Period: ()	Cover Type: (·····
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1) Apply for Transport Allowance ()/ Courts	sy Cir ()		
2) QC Check / Post Repair Inspection	(·)		7.
3) Upload Resurvey Photo [Repair Cost> \$3000]	()		
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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.

- 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.

By the lodgement of this report to the insurers, you aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available.
Section (Section)	ACCIDENT STATEMENT
Date Of Report	09/04/2019 14:10
Date Of Accident	19/03/2019 18:00
Exact Location Of Accident	ALONG JURONG PORT ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGK3557A
Insured/Policyholder	
Name Of Registered Owner	ABS RENTAL PTE LTD
Co Reg No	201829910Z
Email Address	ANTOSSNAKHAIE95@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87761422
Alternative Phone No	OFFICE-87761422
Vehicle Particulars	
Manufacturer	HONDA
Model	INTEGRA

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

REPORTING ONLY If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

Fleet Policy NO

5108172420-000001 Policy Number

Cover Note Number

Driver

Name of Driver MUHAMMAD ISZAN BIN MUSTAFA

NRIC No S9520238A Date Of Birth 09/06/1995 Occupation INDOOR Date Of Driving Pass 20/02/2016

Driving Experience 3 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87761422

Fax Number

Contact Number OTHERS-87761422

EMail Address ANTOSSNAKHAIE95@GMAIL.COM Address

BLK 6 MARSILING DRIVE

#03-84

Postcode

730006

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

COLLIDED INTO BICYCLIST

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?

YES

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

JURONG WEST NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190320/2032

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

Vehicle Make/Model/Colour

Details Of Properties

BICYCLIST

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN BICYCLIST

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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.
- 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:

Driyer's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

an eglocolgous

Name:

NRIC/FIN No.:

Date & Time:

NRIC/FIN No.:





20190320/2032

1 of 3

Report No. T/20190320/2032

Police Station Of Origin:
Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

	4000	** * FFIO	ACCIDENT
REPORT	$\cap \vdash \Delta$	IKAFFIL	ACCIDENT

REPORTO	F A TRAFFIC	ACCIDENT		Station Diary No.:	
Date/Time Report Made: 20/03/2019 10:52			Vide Report No.: J/20190319/0109	44	
Informat	nt's Particu	lars			
Name of	Informant:	N BIN MUSTAFA	Address: APT BLK 6 MARSILING DRIV	E #03-84 SINGAPORE 730006	
ID Type / ID No.: NRIC NO / S9520238A			Contact No.: Home/Office:	Mobile: 87761422	
National			Email:		
Sex: Age: Date of Birth:			Type of Informant: Driver		
Race:		1/201-3/4	Language:	Institution / School Name:	
Malay Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 19/03/2019 18:00	Type of Location Straight Road	
Location: Along Road 1 JURONG PO	RT ROAD				
vveatrier.		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis	11-20011			Anyone conveyed by ambulance: Yes	

Details of V	ehicle Invo	lved			1 - 101	N. CD.
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
The state of the s	Type	777			No	0
SGK3557A	Car				11.000	
	1				Damage	

Details of Person Involved	THE PROPERTY OF THE PARTY OF TH
Any Pedestrian Involved: No	La talia a la
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20190320/2032

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Driver	TOTAN BIN MUST	ΔFA	ID No.		S9520238A	
Name	MUHAMMAD ISZAN BIN MUSTAFA		ATTACH CORES			
			Contact No.		87761422	
Related Vehicle	SGK3557A (Car)		Class of			
					Class: 3	
Hospital/Clinic	NIL		Driving Licence & Expiry Date		Date of Expiry: NIL	
	(#)			NIL	na caracia	
m . Teretment	NIL	Date Disc				
Date Treatment NIL No. of Days granted Medical Leave NIL		Degree of Injury NIL		NIL		

On 19/03/2019 at about 1800hrs, I was driving my vehicle bearing plate number SGK3557A out from the gantry of SPH building along Jurong Port Rd. I stopped my vehicle with the front portion of my vehicle near to the pavement. I spotted a cyclist on my left cycling along on the pavement quite a distance from the position of my vehicle. I made a check on my right for oncoming traffic. I felt that it was safe and moved off. So I checked my left side and let go of my brake pedal slightly and saw that the cyclist was approaching from the front left side of my vehicle. Upon seeing the cyclist, I pressed on my brake pedal gently. I saw the cyclist dropped his bicycle subsequently he fell as well. I moved my vehicle to the side and got out of my vehicle to make a check on the cyclist. I did not see any visible injuries on the cyclist. I was unable to communicate with the cyclist as he spoke in a language I did not understand. I then called a few passerbys to help me translate for the cyclist. The passerby informed me that the cyclist does not know whether he was okay or not but informed me to just call for ambulance. I then proceeded to call for ambulance. Ambulance and Traffic Police came to scene. The cyclist was conveyed to the hospital. The TP officer informed me that there was a warrant of arrest for me and I was brought to RLU from scene at 1904hrs. There was no damage to any government property.

I was instructed by the TP officer to lodge a traffic accident report.





3 of 3

Report No. T/20190320/2032

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

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 Re	eport:
J / SC2 MUHAMMAD HAIQAL BIN ABU	BAKAR
Signature Of Interpreter: Not applicable	9

Officer In Charge Of Case: TP / GIT / Sgt 2 LEE MING CAI

Contact No.: 65476960

NP168

Classification Of Case:

Signature Of Informant:

Date/Time:

20/03/2019 10:52

Authentication Stamp

m Handling							
ient MT/1037963	- Uporoway	Venicle No.	5043/57A		GST Registration No.		
y No.	5108,72420						
trace No.	5108372*20-000001				Policyholder NAJC	2018299182	
noider Name	ABG RENTAL PTE LYD	Cover Type	Third Party, Fee & To	wff.	Loading	6	
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40.	NAC MUNIT MERAH BODGPHI NATIONAL ASSESSME	NT CENTRE SERVICE NRIC/ DH	N.S. 78			cense 2019-4-9	
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-		NAC_BUKIT_MERAN_BOOGTS[NA S (BUKIT MERAN	ITIONAL ASSESSMENT CENTRE SERVICE () BY D9 Apr JD29 14:58	Philos	Nurmal	Phone 2019-4-9	
4/9/201	19			Claim Handling(Claim Task)		

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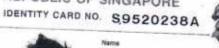
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ACCIDENT STATEMENT

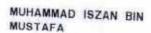
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1. DETAILS OF VEHICLE	2
a) VEHICLE NUMBER: SOLE 35574	
DINSURANCE COMPANY: MINC	072
CIPOLICY NUMBER 510 STORITZ	
d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE &THEFTI
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197 GINGE ONTEGORT: (FRIVALE) COMME	RCIAL / MOTOPOYOLEL
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I) ARE YOU CLAIMING UNDER YOUR OWN IN	NSURANCE (YES/19)
IF NO, PLEASE STATE (THIRD PARTY CLAIM, 2. INSURED / POLICY HOLDER	REPORTING ONLY)
AINAME: BRY RUNDE DTG	(10.
b) NRIC/FIN/PASSPORT:	161000 Prints July Prof
c) ADDRESS:	CONTACT:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
The of backsudsh DKIVEK	
(Including driver) ONAME: MO 2562 Bia MUSTERA DINRIC/FIN/PASSPORT: S05202384	(MALE / FEMALE)
CIADDRESS: 6 Marshing dr # 03-	CONTACT: 97761422
3	
-d)DATE OF BIRTH: (09 / 06 / 1995)(D)	D/MM AYYYI
eloccuration: (INDOOR / OUTDOOR)	- ·
DATE OF DRIVING PACE	y 4
4. WAS DRIVER AN EMPLOYEE OF THE INSU	JRED'S COMPANY? (YES / 6)
+ NO, RECATIONSHIP OF THE DRIVER W	THE INCLIDED.
5. GIWEATHER CONDITION; CLEAR RAINING bIROAD SURFACE: ORD / WET / OTHERS	/ OTHERS
6. WAS ANYBODY INJURED	
7. a) REPORTED TO POLICE (NO)	- The second
IF YES, PLEASE STATE WHICH POLICE STATIO	IN T'west INDC
8. THIRD PARTY VEHICLE	0
He of passinger of VEHICLE NUMBER: Cyclict	MODEL:
Induding driver) B) DRIVER'S NAME:	
() O NRIC/FIN/PASSPORT:	CONTACT:
d) VEHICLE MILLIAGED.	W==
No of passanger of VEHICLE NUMBER:	MODEL:
Including driver) f) DRIVER'S NAME:	CONTINCT
()	

email = Antoss Nakhaie as @gmail.com

REPUBLIC OF SINGAPORE







MALAY Date of pirth 09-06-1995 Country of birth SINGAPORE









EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 20 Feb 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:S9520238A

NP 428A

eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password + Log Out My Desktop **Policy Query** Notice of Loss Policy No. 5108172420 Date of Accident 19/03/2019 14:50 Vehicle No.(For Motor) 5GK3557A Cartificate Number Search Certificate Number Policyholder Name Policyholder NRIC Cover Type Vehicle No. Insured Object Commence Date Policy No. Product Expiry Date Third Party, Fire SGK3557A SGK3557A & Theft 5108172420- ABS RENTAL 000001 PTE LTD 5108172420 2018299102 GFM 12/03/2019 29/01/2020 Continue