MVA219045488 / VAC - Sin Ming ENTRY DATE & TIME: 08/04/2019 14:43 SUBMITTED BY: CHRISTINA ONG Mui Lan

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 <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 Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made evaluable upon application by Interested parties.
- 7. By the ladgement of this report to the insurers, you hereby consent to the srchiving of this report at the contro and to copies of the report being made available a(orosald.

ACCIDENT STATEMENT

Date Of Report	08/04/2019 14:43
Date Of Accident	07/04/2019 13:50
Exact Location Of Accident	YISHUN AVE 5 TWDS YISHUN CENTRAL JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK772Z
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AZMI BIN SUHAIMI
NRIC No	S8917523B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83887662
Alternative Phone No	OTHERS-83887662
Vehicle Particulars	of the control of the
Manufacturer	YAMAHA
Model	FZN150
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	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	5096550127-01 (TPFT)
Cover Note Number	e sa sasangan nanan in kasa san sa sasan in sa
Driver	A The second
Name of Driver	MUHAMMAD AZMI BIN SUHAIMI
NRIC No	S8917523B
Date Of Birth	25/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	07/04/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83887662
Fax Number	
Contact Number	OTHERS-83887662

NOEMAIL

Address	BLK 287 #04-82 YISHUN AVENUE 6
Postcode	760287
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	we will a second floor of the second floor of the second of the second of the second floor of the second floor of the second of the second floor o
Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY
Other Information	
Was any foreign vehicle involved in this accident?	
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?	NO
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) Details of Police Action	1
Was the accident reported to the police?	YES
If Yes,Please state which Police Statlon	,
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY; SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
Circumstances of Accident	ME THE DESCRIPTION OF PROPERTY AND DESCRIPTION OF A STREET, IN COLUMN SERVICE AND A STREET, AS A
REFER TO POLICE REPORT NO. T/20190407/210	D7 ATTACHED, (ATTENDED BY CHRISTINA)
Attachment(s)	ուսայի որ շուսա գտուսադարարդ բարգակացության երկային որ բայաս արգայացության ապատարկայացի անդան և հայաստանական հ
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO
	OF OTHER VEHICLE PROPERTY 1
Vehicle Registration Number	SMH6658S
Vehicle Make/Model/Colour	AUDI A3 / GREY
Details Of Properties	HONING I GIVE!
Vehicle Category	DRIVATE CAR

Vehicle Category PRIVATE CAR

Name of Driver SUZANNA SURYA

NRIC/Passport Number \$7060570H
Contact Number 98481894

Address

Postcode

Insurance Company Name

Nature Of Damage

07-05-19;11:41 ; ; ; 67528669 # 6/ 8

No. Of Passenger (including Driver)

DETAILS OF INJURED PERSON 1 Name MUHAMMAD AZMI BIN SUHAIMI Approximate Age Injuries Sustain REFER TO POLICE REPORT Injured person in which vehicle? FBK772Z Were seat beits worn? Was this injured conveyed to hospital by ambulance? Address Postcode

Sketch Plan Po. 1

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 misropresentation 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.
- 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 ladgment 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:

AND STATE OF STREET

- 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/parsonal 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)
 - (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, hundling and/or dealing with my claims.(collectively the "Purposes"i
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted **(b)** 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 (c) 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.
- the information so collected under (d) above may be shared / disclused:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law onforcement and government agencies as reasonably required for the purposes stated, or
 - (II) for complying with requirements under any regulations, laws or court orders.

D 8 APR 2019

Policyholder's Signature

Date & Time: Do

Oriver's Signature

(If driver is not the policyholder)

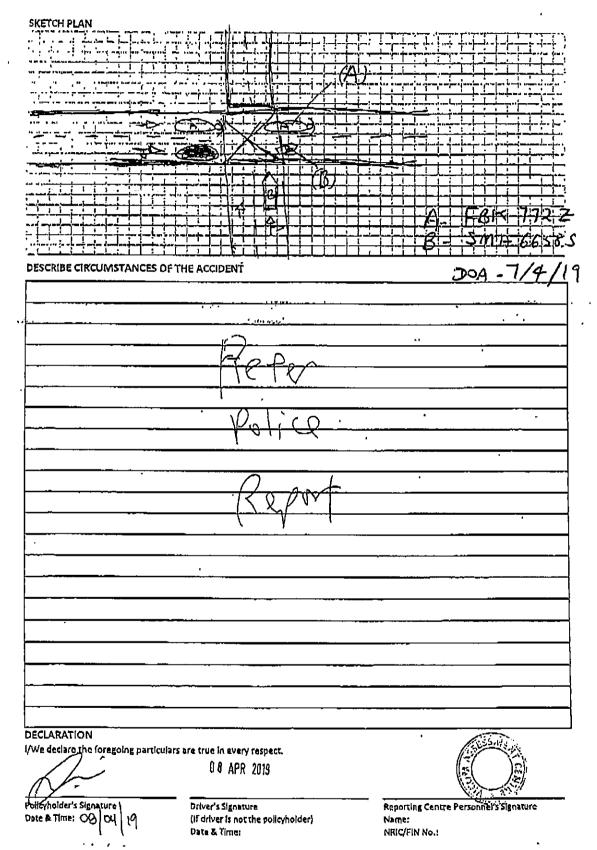
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1







Police Station Of Origin: Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

1 of 3 Report No. T/20190407/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time 07/04/2019	•	ade:	Vide Report No.:	Station Diary No.: 219			
Informant	s Particu	lars	Will and San Holes and the				
Name of in MUHAMMA		BIN SUHAIMI	Address: APT BLK 287 YISHUN AVENUE 6 #04-82 SINGAPORE 760287				
ID Type / ID No.: NRIC NO / S8917523B			Contact No.: Home/Office; Mobile: 83887662				
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Male	Age: 29	Date of Birth: 25/05/1989	Type of Informant: Rider				
Race: Malay			Language: English	Institution / School Name:			
Occupation: GRAB FOOD			Driving Licence Information: Class: 2B Date of Expiry:				

General Informati	on of the Accident	得超過				
Type of Accident:	Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 07/04/2019 13:50)	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 YISHUN CENTRAL YISHUN AVENUE 5						
Weather: Clear				***	Road Speed Limit:	
Traffic Flow:	Traffic Control: Traffic Volume: Moderate				•	
Type of Collision: Between Moving Vehicles - Head To Side						one conveyed by ulance:

Vehicle No.	Type	Maker	Mecal III	Color	Condition	No of Passenger
FBK772Z	Motorcycle	YAMAHA	FZN150	Black	Slightly Damaged	0
SMH6658S	Car	AUDI	A3	Grey	Slightly Damaged	0

Details of V	hicle insurance de la			
Vehicle No.	MINSURANCE COMPANY	Mentelles No 1917		Exain Date
FBK772Z	NTUC Income Insurance Co-Operative	5096550127-01	12/09/2018	11/09/2019
	Limited			





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 2 of 3 Report No. T/20190407/2107

CONTINUATION OF REPORT

			2 100		edokara sistem	
Any Pedestrian Ir	and the same of th	e. e jum	15(1)	17. 17. 17.	altra contract	CONTRACTOR OF THE PROPERTY OF
No. of Pedestrian	s Injured: NIL		Use of Peo			
RICOT :	N 1 (2001/17/2533) 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	THE RESERVE AND ADDRESS OF THE PARTY AND ADDRE	7 496		州海到州	THE PROPERTY OF THE PROPERTY O
Name	MUHAMMAD AZMI E	IMIAHUR NI		ID No.		S8917523B
Related Vehicle	FBK772Z (Motorcycle	2)		Contact No.		83887662
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B Date of Expiry: NIL
Date Treatment	07/04/2019 Date Disc			harge 07/04/2019		
No. of Days gran	ted Medical Leave	04	Degree of			
		Madesa alkanananan akanan anta a	i fil			设建设局。 据1000000000000000000000000000000000000
Name	SUZANNA SURYA			ID No.		S7060570H
Related Vehicle	SMH6658S (Car)			Conta	ct No.	98481894
Hospital/Clinic	NIL		·	Class Driving Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 07/04/2019 at 1350hrs, I riding on the left most lane along Yishun Avenue 5 towards Yishun Central at the cross-junction. There was a jam on the right lane. As I was travelling straight, suddenly a grey colour Audi turned out from the jam on the right lane. As the car turned out, it hit onto my right leg as I happen to drive past it. As a result, I fell onto the road.

I wasn't bleeding and was conscious at that time. However, I was feeling pain in my leg and my motorcycle was slightly damage on the footrest. The driver wanted to drive away but another driver assisted to stop the car one lamp-post away. Therefore, I called for the police and shortly after traffic police came down to scene and told me to see a doctor before making a police report.

Therefore, after I see a doctor at KTPH in which I was given 4 days MC for my injury, I am here to lodge a police report regarding the accident.





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 3 of 3 Report No. T/20190407/2107

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: L / Sgt 2 OH HONG LI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time; 07/04/2019 20:40
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:
Authentication Stamp	