

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 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. 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	05/08/2019 17:36
Date Of Accident	01/08/2019 19:30
Exact Location Of Accident	RIVERVALE DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9888U
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NUR AFIF BIN MOHAMAD
NRIC No	S8532610D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91879903
Alternative Phone No	OTHERS-91879903

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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
Fleet Policy	NO
Policy Number	5079659201-03
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NUR HAKEEM BIN MOHAMAD
NRIC No	S9635445B
Date Of Birth	09/10/1996
Occupation	INDOOR
Date Of Driving Pass	20/04/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91879903
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 327A SUMANG WALK #02-914
Postcode	821327
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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	3
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	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SGA1485P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEOH BOON PIN
NRIC/Passport Number	S8701375H
Contact Number	97644513
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMD4565K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FAUZI
NRIC/Passport Number	
Contact Number	91777360
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD NUR HAKEEM BIN MOHAMAD
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBJ9888U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN


IMPORTANT NOTICE

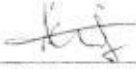
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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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.

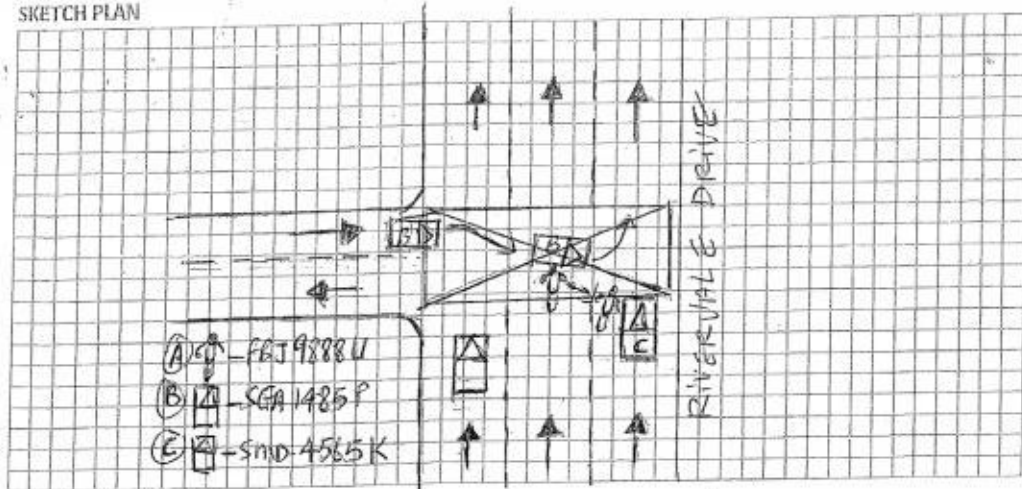

Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time:


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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no. T/20190902/2145

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

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





**SINGAPORE
POLICE FORCE**



T/20190802/2145

1 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20190802/2145

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/08/2019 18:01	Vide Report No.: F/20190801/0164	Station Diary No.: 98
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Informant's Particulars

Name of Informant: MUHAMMAD NUR HAKEEM BIN MOHAMAD			Address: APT BLK 327A SUMANG WALK #02-914 SINGAPORE 821327		
ID Type / ID No.: NRIC NO / S9635445B			Contact No.: Home/Office: Mobile: 91879903		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 09/10/1996	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/08/2019 19:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 RIVERVALE DRIVE Rivervale Drive towards Rivervale Crescent				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ9888U	Motorcycle				Seriously Damaged	0
SGA1485P	Car				Slightly Damaged	1
SMD4565K	Car				Slightly Damaged	0



Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

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Report No. T/20190802/2145

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD NUR HAKEEM BIN MOHAMAD	ID No.	S9635445B
Related Vehicle	FBJ9888U (Motorcycle)	Contact No.	91879903
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	01/08/2019	Date Discharge	02/08/2019
No. of Days granted Medical Leave	09	Degree of Injury	Slight
Driver			
Name	Teoh Boon Pin	ID No.	S8701375H
Related Vehicle	SGA1485P (Car)	Contact No.	97644513
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Fauzi	ID No.	NIL
Related Vehicle	SMD4565K (Car)	Contact No.	91777360
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/08/2019 at about 1930hrs, I was travelling along Rivervale Drive towards Rivervale Crescent at the second lane of the three lanes road. The first lane and the third lane were full at the point of time.

I was approaching the junction of Rivervale Drive near to Block 186B Rivervale Drive when a vehicle SGA1485P turned out and directly headed to the first lane. I was unable to stop in time and hit onto the right side of the vehicle. I then fall on my right side which then hit on to the vehicle (SMD4565K) beside me.



**SINGAPORE
POLICE FORCE**



T/20190802/2145

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

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Report No. T/20190802/2145

CONTINUATION OF REPORT

Both drivers came out and help me. One of the driver called for the police and ambulance. Before the arrival of the police, the driver of SGA1485P drove off after giving me his particulars because he was in a rush. Shortly after, ambulance came to scene and convey me to Sengkang General Hospital. I informed my brother who had came down to scene. The traffic police then asked me to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20190802/2145

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

4 of 4

Report No. T/20190802/2145

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:

F /
Sgt 3 LOW CAI XING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/08/2019 18:01

Officer In Charge Of Case:
TP / GIT /
Sgt 2 HO JIEKANG, IVAN
Contact No.: 65476170

Classification Of Case:

Authentication Stamp
NP168

SG 98 MOTOR PTE LTD

4001, Ang Mo Kio Industrial Park 1 #01-21 SINGAPORE 569622

Tel: 6452 4898 Fax: 6452 4868

Email: sg_motor_enterprise@yahoo.com.sg

Date: 7th August 2019

To : LKK

By Fax: 6256-4315

Attn : Bryan Ang (bryanang@lkkauto.com)

Tel : 97237799

VEHICLE NO : FBJ 9888U

Yamaha Jupiter MX

ACCIDENT DATE: 01.08 2019

Description	Qty	Quotation \$
1 Headlamp <i>⇒ NH</i>	1	350.00 X
2 Handle Bar <i>⇒ BT</i>	1	155.00 ✓
3 Clutch Lever <i>NH</i>	1	75.00 X
4 Mirror - LH <i>NH</i>	1	95.00 X
5 HeadLamp Cover <i>⇒ cut / mostly broken</i>	1	195.00 ✓
6 Front Panel Centre <i>⇒ cut / broken</i>	1	175.00 ✓
7 Panel Inner Guard <i>⇒ broken</i>	1	168.00 ✓
8 Front Signal LH <i>⇒ NH</i>	1	90.00 X
9 Front LH Side Fairing <i>broken</i>	1	180.00 ✓
10 Front Mudguard <i>broken</i>	1	250.00 ✓
11 Front Rim <i>replace damaged</i>	1	320.00 ✓
12 Front Fork Tube <i>⇒ BT</i>	1 set	480.00 ✓
13 Fork Underbracket <i>⇒ Dam</i>	1	250.00 ✓
14 Fork Oil Seal <i>⇒ NH</i>	1	125.00 ✓
15 LH Fairing Inner Guard <i>broken</i>	1	165.00 ✓
16 Legshield Centre <i>⇒ NH</i>	1	160.00 X
17 Front Box <i>⇒ deformed</i>	1	95.00 ✓
18 Yamaha Emblem <i>NH</i>	1	65.00 ✓
19 Engine Guard <i>⇒ BT</i>	1	170.00 ✓

Sub-Total	3,563.00
Less 10%	356.30
Sub-Total <i>BT</i>	3,206.70

Wheel axle - *at 70.00*

RH front fairing *at 180.00* *BT broken*

RH foot rest - *at 60.00* *BT*

3103.00

2792.70

VEHICLE NO : FBJ 9888U

Yamaha Jupiter MX

Nett items

1 Towing Fee HH	40.00 X
2 Labour to remove & replace necessary parts, align etc	250.00 150/-
3 Supply Decal Body Sticker	120.00 80/-
4 Remove & replace Fork Tube, Oil seal	200.00 80/-
5 Labour for change front rim	150.00 30/-
6 Putty & touch up Paint Work	250.00 120/-
7 Front Number Plate	15.00 7 HCC

Sub-Total 1,025.00

Nett Total 4,231.70 4510.70

3267.70

4/5 2600/-

NB: This estimate was made from a visual inspection only, any other damage parts or labour require when repair commences, we will advise you and submit supplementary item to you accordingly.

Kindly revert upon completion

Thank you



SG 98 MOTOR PTE LTD

LG

07/08/2019 @ 1100hrs

Not Authored

2/3rd 4 days



LKK Auto



LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date: