

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	10/09/2019 13:47
Date Of Accident	30/08/2018 17:30
Exact Location Of Accident	ALONG JURONG PORT ROAD TOWARDS AYE AFTER JLN BUROH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM7022Z
Insured/Policyholder	
Name Of Registered Owner	MONTEIRO MOHAMMAD A'RIF BIN ABDUL AZIZ
NRIC No	S9317587E
Email Address	MONTEIRO_ARIF@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96385801
Alternative Phone No	OTHERS-96385801

Vehicle Particulars

Manufacturer	HONDA
Model	NC750XA-745CC
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	A00055764

Driver

Name of Driver	MONTEIRO MOHAMMAD A'RIF BIN ABDUL AZIZ
NRIC No	S9317587E
Date Of Birth	23/05/1993
Occupation	INDOOR
Date Of Driving Pass	16/11/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96385801
Fax Number	
Contact Number	OTHERS-96385801
EEmail Address	MONTEIRO_ARIF@HOTMAIL.COM

Address	BLK 714 CLEMENTI WEST STREET 2 #08-153
Postcode	120714
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

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180903/2045

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	GBE7889G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MONTEIRO MOHAMMAD A'RIF BIN ABDUL AZIZ
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBM7022Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

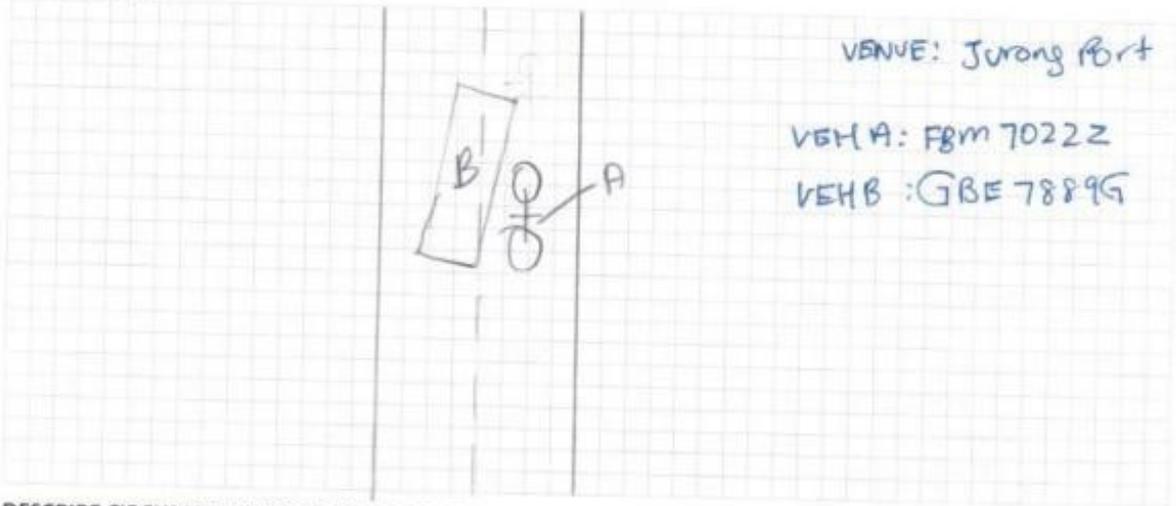
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

10/09/2019
Keshi Manthor

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report.
1/20180903/2015

* Damaged part has been change
able to provide receipt.

DECLARATION

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


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.:

CRASH SketchPlanForm_V03

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180903/2045

1 of 3

Report No. T/20180903/2045

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2018 13:09	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars			
Name of Informant: MONTEIRO MOHAMMAD A'RIF BIN ABDUL AZIZ		Address: APT BLK 714 CLEMENTI WEST STREET 2 #08-153 SINGAPORE 120714	
ID Type / ID No.: NRIC NO / S9317587E		Contact No.: Home/Office:	Mobile: 96385801
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 23/05/1993	Type of Informant: Rider
Race: Eurasian		Language: English	Institution / School Name:
Occupation: QA INSPECTOR		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/08/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 JURONG PORT ROAD				
Along Jurong Port Road towards AYE after Jln buroh				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM7022Z	Motorcycle	HONDA	NC750XA (LED)	Red		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM7022Z	ALLIED WORLD ASSURANCE COMPANY, LTD (SINGAPORE BRANCH)	AVMCSB00309418 00	02/03/2018	01/03/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180903/2045

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

2 of 3

Report No. T/20180903/2045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MONTEIRO MOHAMMAD A'RIF BIN ABDUL AZIZ	ID No.	S9317587E
Related Vehicle	FBM7022Z (Motorcycle)	Contact No.	96385801
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/08/2018	Date Discharge	01/09/2018
No. of Days granted Medical Leave	10	Degree of Injury	Serious

Brief Details.

On 30/08/2018 at about 1730hrs I was riding my bike (FBM7022Z) along Jurong Port Road towards AYE on the right lane of the two lane road. After passing the junction of Jln Buroh, the lorry which had been in front of me initially had began inching left. I was unable to see if the lorry had engage its signal, however seeing this I decided to over take from its right. However as I sped up to the right side of the lorry, its began to swerved back to the right. I then tried to avoid the lorry but was being block by the road divider. I also engaged my brake but the right side of the lorry hit my left handle and I fell to the left into the opposite lane.

After which I remember about 3 passerby came to my assistance. I was conscious but was unable to move. One of the passerby had called for ambulance. I was then conveyed to Ng Teng Fong Hospital and was discharge on 1/9/18. I was given Medical Leave from 30/8/18 to 9/9/18. I also remembered one of the passerby telling me that the lorry did not stopped and continued driving off. Due to the accident I sustained bruises on my right hand and leg, also pain in my chest due to the impact.

I had not seen my bike since then and was unable to access the damages. I also did not see the lorry's plate number. The reference number as informed by Traffic Police is TP/IP/49277/2018

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180903/2045

3 of 3

Report No. T/20180903/2045

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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: D / Sgt 3 CHONG ZHEN LOON	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	
Authentication Stamp NP168	

Signature Of Informant:	
Date/Time: 03/09/2018 13:09	
Classification Of Case:	

INVOICE



BOON SIEW SINGAPORE PTE LTD

Company Registration No. 197701868M
 370 Ubi Road 3 Singapore 408651 Tel: +65 6339 9002 Fax: +65 6333 4332
 GST Registration No.: M2-0027502-X

JOB CARD

Mr. MUHAMMAD YUSUF
 #BK 714 CLEMENTI WEST ST 2
 #08-153
 SINGAPORE 120714
 T/P: 96385801

Job No: JBR924074
 Vehicle Number: H1M70227
 Customer Code: 16255
 Date/Time In: 22/12/2018 8:30 AM
 Date/Time Delivered:
 Mileage: 11401
 Sales Type: HBS
 Service Advisor: CHAN
 Payment Type: CASH

Make/Model: HONDA NC750X/AF1D
 Registration Date: 02/03/2018
 Chassis No: JH2RC96A2HK100126
 Engine No: RC88E5016292
 Colour Code Colour: R342 R342

11401
 CW

(00) PACKAGE SERVICE

- 800 Km Svc
- 2,000 Km Svc
- 3,000 Km Svc
- 4,000 Km Svc
- 8,000 Km Svc
- Pkg A
- Pkg B
- Pkg C
- Pkg D
- Pkg E

(00) LUBRICATION SERVICE

- Repl. Eng. Oil & Filter
- Oil Service with Safety Check
- Repl. Final Drive Oil _____ Ltr
- Inspection Svc (BSS Sheet)

(01) ENG. & COOLING SYS.

- Complete/Top O-Haul Eng.
- Repl. Air Filter
- Adjust Valve Clearance
- Repl. Timing Chain
- Repl. Rad. Coolant _____ Ltr

(02) FUEL & IGN.

- Repl. Spark Plug(s)
- Repl. Throttle Cable(s)
- Tuning Carburettor
- Repl. Fuel Filter
- Repl./O-haul Carburettor

(03) BRAKE SYS.

- Repl. Frt. Brake Pad(s)
- Repl. Rr. Brake Shoe
- Repl. Rr. Brake Pad/Shoe
- Flush Brake Sys./Fluids _____ Ltr

(04) CLUTCH SYS.

- O-Haul Clutch
- O-Haul Transmission
- Repl. Clutch Cable
- Repl. Clutch Fluid
- Repl. Clutch Filter

(05) SYSP, STRG, DR. LINE

- Repl. Drive Chain Set
- Adj./Lub. Drive Chain
- Repl. Drive Belt
- Repl. Fork Seal(s) _____ Ltr

(06) ELECTRICAL SYS.

- Repl. Batt & Chk Chrg. Rate _____
- Chrg. Batt & Chk Chrg. Rate _____
- Programme Key (HISS)
- Perform HDS Check

(07) BODY

- Repl. Frt/Rr Tyre
- Patch Frt/Rr Tyre
- Repl. Frt/Rr Inner Tube

TOWING SERVICE

- Breakdown/Towing Service
- VICOM Insp. Incl. Transp.

LUBRICANT

- Mineral _____ Ltr
- Semi Synthetic _____ Ltr
- Fully Synthetic _____ Ltr

RECALL CAMPAIGN

- SC _____

JOB DESCRIPTION

- To repair front brake discs (10/10)

- To check brake L rear brake lever clevis and washer.

CUSTOMER COPY

INVOICE



BOON SIEW SINGAPORE PTE LTD

Company Registration No. 197701866M
 370 UBI ROAD 3 SINGAPORE 408651 TEL: 6339 9002 FAX: 6333 4332
 GST Registration No.: M2-0027502-X

TAX INVOICE NO: INV0924012

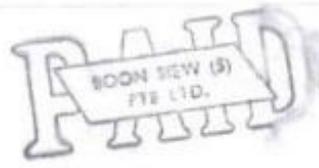
Customer Information	Registration No	Model	Job Card No
MCNTEIRO MUHAMMAD ALIF	PHAT7022Z	MOTOSHAKHED	18802001
Date of Invoice	Service Agency	Malaysia Unit	
22/07/2016	CHAB	(180)	
Date of	Chassis	Engine No	
22/07/2016	21479	8-941 700022	

Part No	Job Part Description	Quantity	Unit Price	Amount
00001	Request front brake disc NEED TO REPLACE FR. BRAKE PADS(KEPLA 45MM SELF) REPLACE RE. BRAKE LINES & LIP IN STOCK	1	55	55
00002	DISK FR BRAKE	1	140	140
00003	MOTORBIKE CHAIN LUBR	1	170	170
00004	MOTORBIKE WAXY CLEANER SOAP	1	170	170

GRAND TOTAL 530.00
 TOTAL INVOICE 530.00
 GRAND TOTAL 530.00

SINGAPORE DOLLAR SIX HUNDRED TEN AND CENTS THIRTY FOUR ONLY

Customer's Signature



Signature of Boon Siew Singapore Pte Ltd

 4870 Pong Road

"Works was carried out subject to the Company's Terms and Conditions of Service.
 No complaints will be entertained unless reported within seven (7) days of the date of this invoice."

CUSTOMER COPY

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S65500200 / GST Reg. No.: M40017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: 2108/2015 Vehicle Registration No: 9SM 7022Z
Name (as shown in NRIC): MONTAIKO MOHAMMAD BILAL NRIC/FIN/Passport No: S937587E
(*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)

Address: Singapore ()

Contact (Tel): Mobile No: 96285801

Email Address:

Date of Accident: 20/08/2015 Time of Accident: 17:30

Place of Accident: BLVD JURONG ROAD TOWARDS AYER AJAY KHAO

Insurance Company: ANA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policy number 70 c/n 00055764

Multiple horizontal lines for additional information or amendments.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROSE MONTAIKO
Date: 26/09/2015