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TP Particulars: Veh No: No	6665 A	INC(	)/Non-INC( ).	<u>#</u> ]	
Owner / Driver: (			Trit	)	
	eriod: (	)	Cover Type: (	)	
Confirmed by : (		Dotes	Time;	)	
Insured/Driver Liability: (%)			%; P: 21-79%. <b>F</b> : 80-	100%]	
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#### 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 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.
- 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.

aloresald.	
	ACCIDENT STATEMENT
Date Of Report	24/10/2019 16:10
Date Of Accident	22/10/2019 10:10
Exact Location Of Accident	T1 DEPARTURE CRESCENT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FZ6924L
Insured/Policyholder	
Name Of Registered Owner	MOHAMMED ASFAR
NRIC No	S8573014B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94880551
Alternative Phone No	OFFICE-94880551
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400
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	5080649846-03
Cover Note Number	
Driver	
Name of Driver	MOHAMMED ASFAR
NRIC No	S8573014B
Date Of Birth	05/08/1985
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2010
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94880551
Fax Number	
Contact Number	OFFICE-94880551

NOEMAIL

BLK 414 HOUGANG AVENUE 10 Address

#03-1256

Postcode 530414

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE 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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by YES ambulance?

Was any other material or property damaged?

YES

NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

HOUGANG NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

Police Station Address SINGAPORE

TEL NO: 1800-4890999 - FAX NO: 63128989 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191023/2172.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

NO

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHD6605A

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI Vehicle Category

Name of Driver

S0226592C NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 16

1

# **DETAILS OF INJURED PERSON 1**

Name MOHAMMED ASFAR

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? FZ6924L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address Postcode

#### 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.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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;
  - 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 B. SHO 66 USA

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

eler to	3/10 M9x1-7/201912727.
	TPS

## DECLARATION

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

Amor

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 .:

# ACCIDENT STATEMENT

ACCIDENT DATE: 17 19 . )(DD/MM/	YYYY), TIME:( () : 10 · )(HH:MM
LOCATION: II Departure crusa	.01.
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: Fr 69WV.	#0 _U(_
DINSURANCE COMPANY: NTJC	
C)POLICY NUMBER: 5080649846-03.	-
d)POLICY TYPE: (COMPREHENSIVE / THIRD	DARTY / Trides
e)MAKE & MODEL:	PARTY / THIRD PARTY PIRE &THEFT)
f)TYPE: (SALOON / COUPE / MPV // AN / IC	DPPY / MOTORCYOLE / OF VET
O, THE ONLEGON I. IFRIVATE / COMME	PCIAL / MOTORCYCLE
OSL OL OSING AT ACCUMENT TIME.	Valad.
JAKE TOU CLAIMING UNDER YOUR OWN IN	USUB ANOT WES IN
" NO, I CEASE STATE (THIRD PARTY CLAIM	/ REPORTING ONLY
TOLIC FROLDER	THE SKING CALLY
AINAME: Mohammed Kotur	(MACE / FEMALE)
b) NRIC/FIN/PASSPORT: 8572148.	CONTACT: 9488 551.
CIADDRESS: 14k yy forgung kvenne	10 9 03 1036 (53.414)
* CONTINUE TO 3.d IF DRIVER ALSO POLICY DRIVER	HOLDER
Lazzon des priver	
	(MALE / FEMALE)
( 1.) b)NRIC/FIN/PASSPORT:	CONTACT:
c/ADDRESS:	
*d\DATE OF DIDTILL & C 1600	
*d)DATE OF BIRTH: ( 5 /S / 1985)(DE	D/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)	(B) (S)
1) YEARS OF DRIVING EXPRERIENCE:	Vola.
4. WAS DRIVER AN EMPLOYEE OF THE INSU	RED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WI 5. a) WEATHER CONDITION: (CLEAR / RAINING /	TH INSURED: UWNO.
DINOAD SURFACE: (DRV/ WET / OTHERS	OTHERS
6. WAS ANYBODY INJURED LYEST NICE	
7. a) REPORTED TO POLICE (YES) / NO) Driver	continued
IF YES, PLEASE STATE WHICH POLICE STATION	carve gen.
8. THIRD PARTY VEHICLE	V:
of Passenger al VEHICLE NILLABED. (42.66 ) A.	1100=
Milliaging driver ) DI DRIVER'S NAME:	MODEL:
( ) NRIC/HN/PASSPORT: JO 126TG VC	CONTACT:
9. THIRD PARTY VEHICLE	CONTACT:
No of passenger d) VEHICLE NUMBER:	MODEL:
Includios del a Contract SNAME:	
f) NRIC/FIN/PASSPORT:	CONTACT:
	1

email =

far -

VIDEO =





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 1 of 3 Report No. T/20191023/2172

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2019 19:32			Vide Report No.: Station Diary No.: 148				
Informa	nt's Partic	ulars	Service Continues in the Service Continues in	<b>200</b> 0年最初日本的6000年			
	f Informant: IMED ASFA		Address: APT BLK 414 HOUGANG AV 530414	ENUE 10 #03-1256 SINGAPORE			
ID Type / ID No.: NRIC NO / S8573014B			Contact No.: Home/Office: Mobile: 94880551				
National INDIAN	lity:		Email:				
Sex: Male	Age:	Date of Birth: 05/08/1985	Type of Informant: Rider				
Race: Indian			Language:	Institution / School Name:			
Occupation:			Driving Licence Information:	Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 22/10/2019 10:10	Type of Location Straight Road
Location: Along Road 1 T1 DEPARTU	JRE CRESCENT			
Weather:		Road Surface: Vet		Road Speed Limit:
Clear	THE PARTY OF THE P	ACCOUNT STREET, STREET,	MCS. Halle St. William Co. S.	
Clear Traffic Flow: One Way	1	raffic Control: Not Controlled		Traffic Volume: Light

Details of V	ehicle Involve	d		AND PERSONAL PROPERTY.	中国的影響	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FZ6924L	Motorcycle	HONDA	CB400	Red	Slightly Damaged	0
SHD6605A	Car		7 3 5 5 5 E	No. of Contract		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ6924L	NTUC Income Insurance Co-Operative Limited	5080649846-03	28/03/2019	27/03/2020





2 of 3

Report No. T/20191023/2172

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

#### Brief Details.

On the 22/10/19 at about 1010hrs, I was riding my motorcycle (FZ6924L) along T1 Westlink. It was a one lane road and I was riding on the right of a taxi (SHD6605A). There was another road for taxis to T1 Arrival Pick-up however it was no right turn and the road could not be accessed from T1 Westlink.

Suddenly the taxi, SHD6605A, made a right turn whilst I was beside him causing a collision. I fell onto the road on the right side. I believe that the taxi wanted to make an illegal right turn into the taxi queue on the road leading to T1 Arrival Pick-up.

I was conveyed to the airport hospital and given 2 days of MC for abrasions of my left elbow and knee.





3 of 3

Report No. T/20191023/2172

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 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 F / Sgt 3 MUHAMAD DANISH HA BUDIARTO INDARTO	
Signature Of Interpreter:	
Not applicable	
Officer In Charge Of Case:	Personal Security
TP / GIT /	ATT
Sr Staff Sgt CHONG GUAN F. Contact No.: 65476083	MILOS
Signature 2	STATE STATE
Authentication Stamp	

Signature Of Informant:	
Date/Time: 23/10/2019 19:32	
Classification Of Case:	

<b>eBao</b> Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Languag	e • Cha	inge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.	2			Date o	of Accident		22/10/2019	10:10	
	Vehicle	No.(For Motor)	FZ6924	L		Certific	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5080649846- 03		MOHAMMED ASFAR	S8573014B	GMC	Third Party, Fire & Theft	FZ6924L	FZ6924L	28/03/2019	27/03/2020
					C	Continue					

Sequen	ce Date of Endorseme	ent E	ndorsemen	t Type	Endorsement	Chabur	Endorsement Content
▼ Endors	ements						
) Insure	d Object: FZ6924L	700000000000000000000000000000000000000	400				
Init No.		Relate	d Policy	5080649846-03			
ddress 4		Addres	s Type	Singapore address		Post Code	530414
ddress 1	BLK 414 #03-1256	Addres	is 2	HOUGANG AVENU	E 10	Address 3	SINGAPORE 530414
<b>▽</b> Policyh	older Mailing Address						
Certificate nfo							
open olicy Info							
lag	1050						
lo- nsurance	No						
Agent	A S PHOON PTE LTD	Agent Tel.	67470770		GST Flag	Y	
Singapore OD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess
xcess Outside		Premium	0				
Additional		Excess OS			LACES		
hird Party xcess	0	Own damage	0		Windscreen Excess		
Type		All Claims Excess					
ssue Date	24/03/2019	Date	28/03/201	9 00:00	Expiry Date	27/03/2020	23:59
Name Policy	MOTORCYCLE INSURANCE	Plan Effective			Group Policy Flag	N	
Address Product	BLK 414 #03-1256 HOUGANG	AVENUE 10 SIN	IGAPORE 5.	30414	24. 4 27.27.2		
Certificate No.							
Policy No.	5080649846-03	Name	MOHAMME	D ASFAR	Policyholder NRIC	S8573014B	

ccident MT/1068422	K1000000000000000000000000000000000000								
olicy No.	5080649846-03		Vehicle No.	FZ6924L		GST Registration h	va.		
Gertificate No.	Mental								
Policyholder Name Product Code	MOHAMMED ASFAR MOTORCYCLE INSURANCE					Policyholder NRIC		385730148	
Comact No. (Mobile)		Le Company	Cover Type	Third Party, Fire & Theft		Loading		0	
Email Address	94880551		Contact No. (Office)  Special Remark	0		Contact No.(Home	0	0	
CFK	® No ○Yes					eCode		Ac V	
ICD Protection	San		TCA	® No ○Yes		eCode Reason			
Accident Details	No		NCD Entitlement(%)	15		Private Hire		No	
leport Date	24/20/20/20/20/20		Andrew March Street Co.	man a					
Date of Accident	24/10/2019 16:19		Accident Report Within 24 hrs			Acodent Type		Side Swipe	
eporting Centre	54)10/4018		Time of Accident hhomm	10:10		Country of Acciden	NC .	Singapore	
crident Location	TI DEDINT OF CARCON		Orange Force			3CM No.			
♥ Excess	TI DEPARTURE CRESCEN	9)							
wn damage Excess		0.00	Additional Excess						
nnamed Driver Excess		0.00	Outside Singapore OD Excess			Windscreen Excess			
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9 GST Registered Inform	ation .								
ST Registered	No.			Mark & Control of Control					
FT Registration No.	rea			GST Registration Date GST Status Verified		Yes			
odification History						763			
Policyholder Mailing Ad	ldress								
ddress 1	BLK 414 #03-1256		Address 2	HOUGANG AVENUE 10		Address 3		SINGAPORE S	30414
ddress 4			Address Type	Singapore address		Post Code		530414	
nit No.			Related Policy Number	5080649846-03					
© OI Driver Info									
river Name	MOHAMMED ASFAR		Driver Type	Main Driver					
mamed driver hame			Driver NRIC	585730148		Driver DOB		05/08/1985	
agister Date of Driver License			Driver Age	34		Driving Experience		9	
ontact No. (Mobile)	94880551		Contact No.(Office)	0	-	Contact No.(Home)		0	
tdress 1	BLK 414		Address 2	HOUGANG AVENUE 10	100	Address 3		SUNGAPORE 5	30414
Idress 4			Address Type	Singapore address		Post Code		530414	
nit Na.	03-1256								
oes he own a Singapore	0								
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