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1) Apply for Transport Allowance ()/C	Courtesy Car ()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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 wiful 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.

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 before made available.

	ACCIDENT STATEMENT
Date Of Report	03/01/2020 17:16
Date Of Accident	02/01/2020 20:30
Exact Location Of Accident	T-JUNCTION NEAR BLK 441 JURONG WEST ST 2 CARPARK
Country/State of Loss	SINGAPORE
District Control of the District Control of the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD8401D
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NOOR HIZAIFUDIN BIN NOOR HASSAN
NRIC No	SXXXX496H
Email Address	HIZAIFUDIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81140050
Alternative Phone No	OTHERS-81140050
Vehicle Particulars	
Manufacturer	SUZUKI
Model	DRZ400SMK9-398CC
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	5110615663
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD NOOR HIZAIFUDIN BIN NOOR HASSAN
NRIC No	SXXXX496H
Date Of Birth	28/09/1995
Occupation	INDOOR
Date Of Driving Pass	14/10/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81140050
Fax Number	

OTHERS-81140050

HIZAIFUDIN@GMAIL.COM

BLK 187 BOON LAY AVENUE Address

#04-68

Postcode 640187

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 - MAJOR/MINOR RD

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

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

Was the accident reported to the police?

YES

1

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?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHMENT AND POLICE REPORT T/20200102/2182

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SKN5061L

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

ONG JIE JIE. ZAVIER

NRIC/Passport Number

SXXXX572J

Contact Number

92223270

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD NOOR HIZAIFUDIN BIN NOOR HASSAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBD8401D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

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 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
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre

Name:

NRIC/FIN No.:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Reporting Centre P

NRIC/FIN No.:

Name:

Policyholder's Signature

Date & Time:

BLOCK 456

BLOCK 441 HIZALFUUM 03/01/2020 JURONG WEST AVE 1 Legend:

CARPARK

FBD 840ID (MOTORCYCLE) SKNSOGIL (CAR)

K : LORRY





1 of 3

Report No. T/20200102/2182

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

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

02/01/20	ne Report I 020 23:05	Made:	Vide Report No.:	Station Diary No.: 281
Informa	nt's Partic	ulars		2.51
MUHAN BIN NO	OR HASSA	R HIZAIFUDIN	Address: APT BLK 187 BOON LAY AV 640187	'ENUE #04-68 SINGAPORE
NRIC N	/ ID No.: O / S95344	96H	Contact No.: Home/Office:	Mobile: 81140050
National SINGAP	lity: PORE CITIZ	ŒN	Email:	Mobile, 61140050
Sex: Male	Age: 24	Date of Birth: 28/09/1995	Type of Informant:	
Race: Malay			Language:	Institution / School Name:
Occupat Student	ion:		Driving Licence Information: Class:	Date of Expiry:

General Infor	mation of the Accid	ent		
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2020 20:30	Type of Location T-Junction
Location: Along Road 1 JURONG WE Weather: Clear	ST AVENUE 1	Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume:
Type of Collis Between Mov	ion: ing Vehicles - Head 1	o Side	A	nyone conveyed by mbulance:

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBD8401D	Motorcycle	SUZUKI	DRZ400SMK	The state of the s	Slightly	0
SKN5061L	Car				Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Eurin Data
FBD8401D	NTUC Income Insurance Co-Operative Limited	5110615663	21/06/2019	20/06/2020



T/20200102/2182

2 of 3

Report No. T/20200102/2182

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

Tel No: 1800-2689999

CONTINUATION OF REPORT

Any Pedestrian In	volved: No				
No. of Pedestrian	The state of the s	Use of Pe	edestrian	Cross	ng: NA
Rider			1000		
Name	MUHAMMAD NOOR HIZAIFUD NOOR HASSAN	IN BIN	ID No.		S9534496H
Related Vehicle	FBD8401D (Motorcycle)		Contac	t No.	81140050
Hospital/Clinic	ONECARE CLINIC BOON LAY		Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	02/01/2020	Date Dis			/2020
No. of Days gran	ted Medical Leave 03	Degree o	of Injury	Sligh	
Name	ONG JIN JIE, ZAVIER		ID No.		S9417572J
Related Vehicle	NIL		Conta	ct No.	92223270
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		scharge	NIL	
No. of Days gran	nted Medical Leave NIL	Degree	of Injury	NIL	

Brief Details.

On 2/1/2020 at about 8.20pm, I was riding my motorcycle bearing plate number FBD8401D along Jurong West Ave 1 and was approaching a T junction near carpark of B/441 Jurong West St 42. I was on the first lane while there was a lorry on the second lane. Suddenly, a car came out and turn right from the carpark of B/441 Jurong West St 42. I applied emergency brake however still was unable to stop in time and collided onto the rear right side of the car bearing plate number SKN5061L. I went to the clinic after the incident and received 3 days of MC. Due to the incident, the front suspension was misaligned, the speedometer, the front and rear signal right was damaged.



Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999



3 of 3 Report No. T/20200102/2182

CONTINUATION OF REPORT

Sketch Plan

Character But . . .

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

Signature Of Officer Recording The Report: J / Sgt 2 NURAQILAH BINTE ABDUL HAMID	65474885 stating the report number as reference. Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2020 23:05
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

. ACCIDENT STATEMENT

	ACCI	DENT DATE: (02) 01) 2020 (00/MM/YYY),	TIME: / 20 : 20 VIHEMMI
	LOCA	MON: Blee T Junction hear corpork	A RIVER WILL TOTOM
		DETAILS OF VEHICLE	THE HALL
		alvehicle Number: PRD8401D	<u>1</u> n.e.
		DINSURANCE COMPANY: NTUC	
11		CIPOLICY NUMBER: 510615663	
		DIMAKE & MODEL SOLVE / PRI HOD	A
11		TYPE: (SALOON / COUPE / MPV /VAN / LORRY	/ MOTORCYCLE / OTHERS)
E.		9) VEHICLE CATEGORY: (PRIVATE / COMMERCIA	L/MOTORCYCLEI
		1) ARE YOU CLAIMING UNDER YOUR OWN INSUR.	ANCE IVER IND
(*)		HINO PUCASE STATE (THIRD PARTY CLAIM / REP	ORTING ONLY
	2.,	INSURED / POLICY DOLLARS	
		ANAME: Muhammat Noce Hizastolm Bin	MALE / FEMALE
		DINRIC/FIN/PASSPORTI 59\$34496H	CONTACT: 81140050
20		CIADDRESS! BIOCK 157, Born Lor Avenue 2	64-65
***		A DESCRIPTION OF THE PROPERTY	<u> </u>
din d	r 940	. CONTINUE TO 3.4 IF DRIVER ALSO POUCY HOL	.DER
≠No of perso	2m 92	DRIVER AS Above A	
Cincluding of	viver)	d'NAME:	(MALE / FEMALE)
C15	33,85	b) NRIC/FIN/PASSPORTE c) ADDRESS:	_CONTACTI
(2)		G/10 G10 G10 G10 G10 G10 G10 G10 G10 G10 G	
		'd) DATE OF BIRTH: 16 69 1995 100/M	WWW.
		e OCCUPATION: [INDOOR / OUIDOOR]	indicated to the
		FIDATE OF DRIVING PASS OF MAY 1	LOIH .
	4.	WAS DRIVER AN EMPLOYEE OF THE INSURE	
	100	IF NO, RELATIONSHIP OF THE DRIVER WITH	
•	5,	DIWEATHER CONDITION: (OLEAR / RAINING / O	
		DIROAD SURFACE: (DRY / WET / OTHERS	
33		WAS ANYBODY INJURED (YES / NO)	* * *
	7.	a) REPORTED TO POUCE (YES / NO)	la l
	1000	IF YES, PLEASE STATE WHICH POLICE STATIONL	garand most .
We of its	8,	THIRD PARTY VEHICLE	
the of buses	uniteration	D) VEHICLE NUMBER: SENSOGIL D) DRIVER'S NAME: ONG 16 16, 2001ER	_MODEL
Including of	elvete,)	of outlien a House	
(()	9.	of Marchinal Desirons Services	CONTACTI 9223276
100 m		THIRD PARTY VEHICLE	Money.
the of pass	ings-	a) VEHICLE NUMBER:	_MODEL:
(Including	delyer	I) NRICYFIN/PASSPORTI	CONTACTIO
1 4		THEOREM PASSED AT	_OOMINGIE
		20 60	

email = HIZAIFUPIN@gmail.com.

Claim Handling

Arcident HT/1079435							+ Eatt
PUREY No.	\$1,19615662	Vehicle No.	FROMESIO		OST Registration No.		
Certificate No.					March Software State Co.		
Neiconabler Name	HURAMMAD ROOK HIZAIFUDIN BIN 1900K HADSA	N .			Policyholder MIC	505544666	
Product Code Contact No (Hopse)	HOTORCYCLE INSURANCE	Cover Type	Third Harty.		Liating	1.	
	#1140D50	Contact No (Diffice)			Curtact Nv. (nome)		
Small Address		Special Remark			eCnoe	760 *	
	- Mor Yes	TÇA	= 7m - Yes		wCode Respons	The state of the s	
Accident Details	All	NCD Excitement(%)	9		Private Hore	794	
Report Date	13/15/2020 13/43	WHI ARE DESCRIPTION OF THE					
Date of Accident		Accedent Report Willia 24 hrs	Yes		Account Type	Collision - Major r	Since Adail:
Reporting Carries	R3/91/2020	Time of Accident Int. mm	20/30		Country of Accessor	Singapore	
Accord Location	T-OUNCTION NEAR BLK 443 JURIORIS WEST ST 2-0	Orange Boros			JUM No.		
Total Excess Applicable		ADD ADD					
Biome Type	Ter Ascident	Windstreen Excess					
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QO Standard Evens	.107031	TP Standard Excess		8.00			
1100 00 Equals	W.00	VIET TV Excess		197,000	Driver is Covernity	Wit Givered	
Address Exped						110/0/25/0000	
Total OD Excess Applicable	m an	Total TF Excess Applicable		0.00			
- Benefits							
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GET Registered GET Registration for	No.			doctor Date			
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Palleyholder Hailing Add	dress						
AAPest 1	RCC187 #64-48	Address 2	BOOK LEV AVERUE		Annes A	-011001010	
Address #		Appropriately Type:	Simpagers address		Aptress 1 FWF Code	STREAMORE 9403	100
Unit No.	0+40	Related Holley Number	31111113863		V331/2012:	640 (187	
→ 01 Briser July							
Driver Name	MUNISMINAD ROOK HIZATFUDDS BIN NOOK HAULIA	K Driver Type	Mack Driver				
Uninamed amour Name		Sinsor WAIIC	90934 min		Drivet DOB	28/25/1995	
Register Date of Orliver License	06/05/2014	Driver Age	3#		Driving Experience	8	
Corceo No. (Muties) Automis 1	#1140050	Corried No.(Office)			Corract No. (Home)		
Address #	RLK 387-404-68	Address 2	BOOH LAY AVENUE		Acidrena 3	STHEMPORE WILL	MY.
Grid Nec.	04-46	Alterons Type	Substitute implement		Post Dade	640197	
Does he over a limpapore	Tes = No	Driver Verticis No.					
Registered car?	TIME		PROPHOLO		Driver Insurer Congeny	9009	
Declaration							
firesthelyser or Blook field. Reading?	li ng	Any injury?	799 700				
Claim SOS Sten							
Claim Type *				DE-NA	Process Incompleted report to	SZADPURDA PROFES	SW33e490H
Corriact No.(Hotela)				With the same	Contact	Contact	- Control of the Cont
					(Hung)	(Office)	
Email Widness					Vehicle F8684018	TOTAL	SKNOW().
Califor Description					Number	Summer of	Tomberver
				PROBERTO / SKREWNIL CH	+ 2 Jan 2020	Preferred Workshop	,
Historiad Workshop	Tradered Catalogy Nor at Fault	*2				- 0.092519	
Emiliare No. Yes	Aspair Preferred Workshop, Name Option			1	Table 1		
Date Regularies				83/84/2826 17:46	Claim Class Date	Date Received	00001/2020 to 80
Report Taken By				ROSLI WARAS	Local Control		
				Water Company of the			
Frint AK letter							
			Save Summer				
Altechment							
w.							
Accident No.	H171078435	Claim No.		00.5			
Last Doc. Received	# yes 17 for	Upland Date		00/01/28/00 17:47			
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Hemage Stag							Sand Massage Chibsel
Attachment List							H196-64.33/64.51-040-031
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OA	HIT_MERAH_BOOKTG, NATIONAL ASSESSMENT CENTR 5 (BLINIT MERAH)) on 03 Jan 2020 17:47	E SERVICE PRODUC		nicimal	Mhanne 2020-1-9		Reio.
30	ET_MERAH_8006/GI NATIONAL ADDEDSMINT CINTR	Citavina					
	E IBLAIT MERANJ M 03 Jan 2020 LF 87	E SERVICE Photos		(Writtel)	Photos 2020-1-3		663
DO	NIT WERE ROOM TO THE TAXABLE PARTY						
S. B.	KIT MERAH ROGETEI KATIONAL AGGESSMENT CENTR 5 JELAST MERAH)) UN 03 Jan 2020 E7 67	E SERVICE Photos		Netroil	Phatos 2020-1-8		165

	Vertraded By/Class	Enider Date	216	Name	T sum	Actes
 Video List 						
79	NAC SCHUT MERAH SODITOL NA 6 (BLOCT MERAN	TIONAL ASSESSMENT CENTRE SERVICE () on 03 Jan 2020 17:46	SAS	Stermal	545 2020-1-3	Edit
	5 (BURTT MERAN	TITIMAL ASSESSMENT CENTRE EXPLICA I) 04 03 Jan 2020 17:46	NRICY Envery Literal	# Normal	NRSC/ Driving Examine 2022-3-3	<u>Edi</u>
1	NAC BURIT MERAN 600679(NA 8 (BURIT MERAN	TOWNS, ALBESTMENT CENTRE MENVICE TOWN 03, Jan 2020, 17, 46	Protes	Normal	Photon 2529-1-11	560
100	NAC_BUX17_MEXAH_BOOS76(NA S (BUX17 MEXAH	TIONAL ANSESSMENT CENTRE SERVICE I) on 03 Jan 2020 (7:45	Photos	Normal	Photos 2020-1-8	Reli
N. A.	NAC BURIT HERAM BODETAL NA E (BURIT HERAM	TIONAL ASSESSMENT CENTRE SERVICE IT on C3 Jan 2020 17:48	Photos	herre	Promi 2929-1-8	Edi
1	RAC_BURIT_HEERH STORTO; NA S (BURIT MERAH	TIONAL ASSESSMENT CENTRE SERVICE D an 03 Jan 2020 17 AG	Minkus	former	Protox 2030-1-2	ite.
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-	NAC BUILT HERAM MIDDING NO S (BUILT MERAM	TICHAC ARSESSMENT CENTRE ERIVICE 1) vm 03. Jan 2020 17.46	Photos	Normal	Phone 2020-1-2	6.6
1	NAC_BUATT_MEAAH_BEOKYE/ NA S (BUATT MEAAH	STIONAL ASSESSMENT CENTRE MENUICE [] of 02 Jan 2020 17:46	Physics	Named	Profes 2220-1-2	Ed
8	AND TOURS 2	TIGHAL ASSESSMENT CENTRE SERVICE () on 03.3mm 2020 17:46	Profes	Normal	Photos 2020-1-3	Ed
97	S IBUKIT MERAH	ITIDINAL ASSESSMENT CENTRE BENVICE (I en 83 Jan 2020 17:47	Photos	Normal	Phenos 2020-1-3	t
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Cover: Third Party FBD8401D JS1B8111300100612 MUHAMMAD NOOR HIZAIFUDIN BIN NOOR HASSAN 21 Jun 2019 20 Jun 2020
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accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any ving the Motor Vehicle. and in connection with the Policyholder's business or profession. Deed-testing. es) in connection with any trade or business.
f the Motor Vehicle (Third Party Risks and Compensation) Act port Act, 1987 (Malaysia), are not to be included under these
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ate relates is issued in accordance with the provisions of the Motor ter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) Z464) For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Chief Executive

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GeneralClaim HADA, NAC_BURST_MERAH_800676 · Change Language · Change Fassword · Log Out My Desistop Policy Query Stolling of Lase. Policy No. 3110013067 Date of Accident 02/01/2020 17:11 Vehicle No. (For Messe) PHD04510 Contificate Number Sound Certificate Number Policy No. Poscutrolder Name Product Cover Type Verside No. Trouved Disject MUHAMMAD NOOR HEASFUDIN BIN NOOR HASSAN \$110615663 59534496H SMC Theil hete PRESERVED PROMING 21/05/2019 80/09/2020