



## 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 willful 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	10/02/2020 15:50
Date Of Accident	09/02/2020 15:10
Exact Location Of Accident	GHIM MOH ROAD TOWARDS STAR VISTA MALL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP778G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMAD DAIYAN ARFAN BIN MOHAMAD ZAHRAIN
NRIC No	TXXXX138G
Email Address	AXFXN01@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91128854
Alternative Phone No	OTHERS-90178551

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150-150CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5107306477-01
Cover Note Number	

### Driver

Name of Driver	MOHAMAD DAIYAN ARFAN BIN MOHAMAD ZAHRAIN
NRIC No	TXXXX138G
Date Of Birth	01/08/2000
Occupation	OUTDOOR
Date Of Driving Pass	05/11/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91128854
Fax Number	
Contact Number	OTHERS-90178551
Email Address	AXFXN01@GMAIL.COM

Address	BLK 709 YISHUN AVENUE 5 #05-64
Postcode	760709
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 - U-TURN
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WXW5613 (PRIVATE CAR)
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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200210/2050

#### Attachment(s)

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

#### Details of Witness 1

Name	AZLAN
Phone Number	98583407
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WXW5613
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	MOHAMAD DAIYAN ARFAN BIN MOHAMAD ZAHRAIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBP778G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## SKETCH PLAN

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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:

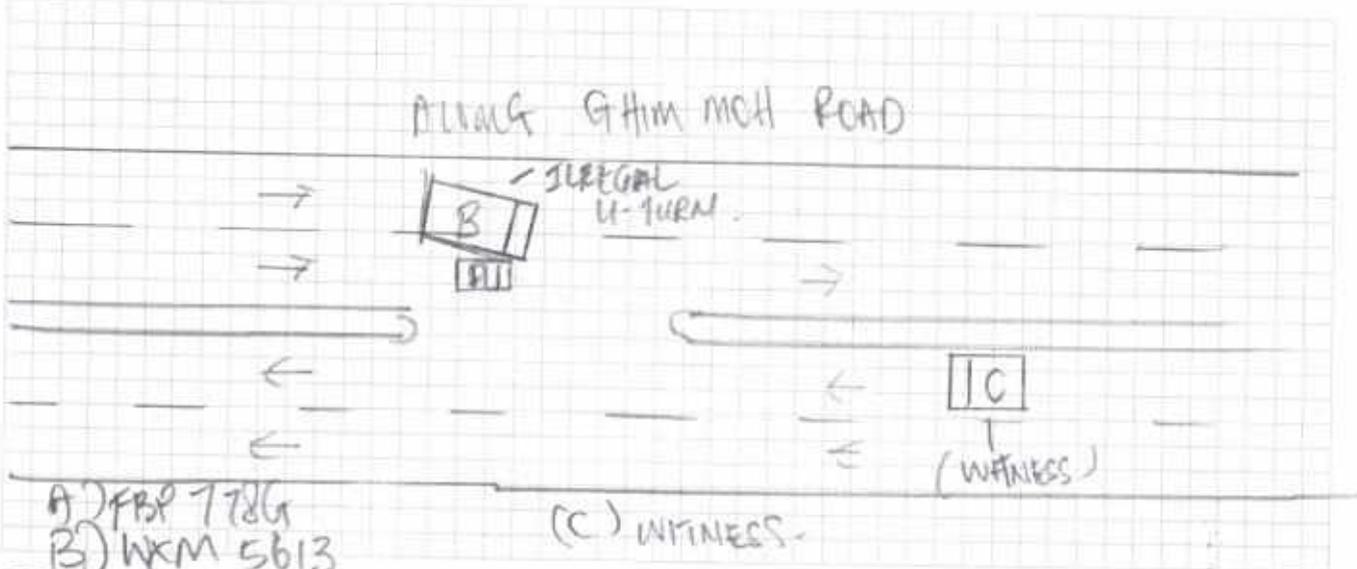
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/mailed 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

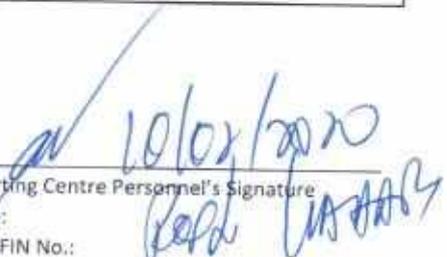
REFER TO POLICE REPORT 1/2000210/2020

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 09/02/2020 (DD/MM/YYYY), TIME: 15:10 (HH:MM)  
LOCATION: Alm Nelt Road towards Star Ati Vista mall

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FEP 778 G  
b) INSURANCE COMPANY: ANNO  
c) POLICY NUMBER: KAMATA SUKIRIL  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY  
e) MAKE & MODEL: YAMAHA SUKIRIL  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) MOTORCYCLE  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9017 8551 (Zack)  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Muhammad Daryon (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9124854  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) YES  
IF YES, PLEASE STATE WHICH POLICE STATION: Yestha Pany

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: WXP 5613 MODEL: MARCHEZ  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

email: axfxn1@gmail.com

VICAO 98583407

Azlan





Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MOHAMAD DAIYAN ARFAN BIN MOHAMAD ZAHRAIN	ID No.	T0025138G
Related Vehicle	FBP778G (Motorcycle)	Contact No.	91128854
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	09/02/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 09/02/20 at about 1510hrs, I was riding along Ghim Moh road towards Star Visa mall. I was riding on the first lane of a two laned road. As I was riding near to the Traffic junction, one vehicle, Black, Mercedes, WXW5613, cut into my lane, in front of me and made a illegal U turn. I was unable to stop it in time and I hit onto the right rear of the said vehicle door and fell off from my motorcycle, to the left side. I was still conscious. The said driver then stopped his vehicle and came down to make a check. There was also a witness, contact: 98583407, who was driving at the opposite side of the road also stopped his vehicle and came forward to me to render assistance.

I suffered abrasion on my left arm, right toe and left toe. The said driver also called for ambulance for me. At the same point of time, I also called my uncle to come down to the scene. Ambulance subsequently came and I was convey ed to National University Hospital. Before I convey to hospital, I also saw Traffic Police came to scene.

I was given three days of medical leave and I was advised by the Traffic Police to make a report about the matter.



**SINGAPORE  
POLICE FORCE**



T/20200210/2050

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

3 of 3

Report No. T/20200210/2050

**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 OOI JIA JUN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216

Signature Of Informant: 
Date/Time: 10/02/2020 12:46
Classification Of Case: 

Authentication Stamp  
NP168

## Claim Handling

Task Transfer Exit

Accident MT/1083700

LOS SAL SUB

Policy No.	S1073D6477-01	Vehicle No.	FBP778G	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMAD DAIYAN ARFAN BIN MOHAMAD ZAHRAIN			Policyholder NRIC	T0025138G
Product Code	MDTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90178551	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## Accident Details

Report Date	10/02/2020 16:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - U-Turn
Date of Accident	09/02/2020	Time of Accident hh:mm	15:10	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	GHIM MOH ROAD TOWARDS STAR VISTA MALL				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

## Policyholder Mailing Address

Address 1	BLK 709 #05-64	Address 2	YISHUN AVENUE 5	Address 3	CHONG PANG GREEN
Address 4	SINGAPORE 760709	Address Type	Singapore address	Post Code	760709
Unit No.	05-64	Related Policy Number	S107306477-01		

## OI Driver Info

Driver Name	MOHAMAD DAIYAN ARFAN BIN MOHAMAD ZAHRAIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	T0025138G	Driver DOB	01/08/2000
Register Date of Driver License	05/11/2018	Driver Age	19	Driving Experience	1
Contact No.(Mobile)	91128854	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 709 #05-64	Address 2	YISHUN AVENUE 5	Address 3	CHONG PANG GREEN
Address 4	SINGAPORE 760709	Address Type	Singapore address	Post Code	760709
Unit No.	05-64				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	FBP778G	Driver Insurer Company	NTUC

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Modification History

## Investigation

Claim 001 OD-MX New

## Claim Case Officer

Claim Type	OD-MX	Insured Name	MOHAMAD DAIYAN ARFAN BIN ?	Insured NRIC	T0025138G
Contact No.(Mobile)	91128854	Contact No.(Home)		Contact No.(Office)	
Email Address	AXFXND1@GMAIL.COM	OI Vehicle Number	FBP778G	TP Vehicle Number	WXW5613
Claim Description	FBP778G / WXW5613 ON 9 Feb 2020				
Preferred Workshop				Name of Preferred Workshop	
Created By					
Realisation Date Registered	10/02/2020 16:15	Claim Close Date		Date Received	10/02/2020 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AX letter

Modification History

## Special Claim Creation Approval

Approval	Reason
Remarks	

## Attachment

Accident No.	MT/1083700	Claim No.	001
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**National University Hospital (Singapore) Pte Ltd**

5 Lower Kent Ridge Road, Singapore 119074

TEL: (65) 6779 5555

Business Registration No. 198500843R



MEDICAL CERTIFICATE

ORIGINAL

NUH200387

NAME: MOHAMAD DAIYAN ARFAN BIN MOHAMAD ZAHRAIN

NRIC: T0025138

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **3** day(s) from **09-Feb-2020** to **11-Feb-2020** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **09-Feb-2020 15:48** to **09-Feb-2020 21:32**

09-Feb-2020

Date

A member of the NUHS

MARTIN SOO MIN YI (63651G)

Issued by

A&E

Location

A handwritten signature in black ink, appearing to be 'M. Sooyi', written over a horizontal line.

Signature

### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5107306477-01

Cover : Third Party, Fire & Theft

- |   |  |
|---|--|
| 1. Index mark and Registration Number of Vehicle    | : <b>FBP778G</b>                           |
| Chassis Number                                      | : MH3UG0740J0142615                        |
| 2. Name of Policyholder                             | : MOHAMAD DAIYAN ARFAN BIN MOHAMAD ZAHRAIN |
| 3. Effective Date of Insurance                      | : 28 Jan 2020                              |
| 4. Expiry Date of Insurance                         | : 27 Jan 2021                              |
| 5. Persons or Classes of Persons entitled to drive# |  |

(a) Named Driver(s) Only,

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward,
- (b) Use for racing, pace-making, reliability trial or speed-testing,
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business,
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MOHAMAD DAIYAN ARFAN BIN MOHAMAD ZAHRAIN
NAMED DRIVER (2)	: MUHAMMAD ARSYAD BIN SALAM
HIRE PURCHASE COMPANY	: LOOI'S MOTOR ENTERPRISE PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : LOMEN INSURANCE AGENCY (00000591412)  
 Date of Issue : 23 Jan 2020 11:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive