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are n	Vandit	Especial Company	Tel:	Fax:	
Owner / Driver: (	41144	, INC(	)/Non-INC( )		
Policy No: ( ) Period:	7		Tel:	)	
Confirmed by : (		)	Cover Type: (	)	
1 100 1		ate:	Time:	)	
V on i		NO (	%; P: 21-79%, F: 8	(0-100%)	
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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.
- 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 aforeset.
- aforesaid

## ACCIDENT STATEMENT

Date Of Report 30/03/2020 17:37 Date Of Accident 28/03/2020 16:50

Exact Location Of Accident TOH GUAN ROAD TOWARDS PIE CHANGI

Country/State of Loss SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBC3038H

Insured/Policyholder

Name Of Registered Owner MUHAMMAD AMIRUL BIN JASNI

NRIC No SXXXX224Z

Email Address AMIRULNIZAMJASNI@GMAIL.COM

Mobile Phone No (LOCAL) +65-81615043 Alternative Phone No OTHERS-81615043

Vehicle Particulars

Manufacturer YAMAHA Model SPARK-135CC

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken 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 5107332093-01

Cover Note Number

Driver

Name of Driver AMIRUL NIZAM BIN JASNI

NRIC No. TXXXX963C Date Of Birth 21/10/2000 Occupation INDOOR Date Of Driving Pass 16/04/2019

Driving Experience 0 YEAR AND 11 MONTH

Mobile Number (LOCAL) +65-81615043

Fax Number

Contact Number OTHERS-81615043

EMail Address AMIRULNIZAMJASNI@GMAIL.COM Address BLK 104B DEPOT ROAD

#02-559

Postcode 102104

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 - HEAD TO REAR

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?

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: SYAWANI ERINA

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TELOK BLANGAH NEIGHBOURHOOD POLICE POST

TEL NO: 1800-2729999 - FAX NO: 63772526

Police Station Address ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 .

COUNTRY: SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

# Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200329/2024

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

SGY4714H

Vehicle Make/Model/Colour

HONDA STREAM

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

KENNY

NRIC/Passport Number

SXXXX190B

Contact Number

97947414

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# DETAILS OF INJURED PERSON 1

Name

AMIRUL NIZAM BIN JASNI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBC3038H

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
- 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")
- 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:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No

SKETCH PLAN	JOH (THON	GODD TOWARDS	VIE CHA	idely /
7	PIE TUOS	PIE Chon	9i	8
765 ) FBC 3038 H ) SGY 47144	A A	1 A CO	Traffic Light	7
) SGY 47144				7 on
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT			70h Han Road
REFFER 20	POLICK PREPORT	1		
				0)
DECLARATION I/We declare the foregoing pa	rticulars are true in every respec	t.	1	-
	30/3/2020	1.11pm	an 306	3/2020
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the police Date & Time:	cyholder) Na	porting Centre Personn me:	el's Signature AD

# ACCIDENT STATEMENT

ACCIDENT DATE: (28.103) 2020 (DD/MM)	MYY), TIME: 16 . 50 WHI MAD.
LOCATION: TOh Guan Road + Dward	s PIE Changi
1. DETAILS OF VEHICLE  1 a) VEHICLE NUMBER: FBC 30 38 H  1 b) INSURANCE COMPANY: N1 02	,.
STYPE: (SALOON / COUPE / MPV /VAN / LONAN)	ORRY / MOTORCYCLE / OTHERS)
I) PURPOSE OF USING AT ACCIDENT TIME:  I) ARE YOU CLAIMING UNDER YOUR OWN I  IF NO, PLEASE STATE (THIRD PARTY CLAIM  2. INSURED / POLICY HOLDER	MISINALISE OFFICE
Syawan i Erina Alname: Amin Nizam Bin Jas b)NRIC/FIN/PASSPORT: 100359636 c)ADDRESS: Block 1048, Depot Road	
No of passanges DRIVER ALSO POLICY	HOLDER
(2) GINAME: KOMY.  (2) DINRIC/FIN/PASSPORT SCOS71908  CIADDRESS: 10 2 WOOD lands view of	CONTACT: 97997414
e)OCCUPATION: (INDOOR) OUTDOOR)  F)DATE OF DRIVING PASS LARGE	2019
4. WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER WI 5. DIROAD SUPEACE (CLEAR) RAINING	
6. WAS ANYBODY INJURED (YES / NO) 7. O)REPORTED TO POUCE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION  8. THIRD PARTY VEHICLE  (Including driver) b) DRIVER'S NAME: Kenny	MODEL: Hordy Steam.
(	CONTACT: 97047414
(Induding driver) F) DRIVER'S NAME:  NRIC/FIN/PASSPORT:	MODEL:

email = amirunizamiani@gmail-com





Report No. T/20200329/2024

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 20 14:12	lade:	Vide Report No.:	Station Diary No.: 15		
Informa	nt's Particu	ulars				
	Informant: NIZAM BIN	N JASNI	Address: APT BLK 104B DEPOT	ROAD #02-559 SINGAPORE 102104		
ID Type / ID No.: NRIC NO / T0035963C			Contact No.: Home/Office: Mobile: 81615043			
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 21/10/2000	Type of Informant:			
Race: Malay			Language:	Institution / School Name:		
Occupat	tion:		Driving Licence Informa Class:	ntion:  Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/03/2020 16:50	Type of Location Straight Road
Weather:		Road Surface:		Road Speed Limit:
Cloudy		Dry Control		Traffic Volume:
Traffic Flow: One Way		Traffic Control: Not Controlled		Moderate
year recovery and the second	sion:			Anyone conveyed by

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC3038H	Motorcycle	1715.110	T135	Blue	Slightly Damaged	0
SGY4714H	Car		STREAM 1.8	Brown	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20200329/2024

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

#### CONTINUATION OF REPORT

Rider			100000000000000000000000000000000000000			
Name	AMIRUL NIZAM BIN JASNI			ID No	*	T0035963C
Related Vehicle	FBC3038H (Motorcycle)				ct No.	81615043
Hospital/Clinic	HL Clinic Pte Ltd			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	29/03/2020		Date Disc	harge	29/03	3/2020
No. of Days gran	ted Medical Leave	03	Degree o	f Injury	Sligh	t

#### Brief Details.

On the 28/03/2020 at about 4.50pm, I was travelling with my motor bike bearing the registration plate number of FBC3038H along Toh Guan rd towards Changi PIE Lane 3 whereby suddenly the vehicle bearing the registration plate number of SGY4714H applied e-brake henceforth, I immediately applied e-brake however before my motor bike could come into a complete stop it collided onto the back of the said vehicle.

The said vehicle driver then rendered me assistance and agreed to settle it through insurance claim. No traffic police or paramedic was at scene.

No government property or pedestrian was involved when the accident occurred.

This is the first time such incident had occurred to me.





3 of 3

Report No. T/20200329/2024

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

el No: 1800-2729999

## 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.

CONTINUATION OF REPORT

1 TAN TECK CHYE ALAN	Signature of informant.
nature Of Interpreter t applicable	Date/Time: 29/03/2020 14:12
icer In Charge Of Case: / AEIT / MOHAMAD ZULFAZDLI BIN ABDULLAH ntact No.: 65476204	Classification Of Case:

Claim Handling

Policy No.	5107332093-01	Vehicle No.	FBC3038H		PPT Dec						
Certificate No.			10030381		GST REG	stration No.					
dicyligider Name	HUHAMMAD AMBUL BIN JASNI				Policyhol	des NOTE:					
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party			per NKIL		59446	2242		
ontact No.(Mobile)	81615043	Contact No.(Office)	District Petry		Loading			0			
nail Address					Contact	Va.(Home)					
DK.	No ves	Special Remark			eCose.			No *			
CD Protection	N=	TEA	No. Yes		eCode Re	18900					
Accident Details	75	NCD Entitlement(%)	20		Private H	ini.		No			
iport Date											
	30/03/2020 18:07	Acordent Report Within 24 hrs.	Yes		Accident	Type		Politica	an - Head t	on Data?	
ite at Accident	38/03/3030	Time of Accident tin mm.	(16/50)			of Applicant				PROF.	
Sorting Centre		Orange Force				17.7920108316.		Singap	0.4		
cident Location	TOH GUAN ROAD TOWARDS PLE CHANGE	100			ICM No.						
Total Excess Applicable											
cess Type											
ceas ( Abs	Per Acoident	Wingscreen Excess									
Standard Excess											
		T/A Standard Excess		0.00							
0:00 Excess	0.00	YIED TP GACESS		0.00	Oriver is	Coverad†		Not Day	vered		
ditional Excess											
tal OD Excess Applicable	0.00	Total TP Excess Applicable		0.99							
Benefits											
GST Registered Informa	tion										
Registered	No.		GST Re	gistration bate							
Registration No.				Hus Werthed		Yes					
dification History						146					
Policyholder Mailing Add	ireas										
Frenk )		Address 2	armen a								
vess 4			DEPOT ROAD		Address 3			DEPOY	HEIGHTS		
t No.		Address Type	Singapore addre	55	Post Code			102104			
OI Driver Info	02-959	Related Policy Number	5107332093-01								
of Driver Inte	1000 A										
		Driver Type	Man Driver								
amed driver harne		Driver NRIC	594462242		Driver 00	0		05/12/1	1994		
ster Date of Driver License		Driver Age	25		Driving Ex	perience		16			
Tact No.(Mobile)	H1615043	Contact No.(Office)			Contact N	a (Hama)					
ress 1	BLK 1048 #02-559	Address 2	DEPOT ROAD		Apdress 3			DEPOT 1	HEIGHTS		
ress 4	51N0APORE 102104	Address Type	Singapore addres	55	Past Cade			102104			
t No.	02-959				1001.000			102104			
ts he own a Singepore astered car?	tes - No	Driver Vehicle No.	COCONTRAL.		San 17 (17) year						
su, 1456, 1997.	HATTA 122		FBC3038H		Jinker Ins	urer Company		MITUE			
leration											
ethalyser or Blood Test	D mg										
Daim 001 New											
m Type *				Lan sur	Immed		ullion i		See and		
				00-MX •		МЕНАМНАО	AMIRUL B			S9446224Z	
				GD-MX •	Contact No.		AMIRUL B		Contact No.	89446224Z	
tect No.(Nable)					Contact No. (Home)	MUHAMHAD MIL	AMIRUL B		Contact No. (Office)	89446224Z	
im Type * cast No (Mable) si Addresa					Contact No: (Home) OI Vehicle	NIL	ANTRUL B		Contact No. (Office) T#		
tact No.(Mublie)				B1276904	(Home)		AMPRUL B		Contact No. (Office) T# Vehicle Number	59446224Z 5Gy4714h	
test No (Napile) IP Address to Description				B1276904	Contact No: (Home) OI Vehicle Number	NIL	AMIRUL B		Contact No. (Office) T# Vehicle Number Name of Postervey	3674714h	
tast No (Napile)  18 Address  to Description  trived	Insured Lability			B1275904 MCANIRUL94@H0TMAIL.COM	Contact No: (Home) OI Vehicle Number	NIL	AMIRUL B		Contact No. (Office) T# Vehicle Number Name of	3674714h	
tast No (Napile)  18 Address  to Description  trived	Preference  Figure Victoria Preference  Repair  Preference Workshop, Name unit	▼ GIA Barnioni		B1274904 MCAMIRUI 940+0TMAIL.COM FBC303847 5GY4714H CN 28	Contact No: (Home) OI Vehicle Number	NIL	AMERILL B		Contact No. (Office) T# Vehicle Number Name of Postervey	3674714h	
cast No (Mobile)  All Address  The Description	Preference Preferres Workshop, Name uni			B1276904 MCAMIRUR 940H0TMAIL.COM FBC3038H7 5GY4714H1GN 28	Contact No. (Home) OI Vehicle Number	NIL	AMBRUL B		Contact No. (Office) TP Venicle Number Name of Preferred Workshop	SGV4754H	
8 Address to Description corred safety safety safety Registered	* Repair Preferred Workshop, Name uni	v GIA GIA Received		B1274904 MCAMIRUI 940+0TMAIL.COM FBC303847 5GY4714H CN 28	Contact No. (Home) OI Vehicle Number Mar 2020	NIL	ANTRUA. B		Contact No. (Office) T# Vehicle Number Name of Postervey	3674714h	0
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Display in New Window Scan and upleasing



# 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 : 5107332093-01

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FBC3038H

Chassis Number

: 5YP008155

2. Name of Policyholder

: MUHAMMAD AMIRUL BIN JASNI

3. Effective Date of Insurance

: 31 Jan 2020

4. Expiry Date of Insurance

: 30 Jan 2021

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

INSURE WITH COE

N/A

NAMED DRIVER (1)

MUHAMMAD AMIRUL BIN JASNI

NAMED DRIVER (2)

AMIRUL NIZAM BIN JASNI.

HIRE PURCHASE COMPANY

A.S. PHOON PTE LTD

SUM INSURED

N/A

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

: A S PHOON PTE LTD (00000571911)

Date of Issue

: 31 Jan 2020 14:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive