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Owner / Driver: (Cover Type: ()
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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.
- 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 assue 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.
- 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.

aforesaid.	
BEAL PROPERTY OF THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	21/04/2020 10:05
Date Of Accident	20/04/2020 11:45
Exact Location Of Accident	OPEN SPACE CARPARK OF BLK 35 TELOK BLANGAH RISE
Country/State of Loss	SINGAPORE
activities the state of the local of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBC2395H
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AL SHAFIZ BIN MOHAMED SHAIB
NRIC No	SXXXX151J
Email Address	MUHAMMAD.AL.SHAFIZ1999@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92478259
Alternative Phone No	OTHERS-92478259
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YBR125-124CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5096445023-02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD AL SHAFIZ BIN MOHAMED SHAIB
NRIC No	SXXXX151J
Date Of Birth	22/02/1999
Occupation	OUTDOOR
Date Of Driving Pass	11/09/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92478259
Fax Number	20.30-404.04 (=4.650655) (1.5567650)
Contact Number	OTHERS-92478259
ALL AND THE PARTY OF THE PARTY	

MUHAMMAD.AL.SHAFIZ1999@GMAIL.COM

Address BLK 6 TELOK BLANGAH CRESCENT

#03-424

Postcode 090006

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

2.0

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident
Weather Conditions

CLEAR

SIDE SWIPE

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

If Yes,against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200420/2047 (TYPE OF COLLISION IS HEAD TO SIDE)

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

SJT9282U

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

MUHAMMAD MUZAMMIL BIN MOHAMED

NRIC/Passport Number

SXXXX743F

Contact Number

83994260

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD AL SHAFIZ BIN MOHAMED SHAIB

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBC2395H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.
- (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: 20/04/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

MODIL MARY

NRIC/FIN No .:

BIX 35 THISIC REDUCEDLY PEST OPEN CAPPARIC A) FBC 28954 B)SJ7 9282U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

20/04/2020 at about 1145hes, I was leaving the open
oce carpark of Blk 35 Telok Blangan Rise. As I was riding
y motorbike, out of a sudden, a Honda Vehicle (SIT 92824)
ove out fast from the lot turning left. I had no time to react
nd hit onto the right side of the vehicle, at the right front
rre -
ADATION

DECLARATION

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

Policyholder's Signature

Date & Time: 20/04 /2020

5:10pm.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

ACCIDENT STATEMENT

ACCIDENT DATE: (20 , 04) 2020 (DD/MM/YYYY), TIME: (11 : 45)(HH:MM)LOCATION: OPEN SPRE CARDARK OF BLK 35 TELOK BLANGAH RISE

	ENTERNISM DESCRIPTION OF ENTERNISM OF ENTERN	
1.	DETAILS OF VEHICLE	4 0
3.50	a) VEHICLE NUMBER: FBC 2395 LI	
	DINSURANCE COMPANY: NTUC INCOME	
	The second transcritted to the second	02
	d)POLICY TYPE: (COMPREHENSIVE (THIRD I	PARTY THIRD PARTY FIRE &THEFT)
	OMAKE & MODEL: YAMAHA YER	12.5
	IJTYPE: (SALOON / COUPE / MPV /VAN / LO	RRY (MOTORCYCLE) OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCYCLE)
	h]PURPOSE OF USING AT ACCIDENT TIME:_	
	I) ARE YOU CLAIMING UNDER YOUR OWN IN	ISURANCE (YES/NO)
	IF NO. PLEASE STATE (THIRD PARTY CLAIM /	REPORTING ONLY)
2.	INSURED / POLICY HOLDER	CHAIR
	AINAME: MUHAMMAD AL SHAFIZ BIN	MOHDMED (MALE / FEMALE)
	b)NRIC/FIN/PASSPORT: 89906(513	CONTACT: 92478259
	CIADDRESS: 6 IELOX BLANGAH CE	ESCENT 03-424
	S090006 ·	
and A	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
to of passanger	DRIVER AC MAN	
including driver)	GINAME: DISOUM	(MALE / FEMALE)
0	b) NRIC/FIN/PASSPORT:	CONTACT:
	c)ADDRESS:	
		D/MM/YYYY)
	e/OCCUPATION: (INDOOR / OUTDOOR)	ng v
240	HOSTE OF DRIVING PASS	
	WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER W.	
	g/WEATHER CONDITION; CLEAR / RAINING	
	DIROAD SURFACE: (DRY / MET / OTHERS	/ Offices
	WAS ANYBODY INJURED (YES / NO)	
	D)REPORTED TO POLICE (VES) / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATIO	William Tara.
8. 1	HIRD PARTY VEHICLE	Transfer of
(10)	a) VEHICLE NUMBER: STT 9282U	MODEL:
durding duliver)	b) DRIVER'S NAME: MUHAMMAO MUZAM	
7	c) NRIC/FIN/PASSPORT: 89214743F	CONTACT: 83994260
9. 1	HIRD PARTY VEHICLE	
	d) VEHICLE NUMBER:	MODEL:
A Proprietable	04 (745) CVA (14 2 0 CO) (14 0 CO) (15 CO)	
1 1 1 1	e) DRIVER'S NAME:	* V
duding driver)	e) DRIVER'S NAME:	CONTACT:

email = muhammad-al. shafiz 1999 @gmail.com.





Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

1 of 3 Report No. T/20200420/2047

REPORT	OF A	TRAFFIC	ACCIDENT
--------	------	---------	----------

Date/Time Report Made: 20/04/2020 16:30			Vide Report No.: Station Diary 48			
Informa	nt's Partici	ulars	Palit Steaming a	中下: 10 (20) (TREET OF ENDING)		
MUHAM MOHAM ID Type	Informant: IMAD AL SI IED SHAIB / ID No.: O / S99061	HAFIZ BIN	Address: APT BLK 6 TELOK BLANGAH SINGAPORE 090006 Contact No.: Home/Office:	H CRESCENT #03-424 Mobile: 92478259		
National			Email:			
Sex: Age: Date of Birth: Male 21 22/02/1999			Type of Informant: Rider			
Race: Indian Occupation: Crop Delivery Pider			Language: Institution / School Na			
			Driving Licence Information: Class: 2B 2A Date of Expiry:			

Seneral Infor	mation of the Acci			1+ 11 2
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/04/2020 11:45	Type of Location Car Park
Weather:	NGAH RISE	de Blk 35 Telok Blangah Road Surface: Dry	Rise	Road Speed Limit:
Clear Traffic Flow: One Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collis	sion: ving Vehicles - Hea			Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC2395H	Motorcycle	YAMAHA	YBR125	Black	Seriously Damaged	Ó
SJT9282U	Car					1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC2395H	NTUC Income Insurance Co-Operative	5096445023-02	11/01/2020	10/01/2021





2 of 3

Report No. T/20200420/2047

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

CONTINUATION OF REPORT

	ivolved: No						
No. of Pedestrian	s Injured: NIL		Use of Peo	Pedestrian Crossing: NA			
Rider							
Name	MUHAMMAD AL SHAFIZ BIN MOHAMED SHAIB			ID No.		S9906151J	
Related Vehicle	FBC2395H (Motorcycle)			Conta	ct No.	92478259	
Hospital/Clinic				Class of Driving Licence & Expiry Date		Class: 2B,2A Date of Expiry: NIL	
Date Treatment				Date Discharge 20/04/			
No. of Days gran	ted Medical Leave	04	Degree of	Injury	Slight		
Driver					11111	30m分份份后注意。	
Name	MUHAMMAD MUZA YUSOFF	MUHAMMAD MUZAMMIIL BIN MOHAMED YUSOFF			¥	S9214743F	
Related Vehicle	SJT9282U (Car)	SJT9282U (Car)			ct No.	83994260	
Hospital/Clinic	NIL	Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL			
Date Treatment	NIL		Date Disc	-	NIL		
No of Days gran	ted Medical Leave	NIL	Degree of		NIL		

Brief Details.

On 20/04/2020 at about 1145hrs, I was leaving the open space carpark of Blk 35 Telok Blangah Rise after my delivery. As I was riding my motorcycle out, out of a sudden, a Honda Vehicle (SJT9282U) drove out fast from the lot turning left. I had no time to react and hit onto the right side of the vehicle, at the right front tyre area. I did not fall down however I suffered pain at my left shoulder area due to the accident. No one was injured at that point of time. No visible injuries at the driver or his passenger. He came out and we exchanged particulars. He insisted that it was not his fault. Due to the accident, my motorbike was seriously damaged. I called the police and they advised me to lodge a Police report. I went to seek medical treatment at Alexandra Hospital and received 4 days of medical leave.





Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

. 3 of 3

Report No. T/20200420/2047

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 /
Sr Staff Sgt VIGNESWARAN MEENATCHI SUNDARAM SHANMUGANATHAN

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

Signature Of Informant:

Date/Time:

20/04/2020 16:30

Classification Of Case:

	5096445023-02	Valida Wa	(I Doday) (ice)	Valve-sull	
Circl/ficate No.	THE PROPERTY OF THE PARTY OF TH	Vehicle No.	FDCI39SH	GRT Registration No.	
Policyfelder Name	MUNAMMAD AL SHAPIZ BIN MOHANED S	man			
Product Civile	HISTORICHICLE INSURANCE	Cover Type	Third Party	Philography Wild	999061503
Contact No. (Mobile)	92476296	Contact No.(Office)	Tris rang	Loading	0)
Small Address		Special Remark		Contact tea.(Heme) eCode	
KPK.	n fre Tes	TEA	+ Ne Yes	vCnde Ressum	110 *
NCS Protection	700	NCD Entitlement(%)	15	Private Hes	17 No.
♥ Accident Details				12/25/4/2004	100
Report Dava	21/04/3020 10/34	Accident Report William 24 top-	Yes	Accident Type	Others
THE OF ASSISTANCE	26/04/2020	Time of Academ Intimus	11:45	Country of Accident	Singapore
Reporting Centra		Otange Fircos		20M No.	and above
Accident Location Total Excess Applicable	OPEN SPACE CARPHILE OF BLK 35 TELOK	BLANGAH RISE			
Сагана Туре					
	Per Accident	Windhoreen Ealiese			
00 Standard Excess	1.00	TP titlanderst Excess			
VIED DO Excess	0.00	VIED 79 Excess	(6.00)		
Additional Excess	770	100000000000000000000000000000000000000	1.00	Driver is Circeted?	Not Covered
Total CO Escury Application	0.00	Total TP Excess Application:	162-au 1		
W Benefite		1000100-00000-000-000-000-000-000-000-0	0.00		
₩ GST Registered Informa	tion				
ST Registered	Net		GST Registretion Siete		
ST Registration No.			QSF Status Verified	Tes	
lodfication History				144	
The Bullion Control of the Control	ATRICUTO				
Policyholder Malling Adv					
Address 3	DLK 6 103 HZ4	Address 2	TELON BLANGAH CHESCENT	Address T	POUNT PARKS SHEEN
Intt No.	SINEAPORE 090009	Алстин Турц	Singloone ait/iness	Post Cade	Waltock
♥ Of Driver Infa	92-434	Related Palicy flumber	5896465023-92		
Invertione	HUHAHMAD AL SHAFTZ BIN MOHUMED SH	110			
Innemed driver Warne	The formation and street and section and s	1013 (S.1938) 1953	Main Driver		
Register Date of Driver Upping	\$1/09/2017	Driver NRAC	399061513	Driver DOS	22/02/1994
Contact No.(Mobile)	82478250	Driver Age Contact No. (Office)	21	Driving Experience	2
iddress 1	BLK 6 FILE-434	Address 3	war and the control of the control o	Contact No.(Home)	
Address 4	SINGAPORE 090056	Allorens Type	THLOK BLANGAH CHENCENT	Address 3	MOUNT FARER GREEN
int to.	0.3-424	Value of the last	Singapora addrese	Post Code	090006
Ges he own a Singapore.	Yes a No	Denies Versich Die	en emple son	LINERGIA DESCRIPTIVA MARIENE	
Sees he own a Simpapore Registered car?	Yes ~ 60	Driver Versicle fee.	FRC2365H	Other Disuser Company	NTAC
Ges to own a Singapore legistered car? historium Sinathalyses or Bland Test leasing?	Yes = No	Driver Venucle No. Any many)	FRC2365H	Onser Insurer Company	NTUC
Miclaratium Smathables or Bland Test				Orner Brazer Company	NE
Nichration Swatthalyter of Bland Test leading? MidRigation matory Claim 803 OS-MX have					HE
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registered cary inclaration insufficience of Bland Test leading? Claim IIO2 Oti-MX how them Tope 4 centact We (Mapple)			Three is then	* Insured MUNAMMAD AL SP Consect No. (Huma) Of FECOSODA	OPTZ BIN MO INSUME SEPONISTZ NATIC NATIC (Office)
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GeneralClaim

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* Change Language + Change Password · Log Out **Policy Query** Policy No. Date of Accident 20/04/2020 10:18 Vehicle No.(For Motor) FBC2395H Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Select Policy No. Vehicle Insured Product Cover Type Expiry Date Object MUHAMMAD AL SHAFIZ BIN MOHAMED SHAIB 5096445023-02 599061513 GMC Third Party FBC2395H FBC2395H 11/01/2020 10/01/2021

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