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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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 witholding of material facts may allow insurance companies to
- 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.

- 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

THE MANAGEMENT AND ADDRESS OF THE PARTY OF T	of the report being made available
Date Of Report	ACCIDENT STATEMENT
Date Of Accident	20/04/2020 15:09
Exact Location Of Accident	17/04/2020 15:20
Country/State of Loss	ALONG LOWER DELTA ROAD
Country/State of Loss	SINGAPORE
Vahirla Pagistestiaa N	DETAILS OF OWN VEHICLE
Vehicle Registration Number Insured/Policyholder	FBN7775D
Name Of Registered Owner NRIC No	MOHAMAD MUSTAFA BIN MOOSA
	SXXXX987C
Email Address	MUSTAFAMOOSA95@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81250607
Alternative Phone No	OTHERS-81250607
Vehicle Particulars	
Manufacturer	YAMAHA
Model	MT-03 ABS (MTN320-A)-321CC
Exact Purpose for which vehicle was being used time of accident	at ON THE WAY HOME
Are you claiming under your own insurance polic for repair to your vehicle?	cy NO
If No, Please state action to be taken	REPORTING ONLY
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	5106429757-01
Cover Note Number	
Driver	
Name of Driver	MOHAMAD MUSTAFA BIN MOOSA
NRIC No	SXXXX987C
Date Of Birth	25/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	30/05/1992
Oriving Experience	27 YEARS AND 10 MONTHS
Sender	MALE
Mobile Number	(LOCAL) +65-81250607
ax Number	(ESSAL) 100-01200007
Contact Number	OTHERS-81250607
Mail Address	MUSTAFAMOOSA95@GMAIL.COM

BLK 40 JALAN RUMAH TINGGI Address

#11-270

Postcode 151040

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 - 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) 2

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT MERAH WEST NPC

ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682. Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200417/2032

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

FX7731E

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

87488728

Address

Postcode:

Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SH7387X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 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.
- 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:

10-10Am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Perso

Name:

NRIC/FIN No.:

Date & Time:

-Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 17 / 4 /26 20 (DD)	MMOYYVI TIMBULE 20
LOCATION: LOWER DELTA R	PD (HH:MM)
DETAILS OF VEHICLE OJVEHICLE NUMBER: FBN 77 DJINSURANCE COMPANY: NTUC CJPOLICY NUMBER: 51064297	75 D
1) TYPE: (SALOON / COUPE / MPV / VAI 9) VEHICLE CATEGORY: (PRIVATE / CO h) PURPOSE OF USING AT ACCIDENT TO I) ARE YOU CLAIMING UNDER YOUP OF IF NO. PLEASE STATE (THIRD PARTY CL 2. INSURED / POLICY HOLDER A) NAME: MO HOMOR MUSTRE b) NRIC/FIN/PASSPORT: 5 16 9 9 9 8 2 C) ADDRESS: BLK 40 #11-2	MMERCIAL (MOTORCYCLE) ME: ON LUA HOME WN INSURANCE (YES/NO) AIM / REPORTING ONLY) A BIN MOGEN (MALE / FEMALE) CONTACT: 81250601
*d)DATE OF BIRTH: (25 /09 /1965) ### ### ### ### ### ### ### ### ### #	J(DD/MM/YYYY) FEB 1986 NSURED'S COMPANY? (YES / (NO)) R WITH INSURED: OF NEE NG / OTHERS
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Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Report No. T/20200417/2032

1 of 3

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

	ne Report I 020 16:16	Made:	Vide Report No.: A/20200417/0080	Station Diary No.: 39		
Informa	nt's Partic	ulars				
	f Informant: IAD MUSTA	AFA BIN MOOSA	Address: APT BLK 40 JALAN R 151040	UMAH TINGGI #11-270 SINGAPORE		
Control of the Control	/ ID No.: O / S16999	87C	Contact No.: Home/Office:	Mobile: 81250607		
National SINGAP	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age: 54	Date of Birth: 25/09/1965	Type of Informant:			
Race: Javanes	ie .		Language:	Institution / School Name:		
Occupat FOOD D	tion: DELIVERYN	IAN	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:			

General Inform	mation of the Accident			
Type of Accident:	Injury Conveyed By Ambuland	Drink Drive: No	Date/Time of Accident: 17/04/2020 15:20	Type of Location: T-Junction
LOWER DEL' JALAN BUKIT ALONG LOW LOWER DEL'	T MERAH /ER DELTA ROAD TOWARD TA ROAD		IT MERAH, T-JUNCTIC	DN OF AYE AND
Weather: Clear	R	oad Surface: ry	1	Road Speed Limit:
Traffic Flow:	Tr	affic Control:		Traffic Volume:
Type of Collis Between Mov	ion: ing Vehicles - Head To Side			Anyone conveyed by ambulance: Yes

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBN7775D	Motorcycle	YAMAHA	MT-03 ABS (MTN320-A)	Silver	Slightly Damaged	0
FX7731E	Motorcycle				Seriously Damaged	0
SH7387X	Car				Slightly Damaged	0





2 of 3

Report No. T/20200417/2032

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

CONTINUATION OF REPORT

Details of V	ehicle insurance			
Vehicle No.	Insurance Company	Insurance No	C#Feetles	
FBN7775D	NTLIC Income Insurance Co. O	Trisdi Birce Ivo	Effective	Expiry Date
C2//00////////	NTUC Income Insurance Co-Operative Limited	5106429757-01	17/12/2019	16/12/2020

Details of Perso				ENGE !	SPACE	Chicago Inches de la company	
Any Pedestrian I	nvolved: No						
No. of Pedestria	ns Injured: NIL		Lico of F	Ondental.	- 0		
Rider			USE OF P	Pedestria	n Cross	sing: NA	
Name	MOHAMAD MUSTA	EA DINIAM	2004	1 1000			
TA CONTRACTO	WOLLY WIND MICH IN	ALM BIN MIC	JUSA	ID No).	S1699987C	
Related Vehicle	EDNI777ED (MAL)						
Troidica Vollicie	FBN7775D (Motorcycle)		Conta	act No.	81250607		
Hospital/Clinic	600	.					
1 Tospital/Clinic	NIL				of	Class: 2B,2A,3	
				Drivin	g	Date of Expiry: NIL	
					ce &		
-					Date		
Date Treatment	NIL		Date Die	scharge			
No. of Days gran	ted Medical Leave	NIL			NIL		
11:		1 1 1 1 1 1	Degree	of Injury	NIL		

Brief Details.

On 17/04/2020 at about 1520hrs, I was riding my motorcycle bearing car plate number FBN7775D travelling along Lower Delta Road towards Jalan Bukit Merah on the left lane. When approaching the Tjunction of AYE and Jalan Bukit Merah, the traffic light was green and I continued to travel along Lower Delta Road, A 'Comfort Delgro' taxi bearing car plate number SH7387X suddenly inch out of the filter lane. I managed stop my motorcycle in time however my front tires grazed against the front right bumper of the taxi. A motorcycle bearing car plate number FX7731E could not stopped in time and collided onto the rear of my motorcycle causing myself and my motorcycle to fall on the right. I wished to inform that I did not sustain any injury, however my motorcycle right mirror and rear mudguard were cracked, scratches on front car plate and the rear car plate and the top box rack were bend. The taxi sustained minor scratches on the front right bumper from my motorcycle tires. I also wished to inform that traffic police and ambulance were at scene and there was no government property damaged.





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 Tel No: 1800-3779999 3 of 3 Report No. T/20200417/2032

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: D / Sgt 3 TEO JIA SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/04/2020 16:16
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN	Classification Of Case:
Contact No.: 65476170 Authentication Stamp	59 47 1

Claim Handling

PORCY NO.										
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Report Date	30/04/3030 37:39	Accident Report Within 24 les	769		Remains	Tone				
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Finite Date



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 (MAILANGE)

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

FOAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5106429757-01

Cover : Third Party, Fire & Theft

Index mark and Registration Number of Vehicle

: FBN7775D

Chassis Number

: MH3RH125000009356

2. Name of Policyholder

3. Effective Date of Insurance

: MOHAMAD MUSTAFA BIN MOOSA

3. Effective date of insurance

: 17 Dec 2019

Expiry Date of Insurance

: 16 Dec 2020

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 MUSTAFA BIN MOOSA

NAMED DRIVER (2)

N/A

HIRE PURCHASE COMPANY

N/A

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

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 02 Dec 2019 21:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive