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The Particulars Veh Nor SM	R.4961B.	, INC(	)/Non-MC( ).	
Owner / Driver: (			Tel:	
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1) Apply for Transport Allowance ( )/C	Courtesy Car (	)		
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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.
- 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 wilholding 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.

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.	to de activity of this report at the contro and to copies of the report being made available
Charles and the second of the	ACCIDENT STATEMENT
Date Of Report	29/04/2020 14:55
Date Of Accident	27/04/2020 14:00
Exact Location Of Accident	TOH GUAN RD EAST OUTSIDE ENTRANCE ENTERPRISE HUB
Country/State of Loss	SINGAPORE SINGAPORE
THE PARTY OF THE P	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FZ8375H
Insured/Policyholder	
Name Of Registered Owner	MOHAMED HAFIZ BIN SYED MAIDEEN
NRIC No	SXXXX433I
Email Address	ELSON@EQUIPMENTEXTREME.COM
Mobile Phone No	(LOCAL) +65-91864424
Alternative Phone No	OTHERS-91864424
Vehicle Particulars	NEW DOWNLOAD TO THE TOTAL TO TH
Manufacturer	HONDA
Model	CB400-399CC
Exact Purpose for which vehicle was being used at time of accident	
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	5107314817-01
Cover Note Number	
Driver	
Name of Driver	MOHAMED HAFIZ BIN SYED MAIDEEN
NRIC No	SXXXX433I
Date Of Birth	03/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2017
Oriving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91864424
ax Number	ALCONOMICS OF THE STATE OF THE
Contact Number	OTHERS-91864424
Surperior acceptance of the control	

ELSON@EQUIPMENTEXTREME.COM

BLK 251 JURONG EAST STREET 24 Address

#04-112

600251

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

Postcode

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? YES

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name JURONG EAST NEIGHBOURHOOD POLICE CENTRE

ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791

1

YES

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200427/2082

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

SMR4961B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KELVIN PHAN CHONG SENG

NRIC/Passport Number SXXXX442E Contact Number 96615540

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# DETAILS OF INJURED PERSON 1

Name

MOHAMED HAFIZ BIN SYED MAIDEEN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FZ8375H

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.
- 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
- (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: 29/4/20 1331 lass

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.

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

Policyholder's Signature Date & Time: 29/4/2020

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature
Name:
Name:
NDIC/EIN NO.

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 4 / 2020 1(DD)	MM/YYYY) TIME-( 14 00 MINISTER
LOCATION: Toh Guen Rd East Ent	erprise Hub
1. DETAILS OF VEHICLE	W
· a) VEHICLE NUMBER: FZ 8375	н .
	Tuc
CIPOLICY NUMBER: 5107314817-0	
dipolicy type: Icouppetition	
1,000 CD+00	HIRD PARTY / THIRD PARTY FIRE & THEFT)
F)TYPE:(SALOON / COUPE / MPV // A)	N/IOPPY MOTOR CHAIR
DIPURPOSE OF USING AT A CORP.	CORRI (MOTORCYCLE) OTHERS)
DARE YOU CLAIMING HINDER YOUR	MMERCIAL / MOTORCYCLE)
IJARE YOU CLAIMING UNDER YOUR O	ME: 10 go Bifeshop pay installment
IF NO. PLEASE STATE (THIRD PARTY CL	WN INSURANCE (YES/RO)
2. INSURED / POLICY HOLDER	AIM / REPORTING ONLY)
AINAME: Mohamed Hafiz bin Sye	Walley S
bjnric/fin/PASSPORT: \$74074337	The state of the s
C) ADDRESS: BIK 251 Jurong East	CONTACT: 9186 4424
ST SWING EAST	St 24 #04-112 600251
* CONTINUE TO 3.d IF DRIVER ALSO PO	NOV.
Charleton Civil Civ	
(Including driver) allNAME: Mohamed Hotiz bin Syed N	A CONTROL OF THE PROPERTY OF T
(51) bINRIC/FIN/PASSPORT: 514074331	A TOTAL A TOTAL A LONGING CO.
(21) DINRIC/FIN/PASSPORT: S94074331 CIADDRESS: BIK 251 Jurong East St	CONTACT: 91864424
7	
*d)DATE OF BIRTH: 1 03 / 03 / 1444	VDDANIAGGGG
	JIDD/MM/TTTT)
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O. WAS ANYBODY IN HIRED (YES CHO)	
7. DIREPORTED TO POLICE (YES) NOT	
IF YES, PLEASE STATE WHICH POLICE STA	ATION: JUYOU FAST NI D.
8. THIRD PARTY VEHICLE	TION, GET OF N.T.C
THE PASSIMARY OF VEHICLE HILLIAMS CHE HALLE	MODEL
(   Selving driver ) b) DRIVER'S NAME: Kelvin Phon Chou (   Fz ) C) NRIC/FIN/PASSPORT: S6823442 E	MODEL:
(F2) C) NRIC/FIN/PASSPORT: S6823442 E	CONTACT:
The string of th	CONIACI:
No of passanger of VEHICLE NUMBER:	MODEL:
Industry de - O DRIVERS NAME	
NRIC/FIN/PASSPORT:	CONTACT
(_)	
P. C. C.	

Chail = Elson @ equipmentextreme.com VIDBO





1 of 3

Report No. T/20200427/2082

Police Station Of Origin:

Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

MMMM MM	OF A	ALM V MMIN	ACCIDENT
REPUBLIS	1 1 H A	I RAFFIL.	ACCURE NO

Date/Time Report Made: 27/04/2020 21:29			Vide Report No.:	Station Diary No.: 61			
Informa	nt's Partic	ulars					
	Informant: IED HAFIZ N		Address: APT BLK 251 JURONG EAST STREET 24 #04-112 SINGAPORE 600251				
ID Type / ID No.: NRIC NO / S94074331			Contact No.: Home/Office: Mobile: 91864424				
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Male	Age: 26	Date of Birth: 03/03/1994	Type of Informant: Rider				
Race: Indian			Language: English	Institution / School Name:			
Occupation: SMRT ASSISTANT STATION MANAGER			Driving Licence Information: Class: 2B,2A	Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/04/2020 14:00	Type of Location Straight Road		
Location: Along Road 1 TOH GUAN F		e Hub				
		Road Surface: Dry		Road Speed Limit: 50 Km/h		
Traffic Flow: Traffi		Traffic Control:		Traffic Volume: Light		
		Not Controlled		Light		

Details of V	ehicle Involve	d		ar could be		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FZ8375H	Motorcycle	HONDA	CB400	White	Slightly Damaged	0
SMR4961B	Car				Slightly Damaged	1

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FZ8375H	NTUC Income Insurance Co-Operative Limited	5107314817-01	16/02/2020	15/02/2021		





2 of 3 Report No. T/20200427/2082

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

### CONTINUATION OF REPORT

No. of Pedestrian	ns Injured: NIL		Use of Pe	Use of Pedestrian Crossing: NA				
Rider								
Name	MOHAMED HAFIZ BIN SYED MAIDEEN			ID No		S9407433I		
Related Vehicle	FZ8375H (Matorcycle)			Conta	ct No.	91864424		
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class Drivin Licend Expire	g	Class: 2B,2A Date of Expiry: NIL		
Date Treatment	27/04/2020		Date Dis	Discharge 27/04/2		/2020		
No. of Days gran	ted Medical Leave	04	Degree o	of Injury	ury Slight			
Driver	3.71.51	11-1-11						
Name	Kelvin Phan Chong	Seng		ID No.		S6823442E		
Related Vehicle	SMR4961B (Car)			Contact No.		96615540		
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Dis	charge	NIL			
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury	NIL			

### Brief Details.

On the 27.04.2020 at about 2.00pm, I was riding my M/cycle FZ8375H along Toh Guan Road East from Toh Guan Road and as I was about to reach the entrance of Enterprise Hub. I slow down my M/cycle and signal right with the intention to check for on coming traffic from the opposite road before turning into Enterprise Hub. When I was opposite the entrance, I saw a vehicle SMR4961B stopping at the entrance. signaling right as he was exiting Enterprise Hub. As there is no traffic from the opposite road, I move my M/cycle forward as I wanted to turn into Enterprise Hub, when the said vehicle without any warning moved forward onto the road of Toh Guan Road East and the front of his vehicle hit onto the right of my M/cycle. I then fell onto the ground but managed to stand up on my own and I sustained some abrasion on my right arm. The Chinese driver then came out of his vehicle to check if I am ok. At that time I am still feeling ok and after we exchanged particulars, the driver left the scene. Subsequently I felt pain on my body and I proceed to NUH to seek treatment and was given 4 days MC.





3 of 3

Report No. T/20200427/2082

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No. 1800-8999999

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.

D / SI CHEONG SIN EE, ALFRED	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/04/2020 21:29
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

Accident MY/1882026 Policy No.									
Partition of the Partit	9107314817-01	Vehicle No.	F23379+		057 Nac	Patriation No.			
Cartificate No.					0.2000.000	G(C)GWC104)			
Policyholder Name	MUHAMUU HAFIZ BIN SYED MAJDIENI				Pulicano	ider NRIC		204024231	
Preshult Gode	HOYOKCYCLE INSIRANCE	Cover Type	Thing Party, Free	& Treff	analey.			01	
Contact No. (Minute)	111004424	Contact No. (Office)			Circled:	No. (Humit)			
tmet Address:	- Select (1982)	Special Remark			(Catt)			ho *	
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- Accident Dataile	No.	NCO Entrament(%)	20		PTYRANGE	ire		bio.	
Saport Daie	29/04/2020 15/89								
Date of Accident	27/94/2020	Accident Report Within 24 fee	Yes		Acolem			Different Major	Minor Road
Reporting Cerbia	- 4043 K444	Title of Accelent Minimin Change Force	14.00			of Accident		Singapore	
Acceptory Locations	TOH GUAN HE BAST OUTSIDE ENTINACE SH				SCH NO.				
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Beinss Type	Pay Accident	Windstreen E-Cess							
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Pullcyhulder Mailing Add	Printe)								
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Address 4		Address Type	Singapore authes	16	Post Cod			0.00253	
INT ROOM	0+117	Beliebed Policy Nymner	5097314817-01						
- Of Delvie bits									
Driver Name Uhrtamati driver Name	MINIAMES HAFIZ BIN SYED MAIDIEN	Direct Type	Harr Driver						
Hegister Optic of Dynam Liberies	16/06/2016	Driver ARIC Sinver Age	59407933		Onser Di			C3/(2/1494)	
Cortect No. (Michile)	8186404	Contact No. (Difficul)	26			spenerus W. (Worse)		1	
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Declaration									
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## 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 : 5107314817-01

Cover : Third Party, Fire & Theft

Index mark and Registration Number of Vehicle

: FZ8375H

Chassis Number

: JH2NC39975M100040

2. Name of Policyholder

3. Effective Date of Insurance

: MOHAMED HAFIZ BIN SYED MAIDEEN

4. Expiry Date of Insurance

: 16 Feb 2020

: 15 Feb 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

EXCESS (THEFT OUTSIDE SINGAPORE)

PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: MOHAMED HAFIZ BIN SYED MAIDEEN

NAMED DRIVER (2)

1 N/A

HIRE PURCHASE COMPANY

: SPEEDWAY MOTOR 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

: AXIS LINK PTE LTD (00000614797)

Date of Issue

: 03 Feb 2020 21:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive