

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 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. 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 | 14/07/2020 16:27 |
| Date Of Accident | 14/07/2020 10:50 |
| Exact Location Of Accident | BLK 392 YISHUN RING ROAD CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | FBL4882H |
| Insured/Policyholder | |
| Name Of Registered Owner | IZ BIKE RENTAL |
| Co Reg No | 5XXXX075B |
| Email Address | IZBIKERENTAL@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-92335454 |
| Alternative Phone No | OFFICE-88084536 |

Vehicle Particulars

| | |
|--|-------------------|
| Manufacturer | YAMAHA |
| Model | SNIPER T150-150CC |
| Exact Purpose for which vehicle was being used at time of accident | DOING DELIVERY |
| 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 | 5115441985 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------------|
| Name of Driver | MOHAMAD SHAH REEZA BIN ABDUL HAMID |
| NRIC No | SXXXX075D |
| Date Of Birth | 09/08/1987 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 10/03/2007 |
| Driving Experience | 13 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92335454 |
| Fax Number | |
| Contact Number | OTHERS-88084536 |
| Email Address | MOHAMADSHAHREEZA@GMAIL.COM |

| | |
|---|-------------------------------------|
| Address | BLK 427 YISHUN AVENUE 11 #03-602 |
| Postcode | 760427 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - - - |
| Insurance Company of Driver's Own Vehicle | - - - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| 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? | 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 | RIVER VALLEY NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2789999 - FAX NO: 62786427 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200714/2067

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 | PC5828R |
| Vehicle Make/Model/Colour | TOYOTA HIACE |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| 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 SHAH REEZA BIN ABDUL HAMID |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | FBL4882H |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:

14/07/2020
1618hr



Driver's Signature

(If driver is not the policyholder)

Date & Time:

14/07/2020
1630hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

14/07/2020
Kee Wei Joon

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO TRUCK REPORT T/20200714/2067

DECLARATION

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

Policyholder's Signature
Date & Time:

ISSUANCE SLIP/REPORTING SLIP

Driver's Signature
(If driver is not the policyholder)
Date & Time:
14/07/2020
1630hrs

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200714/2067

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

1 of 4
Report No. T/20200714/2067

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 14/07/2020 15:45 | | Vide Report No.: | | Station Diary No.: 16 | |
| Informant's Particulars | | | | | |
| Name of Informant: MOHAMAD SHAH REEZA BIN ABDUL HAMID | | | Address: APT BLK 427 YISHUN AVENUE 11 #03-602 SINGAPORE 760427 | | |
| ID Type / ID No.: NRIC NO / S8724075D | | | Contact No.: Home/Office: Mobile: 88084536 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 32 | Date of Birth: 09/08/1987 | Type of Informant: Rider | | |
| Race: Boyanese | | | Language: English | | Institution / School Name: |
| Occupation: SAFETY OFFICER | | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------------------|------------------------------------|---|--|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 14/07/2020 10:50 | Type of Location: Car Park |
| Location: Along Road 1 YISHUN RING ROAD within the carpark vicinity near to Blk 392 Yishun Ring Rd. | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|----------------|-------|---------------------|-----------------|
| FBL4882H | Motorcycle | YAMAHA | SNIPER T150 | White | Slightly Damaged | 0 |
| PC5828R | Van | TOYOTA | HIACE | Grey | No Damage | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200714/2067

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20200714/2067

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------------------|--|---|
| Rider | | | |
| Name | MOHAMAD SHAH REEZA BIN ABDUL HAMID | ID No. | S8724075D |
| Related Vehicle | FBL4882H (Motorcycle) | Contact No. | 88084536 |
| Hospital/Clinic | YIM CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 14/07/2020 | Date Discharge | 14/07/2020 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | One male Chinese | ID No. | NIL |
| Related Vehicle | PC5828R (Van) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

I am the abovementioned and has rented the said motorcycle (FBL4882H) from the rightful owner since 25th February 2020.

The owner's details are as follows:-

Boo Chin Leong
S7520962B
Blk 119C Kim Tian Rd
#04-228
C/no:-90018711(hp)

On 14th July 2020 at about 1050hrs, I encountered an accident while riding his motorcycle (FBL4882H). While I was about to exit the carpark of Blk 392 Yishun Ring Rd, I saw a van (PC5828R) which was entering into the carpark at that time. The accident happened before I reached the exit barrier of the carpark. I wish to state that the turning gradient of the carpark entry was rather narrow. I saw the van moving towards me and cutting into my lane. As I was trying to avoid going head-on with the van (PC5828R) , I then lost control of the motorcycle and as a result sustained a fall after the van move in. I am also unsure how many passengers are in the van at that time. I believe it is a school passenger van.

The damages to the motorcycle are as follows:-

- 1) Front fork bent
- 2) Mounting on the fork damaged
- 3) Broken clutch lever
- 4) Some scratches on the body and handle.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200714/2067

Police Station Of Origin:
River Valley NPP
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3 of 4

Report No. T/20200714/2067

CONTINUATION OF REPORT

I then called for Police assistance at scene and the officer advised me to lodge an accident report to claim insurance against the said van driver.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200714/2067

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

4 of 4

Report No: T/20200714/2067

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:

E /

Staff Sgt NORMAN BIN JALAL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/07/2020 15:45

Officer In Charge Of Case:

TP / GIT /

Sgt 3 ABDUL MUHAJMIN BIN HUSSAIN

Contact No.: 65476845

Classification Of Case:

Authentication Stamp

NP168

RENTAL AGREEMENT

IZ BIKE RENTAL

Reg No. S34070 P08

TEL: 88881111, 88888888

Motorcycle Rental Agreement

| Particulars of Hirer | |
|----------------------|---|
| Name | MOHAMMAD SHAH RIZZA BIN ABDUL HAMID |
| NRIC / PRN / FIN | 387240750 |
| Address | BLK 427, YISHUN AVENUE 12, #01-602 SINGAPORE, 760427 |
| Date of Birth | 9 August, 1997 |
| License Exp. Date | 10 March, 2007 |
| License Issue Date | 30 March, 2007 |
| Contact Number | 88084536 |

| Vehicle Details | |
|-----------------------|-------------------|
| Registration Number | FB1488DH |
| Registration Date | 15/12/2016 |
| Make / Model | YAMAHA SUPER T15R |
| Colour | White |
| Engine Number | 5HE40229559 |
| Chassis Number | MN3UG978000005417 |
| IJ Number | 714620110 |
| OUT Date | 25-02-2020 |
| OUT Time | 1930hr |
| OUT Mileage | |
| OUT Fuel Level | |
| OUT Defects (If Any) | |
| IN Date | |
| IN Time | |
| IN Mileage | |
| IN Fuel Level | |
| IN Defects (If Any) | |
| Delivery of Vehicle | |
| Collection of Vehicle | |

The above Hirer and Additional Driver(s) agree to lease the abovementioned vehicles from IZ Bike Services and be liable for all Damages, Repairs, Insurance Excess, Accident Liability & Traffic Offences/Summons incurred during the rental period. Hirer & Additional Driver(s) agree to and accept the following Terms & Conditions:

- 1) Vehicle rental Rates at \$400 per (Day/Week/Month), to be paid at \$400 weekly/monthly.
- 2) Minimum Rental Period of 1 Day/Week/Month, Failing Which Deposit Will Be Forfeited.
- 3) Rental Period of 1 Day/Week/Month.
- 4) To Pay A Deposit of \$100. During The Term Of This Agreement, to defray fully or partially the cost of necessary repairs, insurance excess or replacement. Deposit is Fully Refundable At The End Of The Rental Period Up To A Maximum Of 3 Days. As Long As The Rental Agreement is Adhered To And There is No Outstanding Monies Owed & Issues Not Settled (Repairs/Damages/Summons/ETC).
- 5) To Bear the Insurance Excess of \$1500 & Accident Liability of \$3500 in the event of any insurance claim. If Hirer or Driver is below 22 years old and/or has a less than 2 years license, the Insurance Excess will be doubled.

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTOOD & AGREE THAT THE RENTAL OF THE ABOVEMENTIONED VEHICLE BY IZ BIKE RENTAL TO YOU IS GOVERNED BY THE TERMS OF THIS RENTAL AGREEMENT STATED ABOVE (THIS PAGE) & THE GENERAL DEFINITIONS, STANDARD TERMS & CONDITIONS OF THE RENTAL AGREEMENT OVERLEAF (NEXT 2 PAGES, TOTAL OF 3 PAGES)

| | |
|-------------------------------|-------------------------------|
| HIRER Sign (Co. Stamp) & Date | Mohamed Shah Rizza 25/2/20 |
|-------------------------------|-------------------------------|

| | |
|----------------------|------------------|
| IZ BIKE RENTAL | |
| Name: Bao Chin Leong | Signature & Date |
| NRIC: SPS29628 | 25/2/20 |



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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