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P Particulars: Veh No: S	YG 1127G	. INC() / Non-INC	()		-
Owner / Driver: (211211		Tel:			
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Insured/Driver Liability: (%)	[Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%	. It; 80-100	Ys]	
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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.
- 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.
- 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.

	ACCI	DEN'	T STA	ATEM	IENT
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Date Of Report 01/08/2020 17:25
Date Of Accident 30/07/2020 15:35

Exact Location Of Accident ALONG BUKIT BATOK RD TOWARDS PIE TRAFFIC LIGHT

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBD6820R

Insured/Policyholder

Name Of Registered Owner MOHD REIFAN AFIQ BIN MOHD RAMLI

NRIC No SXXXX156E

Email Address FULLSTOP423@GMAIL.COM

Mobile Phone No (LOCAL) +65-97990353

Atternative Phone No OTHERS-97990353

Alternative Phone No Vehicle Particulars

Manufacturer YAMAHA

Model X-1R-135CC (M)

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

PRIVATE USE

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 5105694536-01

Cover Note Number

Driver

Name of Driver MOHD RIFQI ANIQ BIN MOHD RAMLI

 NRIC No
 TXXXX322D

 Date Of Birth
 08/01/2002

 Occupation
 OUTDOOR

 Date Of Driving Pass
 06/07/2020

Driving Experience 0 YEAR AND 0 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97990353

Fax Number

Contact Number OTHERS-97990353

EMail Address FULLSTOP423@GMAIL.COM

Address

BLK 406 BUKIT BATOK WEST AVENUE 7

#03-36

Postcode

650406

Postcode

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

YES

ambulance?

hii 50°

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

7500

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

NANYANG N.P.C

Police Station Address

ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7929999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200731/2094

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

SLG1137D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Name MOHD RIFQI ANIQ BIN MOHD RAMLI Approximate Age Injuries Sustain SLIGHT Injured person in which vehicle? FBD6820R Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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
 - 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:
 - 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:

Driver's Signature

(If driver is not the policyholder) Date

& Time:

Reporting Centre Personner's Si

Name:

NRIC/FIN No.:

Bukit Botok Rd.
TEDESO -
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT A) FBD 6820R B) SLG 1137D
As a police Report 1/20200 731/2094

DECLARATION

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

Policyholder's Signature Date

& Time:

Driver's Signature

(If driver is not the policyholder) Date

& Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Email: sm@idac.com.sg Tel no: 6555 6888
*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 30 / 07/2020 (dd/mm/yy	y) Time of Accident: 15:35 (24-HR-FORMAT)
Vehicle No.: FBD 6820 R Vehicle	Make & Model:
Exact location of Accident: Bykit	Batok Rd
Policyholder's Name / IC No. : Mohd /	Reifan Afig Bin Mohd Ramli 59936156E
Driver's Name / IC No.: Mohanmed	Reifan Afig Bin Mohd Ramli 59936156E Rifgi Ang Bin Mohd Ramli Tazzabove)
Driver's Contact No. : 9799 0353	Company Contact No (Company Veh Only):
Driver's Address:	
Email address: fullstp423@gnai	Insurance Company:
Relationship between Owner & Driver: (Ple Owner / Spouse / Children / Friend / Parents /	ease CIRCLE one only) Sibling / Relative / Employee / Hirer or Others specify: Brother
What do you wish to claim? (Please TICE	≤ one only)
Own Insurance / Other Vehicle (The	e one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	*No. of Passengers (Including Driver): 0
*Passanger Name:Name:	Gender: Male / Female *Passan Gender: Male / Female
Weather condition & Road conditions? (On	the day of accident)
Clear & Dry / Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car	Camera? Yes / No
Any Injuries: Yes / No (If YES	S) Injured Person' Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No	(If YES) Which Police Station:
	The Other Party(s) Details:
Driver's Name / IC No:	Vehicle No: SLG 1/37D
Driver's Contact No:	Insurance Company :
2. Driver's Name / IC No (If Any):	Vehicle No:
Driver's Contact No:	Insurance Company :
*Independent Witness (If Any):	Contact No:





Report No. T/20200731/2094

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 20 23:06	lade:	Vide Report No.:	Station Diary No. 105		
Informa	nt's Particu	ulars		The state of the s		
		I ANIQ BIN	Address: APT BLK 406 BUKIT BATOK WEST AVENUE 7 #03-36 SINGAPORE 650406			
ID Type	/ ID No.: D / T020032	22D	Contact No.: Home/Office: Mobile: 97990353			
National SINGAP	ity: PORE CITIZ	EN	Email:			
Sex: Male	Age: 18	Date of Birth: 08/01/2002	Type of Informant:			
Race: Malay	Language:		Language:	Institution / School Name: ITE WEST		
Occupation:			Driving Licence Information:	Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 30/07/2020 15:3	Type of Location T-Junction	
BUKIT BATO BUKIT BATO along bukit b	oad 1 and Road 2 OK ROAD OK WEST AVENUE 5 atok road towards PIE, tra				Ros	nd Speed Limit:
reducer.		Road Surface: Dry		70 Km/h		
Traffic Flow: Traffic			affic Control: affic Light - Working		Traffic Volume: Heavy	
Dual Carriage Way Type of Collision: Between Moving Vehicles - Head To Rear						one conveyed by oulance:

Details of Vehicle Involved							
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger	
FBD6820R	Motorcycle				Slightly Damaged	0	
SLG1137D	Car				Slightly Damaged	1	

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





Report No. T/20200731/2094

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

CONTINUATION OF REPORT

Rider						
Name	MOHAMMAD RIFQI RAMLI	ANIQ BIN	MOHD	ID No).	T0200322D
Related Vehicle	NIL			Conta	act No.	97990353
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 2B Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harno	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 30/0702020 at around 1535hrs, I was travelling along Bukit Batok Road towards PIE and stopped at the traffic light just before Bukit Batok West Avenue 5 as it turned red. As the light turned green, my motorbike (FBD6820R) stalled and I quickly attempted to kickstart the motorbike but to no avail. Because of this I raised my hand to signal the white Nissan Qashai (SLG1137D) that was around 10 meters behind me to let him know that I had engine problems. While my hand still raised up, I felt a hit to the back of my bike which caused me to lose my balance and almost fell over however I managed to lift my bike up before it fell to the side. The said Nissan Qashai had crashed into the back of my bike at what seemed to be travelling at around 10-15km/h. He immediately moved to the side of the road and stopped and I pushed my bike over to him. I called my big brother namely Mohd Reifan Afiq Bin Mohd Ramli (82007746) to come to the scene. After reaching the scene, my brother assisted to call the police. Ambulance and traffic police soon after arrived and I was conveyed to Ng Teng Fong hospital and received 4 days mc for a sprain on my left leg. My motorcycle rear rim was dented, mudguard was bent, number plate was bent and my engine was leaking as a result of the accident. The driver of the vehicle told me that he did not bring his IC thus I was unable to exchange particulars with him. Vide report number: J/20200730/0104.





3 of 3

Report No. T/20200731/2094

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

Authentication Stamp

NP168

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: J / Sgt 1 DANNY IRFAN BIN ROSLAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/07/2020 23:06
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN	Classification Of Case:
Contact No.: 65476394	

Claim Handling

ccident MT/1098574						
		Vehicle No.	79D66266		GST Registration No.	
Pary No.	ALIVE HATTON	vende no.	THE PERSON		3457-71-47010171110	
etificalii No.					Policyholder NRTC	SPANIE SER
skeyholder Name	MOHD REPAY AND BIN MOHD KAMLT					
odurt Code	OCTOROGUE INFARMANTE.	Caren Tetra	These Parts		Liseding	
settact No.(Motore)		Cuntact No. (Diffice)			Cuntest No.(Home)	
mai Address		Special Romani			eCode	100.00
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Accident Details			Yes		Account Type	Cultivari +1
eport Dete	117/HE3520-17-40	Accident Report Withur 24 firs				
ate of Accident		Time of Accident bitchmi	15.35		Country of Accident	Singapore
sporting Centre		Orange Force			ICM No.	
sident Location	FACONO HUNCE BATOK AND TOTAL HOLD VISIT THAT	(30) (3600);				
Total Excess Applicable						
coess Type	Per Account	Wyldscreen Expens				
19030-1107-0	Little Personality					
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Policyholder Mailing Add	reas					
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adress 4		Andress Type	firmgapore address		Past Code	1,570-2111
Init No.		Sanated Policy Number	5118470942			
Of Driver Info						
iriver Name	MOHAMMAD RIFO! AND BIN MOHO RAME!	Deser Type	Named Driver			
Innamed striver Name:		Driver NRIC	Terrimotors		Driver 008	Salphin
		Driver Age			Driving Experience	
legister Date of Droyer License.			1		Curtact No.(Home)	
Detact No.(Mobile)	MANUFACE .	Contwit No (Othor)				
Address 1		Address 2			Address 3	
Address 4		Address Type	Pareign address		Post Code	
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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 : 5105694536-01

Cover : Third Party

1. Index mark and Registration Number of Vehicle

FBD6820R

Chassis Number

: 553010195

Name of Policyholder

: MOHD REIFAN AFIQ BIN MOHD RAMLI

3. Effective Date of Insurance

: 30 Dec 2019

4. Expiry Date of Insurance

: 06 Jan 2021

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

INSURE WITH COF

N/A

NAMED DRIVER (1)

NAMED DRIVER (2)

: MOHD REIFAN AFIQ BIN MOHD RAMLI : MOHAMMAD RIFQI ANIQ BIN MOHD RAMLI

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)

: A S PHOON PTE LTD (00000571911)

Date of Issue

: 02 Jan 2020 12:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive