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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 misropresentation 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.

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.

在一个工作。	ACCIDENT STATEMENT
Date Of Report	03/08/2020 18:30
Date Of Accident	29/07/2020 17:00
Exact Location Of Accident	COMMONWEALTH AVE TWRDS COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE
。但是是他们的现在分词,	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL8161D
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AZMY SAIFUDIN BIN JUFFRI
NRIC No	SXXXX6971
Email Address	AZMY,JUFFRI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91142231
Alternative Phone No	OTHERS-91142231
Vehicle Particulars	to a representative and the second se
Manufacturer	YAMAHA
Model	SNIPER T150-150CC
Exact Purpose for which vehicle was being used a lime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No. Please state action to be taken	REPORTING ONLY
/ehicle Category	MOTORCYCLE
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	THIRD PARTY
leet Policy	NO
Policy Number	5116964709
Cover Note Number	
Oriver	
lame of Driver	MUHAMMAD AZMY SAIFUDIN BIN JUFFRI
IRIC No	SXXXX697I
Pate Of Birth	14/09/1981
ccupation	OUTDOOR
ate Of Driving Pass	04/08/2014
riving Experience	5 YEARS AND 11 MONTHS
ender	MALE
obile Number	(LOCAL) +65-91142231
ax Number	
ontact Number	OTHERS-91142231
Mail Address	AZMY.JUFFRI@GMAIL.COM

Address

BLK 70C TELOK BLANGAH HEIGHTS

#04-537

Postcode

103070

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

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

YES

Was the accident reported to the police? If Yes, Please state which Police Station

Police Station Name

TELOK BLANGAH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2729999 - FAX NO: 63772526

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200730/2109

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 Vehicle Make/Model/Colour

SGK6968C

Details Of Properties

Vehicle Category

Name of Driver

PRIVATE CAR

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD AZMY SAIFUDIN BIN JUFFRI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBL8161D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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:
 - 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.

folicyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persondel's Signature

Name:

NRIC/FIN No .:

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DECLARATION I/We declare the	foregoing particulars	are true in ev	ery respect.					
	2/2/2/2					0/	02/00/	1000
Policyholder's Sign	nature 1000	Driver's Sign	ature			Reporting Cent	re Personnel's	t Signature 10
Date & Time:	1909	(If driver is r Date & Time	ot the policy	holder)	0	Name: NRIC/FIN No.:	Kogh	MOHODS

ACCIDENT STATEMENT

roc	ATION: GA	monwer/th	Ave towards	Consinual	the she
	DJINSURANC	NUMBER: PAL S	NTUC		
	a)MAKE & M f)TYPE:(SALO g)VEHICLE C h)PURPOSE C l) ARE YOU C!	PE: (COMPREHENS) ODEL: YMANA ON / COUPE / MPN ATEGORY: (PRIVATE OF USING AT ACCID LAIMING UNDER YO	DUP OWN INSURANCE	TORCYCLE) OT OTORCYCLE)	
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	0. 1	(0f0f0)	0	401-31	<u></u>
Ho of passonger	DRIVER	0	SO POLICY HOLDER		. 19
(ol)	d)NAME:	ASSPORT:		(MALE / FEM. NTACT:	A.LEJ
	*d)DATE OF BI	RTH: 1/4 / 09 /	DOORD /	rr) :	
4.	DON'E OF DE	RIVING PASS	THE INSURED'S CO	MPANYS (VEG	(NO)
	IF NO, RELAT	TONSHIP OF THE	DRIVER WITH INSU	RED: OWNE	
	b) ROAD SURF	ACE: (DRY (WED)	/ RAINING / OTHERS_ DTHERS	Driveling	
6. 7.	WAS ANYBODY a)REPORTED TO	Y INJURED (YES) NO	O)	. 01 1	100
В.	THIRD PARTY VI	ENICLE WHICH POI	ICE STATION: TEGE	= Olangah A	UPP
of passanger	a) VEHICLE N	IUMBER SGK 6	968C MOD	EL: Sanis	
relating deliver)	C) NRIC/FIN/I	ASSPORT:	CON	TACT:	
9.	THIRD PARTY VE	EHICLE			115
o of passanger	d) DRIVER'S N	A 5 3 2 3 4 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	MODI	ăL:	
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email = azmy . juffin @gmail.com





1 of 3

Report No. T/20200730/2109

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 120 17:48	lade:	Vide Report No.: D/20200729/0066	Station Diary No.: 10
Informa	nt's Partici	ulars		
	Informant: MAD AZM	Y SAIFUDIN BIN	Address: APT BLK 70C TELOK BLAND SINGAPORE 103070	GAH HEIGHTS #04-537
	/ ID No.: D / S81296	971	Contact No.: Home/Office:	Mobile: 91142231
National SINGAP	ity: ORE CITIZ	EN.	Email:	
Sex: Male	Age; 38	Date of Birth: 14/09/1981	Type of Informant: Driver	
Race: Malay	ul titti	Part tree to proper to the Triff	Language:	Institution / School Name:
Occupat			Driving Licence Information: Class: 2B,2A,2,3,3A	Date of Expiry:

Seneral Inform	mation of the Accident	L. HORANG I.		
Type of Accident:	Injury Conveyed By Ambulan	Drink ce Drive: No.	Date/Time of Accident: 29/07/2020 17:00	Type of Location Straight Road
COMMONWE COMMONWE	R	ommonwealth A load Surface: Vet	kvenue West on 1/3 La	ne. LP/43 Road Speed Limit:
Traffic Flow: One Way	10.00	raffic Control: raffic Light - Wo	orking	Traffic Volume: Heavy
Type of Collis Between Mov	sion: ring Vehicles - Head To Rea	r	-	Anyone conveyed by ambulance: Yes

Details of V	ehicle Involve	d			A STATE OF THE STA	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBL8161D	Motorcycle	YAMAHA	SNIPER T150	White	Slightly Damaged	0
	Car		- Virtings			0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

2 of 3 Report No. T/20200730/2109

CONTINUATION OF REPORT

A. A	ehicle Insurance			
	Insurance Company	Insurance No	Effective	Expiry Date
0001010	NTUC Income Insurance Co-Operative Limited	5116964709	27/03/2020	26/03/2021

Any Pedestrian	Involved: No					
No. of Pedestria	ns Injured: NIL		Hen of D	4		
Driver		O PULL NA	Use of Pe	destria	n Cross	sing NA
Name	MUHAMMAD AZMY	SAIFUDIN	BIN	ID No	5.	S8129697I
Related Vehicle				Conta	ntact No. 91142231	
Hospital/Clinic	NATIONAL UNIVERS	ITY HOSDI	TAI			SATISTINGS NOTES
	P. T. P. P. T. L. L.	JNIVERSITY HOSPITAL		Class of Driving Licence &		Class: 2B,2A,2,3,3A Date of Expiry: NIL
Date Treatment	29/07/2020				/ Date	
	ted Medical Leave	4.0	Date Disch	narge	30/07	/2020
	Ted Wedicai Leave	10	Degree of	Injury	Slight	

Brief Details.

On 29/07/2020 at 1700hrs, I was travelling along commonwealth avenue towards commonwealth avenue west on 1/3 lane, LP/43. During that timing, it was drizzling(Road surface Wet) and traffic flow was heavy. Out of sudden, there is one vehicle(SGK6968C) in front of me jammed brake and I did not managed to stop in time and hit onto his rear bumper hence I suffered injuries and was being conveyed to NUH by ambulance. The vehicle behind me was able to stop in time hence did not hit onto my bike. I wished to state that I am having 10 days of MC by NUH (Ref no.: NUH20146331).





Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999 3 of 3 Report No. T/20200730/2109

CONTINUATION OF REPORT

Sketch Plan

NP168

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 2 ALFRED TAN JUNWEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time; 30/07/2020 17:48
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476083	Classification Of Case:
Authentication Stamp	_

1

Princy No. Cartificate No. Princetonies harve	\$116964709							
Pinterholder harne		Wattern Flo.	(BL0)(1D		DOT Regions	attor full		
	PERSONAL APPLICATION OF TOXAGE				(25) (5) (5) (5)			
Priviled Code	HOTORCYCLE INSURANCE	Cover Type	Thirt Party		Palaytotoe	MACH!	DE1290978	
Chinist No. (Mobile)	5514333T	Contact No. (Official)	THIRD POOLS		Loading		0	
(-a) (000)		Special Remark			Contact No. 2	Permi		
(FI	T90115 Yes	TGA .	920 000		eCrain		to w	
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T Accident Details		NCD (continuently)	7.00		Petrony Hirty		No	
Report Date	***************							
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FIED (40 Excess)	0.00	KIED TV Enners		200	82			
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Tanefits				11,00				
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· Policyholdur Mailing Ada	ress -							
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eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Password · Change Language · Log Out My Desktop **Policy Query** Notice of Loss Policy No. 29/07/2020 18:48 Date of Accident Vehicle No.(For Motor) F6L8161D Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Policy No. Venicle No. Insured Object Product Cover Type Commence Date Expiry Date MUHAMMAD AZMY SAIFUDIN BIN JUFFRI \$116964709 581296971 GMC Third Party FBL8161D FBL8161D 27/03/2020 26/03/2021

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