ASH MET BY: STER | NEF: CS3/AIG 200,09373/Eyf3 Veh No: Date: From: OD I WELL BEST OD REST ENATINY IMY Make: Honda CBISOR To Inspect Vehicle No: Insured / Std / Nt / NA . AC: al Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Rending Eng/No: MLHKC28827502434 C/No: Gen. Cond Good / Fair / Poor / Burnt Steering: Inorder / Jammed / Leaked / Burnt or Brake: Ingragr/Jammed/Leaked/Burnt or (Clioni's Record) Modi: Nil / \$/Rin / STD A/Rim or Make of Veh: Tyre Size: (Policy Condition) BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / Remark: The veh had commenced its TOYO / YOKO or repair at the time of inspection. Rear Front Bal. or Market Value: R/Bal. R/Bal. Consistent?: Yes or No IDAC Accident Roort: L/Bal. L/Bal. Consistent?: Yes or No GIA / PR Seen: D.O.I. Res.: Yes or No Est. Repairs: Team wolk 3 Val.: Yes or No Lum Sum: Des. of Damages (Frt) | Rear I (O/S) | N/S | U/C | Rooftop or CA I REV I REP. I 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Date / Time Date/Time, File Pass to?.... Days Of Repair: : Prell. Report Survey Fee: Resurvey No. of Trip: : Final Report Transportation: Date/Time, File Return to? Add Fee: S+RS. : Site Insp (\$: Interview (\$ Tech. Inva (3 CHINESE. Population and West and 15 Lyong Sum / LEd: 7%

.

TOTAL

FOR MOTORCYCLE

Replace (√) = 2 Pepair (S) = 1 Check (r)
 Not Certisted (№)

Vehicle No: FBN 12744

Motor		-		Col.	
NAC	INC	Ken	CON	īČ (lly
1001		Front Number Plate			
3001	995065				
3002	995095	Front Rim			
3003	994872		7113	-,	****
3004	991771	Front Fender Wheel Guard	cui.	-	40100-1
3005	991283	Front Brake Disc			
3006	991281	Front Brake Caliper			
3007	991785	Front Fork Assy			
3008	991787	Front Fork Inner Tube			
3009	991789	Front Fork Outer Tube			
3010	991167	Front Fork Bracket			
3011	991182	Front Fork Oil Scal			
3012	991174	Front Fork Garnish			
3013	992376	Front Headlamp Rim			
3014	992328	Front Headlamp			
3015	992337	Front Headlamp Bracket			
3016	992345	Front Headlamp Fairing			
3017	992130	Front Windshield			
3018	992134	Front Wing Mirror	CM	/	
3019	995245	Front LH Signal Lamp			
3020	995246	Front RH Signal Lamp	CUT	V	
3021	992556	Mcter Casing			
3022	992553	Meler Assy			
	991019	ERP Bracket			
加速	991020	ERP Unit			
3023	992446	Ignition Switch			
3024	992442	Ignition Key Assy			
3025	990706				
3026	994470	Steering Stem			
3027	994427	Steering Cone			
3028	992299	Handle Bar	RT	V	
3029	992312	Handle Bar Switch	-	1	
3030	992310	Handle Bar Grip guald RH	cui	V	
3031	995184	Handle Bar Balancer LH			
3032	992300	Handle Bar Balancer RH		1	1
	992300	Fuel Tank	+	1	-
12.23			+		-
3033		Brake Reservoir		-	+
3034	990621	Clutch Lever	cut	17	+
3035	992293	Hand Brake Lever		1	-
3036	991119		CUT	V	-
3037	994220	Side Fairing Top Garnish		_	-
3038	994219	Side Fairing Inner Gamish		_	-
3039	991118	Fairing Shield			
3040	992047	Front Top Fairing Inner Garnish			
041	991123	Fairing Top Garnish	10		
	990538	Center Fairing	1	-	1
-			-	1	+
	993378	Rear Fairing		-	+
-	991121	Fairing Stopper	11.1	-	-
045	991117	Fairing Lower	cul	V	-
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			ick Starter Lever	1000				2011
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3062	995065	-		-	-	+	-	
3063	991200		Cear Rim			-		
3064	994877		Rear Tyre Rim Spoke	+	122		-	
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3066	99344		Rear Fender Mudflap	-	-			-
3067	99294	-	Rear Brake Disc	-	-			-
3068	99293	-	Rear Brake Caliper	\rightarrow	_			-
3069	99523	_	Rear Spocket	-		-		-
3070			Chain			_		-
3071	99058	_	Chain Guard		_	_		-
3072	99453	0	Swing Arm			_		-
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3074	99524	16	Rear RH Signal Lamp					
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3 repair days

No of Items: _____ Assessor:____

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Flease 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 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

ACCIDENT STATEMENT

Date Of Report

01/09/2020 17:59

Date Of Accident

28/08/2020 07:40

Exact Location Of Accident

HOUGANG ST 91

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number

FBN1274Y

Insured/Policyholder

Name Of Registered Owner

MUHD ARSYAD BIN AHMAD

NRIC No

SXXXX121B

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-97717062

Alternative Phone No

OFFICE-97717062

Vehicle Particulars

Manufacturer

HONDA

Model

CB150R MANUAL

Exact Purpose for which vehicle was being used at PRIVATE USE

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

NO

Fleet Policy Policy Number

5111138101-01

THIRD PARTY

Cover Note Number

Driver

Name of Driver

MUHAMMAD ARSYAD BIN AHMAD

NRIC No

SXXXX121B

Date Of Birth

31/03/1989

Occupation

Date Of Driving Pass

INDOOR

11/07/2018

Driving Experience

2 YEARS AND 1 MONTH

Gender

MALE

Mobile Number

(LOCAL) +65-97717062

Fax Number

Contact Number

OFFICE-97717062

EMail Address

NOEMAIL

Address

BLK 996B BUANGKOK CRESCENT

#04-887

Postcode

532996

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

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

YES

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting offering accident daims assistance. 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

HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200828/2090.

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

SLV2801J

Vehicle Make/Model/Colour

NISSAN QASHQAI

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)

DETAILS OF INJURED PERSON 1 --

Name

MUHAMMAD ARSYAD BIN AHMAD

Approximate Age

Injuries Sustain

NECK & LEG

Injured person in which vehicle?

FBN1274Y

Were seat belts worn?

L DIA 127

Were seat bene menne

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver,
- 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 ecceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5) Any felse 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 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.
- 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 the [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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) for complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature
Date / time:

Page 5

Accident Sketch Plan

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DECLARATION

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

Mr.

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnels Signature
NRIC/FIN No.:

Page 6

Police Report



DEDODE OF 1 PROPERTY

Automation engineer



Date of Expiry:

Police Station Of Ongin: Hougang N P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 of 3 Report No. T/20200828/2090

		C ACCIDENT						
Date/Tin 28/08/20	ne Report I 020 17:59	Made:	Vide Report No.:	Station Diary No 67				
Informa	nt's Partic	ulars						
	Informant IMAD ARS	YAD BIN AHMAD	Address: APT BLK 996B BUAN SINGAPORE 532996	IGKOK CRESCENT #04-887				
	/ ID No : O / S89101	218	Contact No.: Home/Office: Mobile 97717062					
National SINGAP	ORE CITIZ	EN	Email:					
Sex: Age: Date of Birth: Male 31 31/03/1989			Type of Informant: Rider					
Race: Malay			Language: Institution / School Name:					
Occupat	ion:		Driving Licence Information:					

Class: 28,3

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 28/08/2020 07:40	Type of Location Straight Road
HOUGANG S Weather:	a la faction de	Road Surface:		Road Speed Limit
Clear		Dry		
Traffic Flow.		raffic Control: raffic Light - Wo	erking	Traffic Volume: Moderate
One Way				Anyone conveyed by

Venicle No.	Type	Make	Model	Calor	Condition	No of Passenger
FBN1274Y	Motorcycle	HONDA	CB150R MANUAL	Red	Totally Damaged	0
SLV2601J	Car	NISSAN	QASHQAI 1 2 DIG-T CVT	Red	Senously Damaged	

-				
Details of V	chicle Insurance	N AN		-
***************************************	**************************************	Insurance No	Effective Expiry	Date
I Vehicle No.	Insurance Company	missiance no	L. Collie	

R

4

Police Report





Police Station Of Origin: Hougang N.P.C. 60 Hougang Avenue 9 SINGAPORE 538775 Tel No. 1800-4890999

2 01 3 Report No. T/20200828/2090

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expry Date
	A STATE OF THE STA	5111138101-01	25/07/2020	24/07/2021

Details of Perso						
Any Pedestrian II	volved No	Use of Ped	estrian	Cross	ng NA	
No of Pedestrian	is Injured: NIL	Use of Peu	osti idi.	01003		
R-Jer	MUHAMMAD ARSYAD BIN AHMA	0	ID No.		S8910121B	
Name	MUHANMAD ARSTAD DITTE					
Related Vehicle	NIL		Contact No.		97717062	
	11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- 17	Class	of	Class: 2B,3	
Hospital/Clinic	NIL		Driving	e &	Date of Expiry: NIL	
			Expiry	NIL		
Date Treatment	NIL	Date Disc Degree of	Inurv			
No. of Days gran	ted Medical Leave NIL	Degree of				

On 28 August 2020 at about 7.40am, I was riding my motorbike FBN1274Y from my home at 996B Buangkok Crescent to work. At this point I was at the junction between Hougang street 93 and Hougang street 91. I proceeded to turn left onto street 91 and proceeded straight down the said road. I saw 2 cars ahead of me. The car at the front of both cars was a black car and was signaling to turn into Bik 925 on Hougang street 91. Behind the said black car was a red Nissan car (SLV2801J) and this car was stationary at this point. At this time, I was still behind both cars.

As I rode my motorbike forward to pass the said cars, the said red car suddenly swerved in my direction. The said car's front hit the rear of my motorbike and this impact caused my bike to fall over in the middle of Hougang street 91. My leg was stuck under my motorbike and the driver of the said red Nissan helped me get free from my motorbike. This accident happened at about 7,45am on the said day.

SCDF paramedics arrived at about 8am on the said day and traffic police also attended this incident. I was conveyed to Sengkang hospital and I was given various X-ray tests and dressings were made for my wounds. I was given 5 days MC from the said hospital's emergency department.

I am making this report for insurance purposes.

Police Report





Police Station Of Origin; Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. T/20200828/2090

CONTINUATION OF REPORT

(1300)				
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3	KELL	·n	P 12	tП

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: F / ASP RAVIN NICHOLAS S/O KUNALAN	Signature Of Informant:
Signature Of Interpreter. Not applicable	Date/Time: 28/08/2020 17:59
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOOR HIDAYAH BINTE ABDULLAH Contact No.: 65476251 Authentication Stamp	Classification Of Case.
	re- Frier