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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 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.
- 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

A Palifornia de artinos de describación de la companyo	ACCIDENT STATEMENT
Date Of Report	11/09/2020 14:52
Date Of Accident	04/09/2020 00:15
Exact Location Of Accident	ALONG CTE TOWARDS TUAS
Country/State of Loss	SINGAPORE
THE RESIDENCE OF THE PARTY OF T	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM7893B
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	2XXXX700L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-89015399
Alternative Phone No	OFFICE-89015399
Vehicle Particulars	
Manufacturer	HONDA
Model	WAVE 125-R-125CC (M)
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
Fleet Policy	NO
Policy Number	5109280207-01
Cover Note Number	
Driver	
Name of Driver	SHAIKH ISHTIYAQUE HUSSAIN
Passport No/FIN	GXXXX130K
Date Of Birth	04/05/1988
Occupation	INDOOR
Date Of Driving Pass	05/10/2018
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-89015399
Fax Number	8 10. Table
Contact Number	OTHERS-89015399
EMail Address	NOEMAIL

Address

BLK 119B KIM TIAN ROAD

#06-240

Postcode

162119

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

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

NO

ambulance?

VO

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

BUKIT MERAH WEST NPC

Police Station Address

ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200907/2095

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

SLV8914C

Vehicle Make/Model/Colour

HONDA CIVIC

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LOW GIN SANG

NRIC/Passport Number

SXXXX884B

Contact Number

98181637

Address

Postcode

Insurance Company Name

Postcode

Name SHAIKH ISHTIYAQUE HUSSAIN Approximate Age Injuries Sustain Injured person in which vehicle? Were seat belts wom? Was this injured conveyed to hospital by ambulance? Address

SKETCH PLAN

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 <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.
- 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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time?

Reporting Centre Personnel's Signatur

Name:

NRIC/FIN No.:

(If driver Is not the policyholder)

NRIC/FIN No .:

Date & Time:

ACCIDENT STATEMENT

ACCIDENT DATE: 04, 04, 2020 (DD/MM/Y)	YY), TIME:(001:5)(HH:MM)
LOCATION: AYE TO CTE	(In Livery)
1. DETAILS OF VEHICLE	2
a) VEHICLE NUMBER: FBM 7893	2
DINSURANCE COMPANY: N TUC	
CIPOLICY NUMBER: 5/09 2802 0 7-1	2/ 605075
OJPOLICY TYPE: (COMPREHENSIVE / THIRD P.	ARTY / THIRD PARTY FIRE &THEFT)
	H
FITYPE: (SALOON / COUPE / MPV /VAN / LOR	RY/MOTORCYCLE/OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCE h) PURPOSE OF USING AT ACCIDENT TIME:	CIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OWN INS	110 111000 0 0000 0 1000
IF NO, PLEASE STATE (THIRD PARTY CLAIM / I	URANCE (YES/NO)
2. INSURED / POLICY HOLDER	REPORTING ONLY)
AINAME: SOUNGEROU MOTOR	/MANE / SEMANE)
b)NRIC/FIN/PASSPORT:	(MALE / FEMALE)
c)ADDRESS:	
* * * * * * * * * * * * * * * * * * *	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	OLDER
THO of passanges, DRIVER	
(Including driver) a) NAME: >HAKH ISHTUYARVEE H	USSAINMALE / FEMALE)
ONKIC/FIN/PASSPORT: GT/8/20/30/	CONTACT: 870/5307
CIADDRESS: BIKING THAN	Rd 7106-240
*CIDATE OF BIPTH: 104, 01, 1969.	
e)OCCUPATION: (INDOOR / OUTDOOR)	MM/YYYY)
FIDATE OF DRIVING PASC	*
4. WAS DRIVER AN EMPLOYEE OF THE INSURE	EN'S COMPANIVE OVER (NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH	HINSUPED.
5. d) WEATHER CONDITION: (CLEAR / RAINING / C	OTHERS.
b)ROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POUCE (YES / NO)	#II 60
IF YES, PLEASE STATE WHICH POLICE STATION:	- 1
Ho of passenger a) VEHICLE NUMBER: SLV8914C	115.17.1
No of Passenger a) VEHICLE NUMBER: \$\(\text{V87/4C} \)	MODEL: HONDA
Induding driver) B) DRIVER'S NAME: LOW GIN SANG () NRIC/FIN/PASSPORT: 5/1302884B	
7. THIRD PARTY VEHICLE	_CONTACT: 48/8/637
7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	_MODEL: +
el DRIVER'S NAME	J.,
Including driver) NRIC/FIN/PASSPORT:	CONTACT
!	

email =





1 of 4

Report No. T/20200907/2095

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 07/09/2020 16:55		Vide Report No.: Station Diary No. 63				
Informa	nt's Particu	ılars					
Name of	Informant:	UE HUSSAIN	Address: APT BLK 119B KIM TIAN ROA 162119	AD #06-240 SINGAPORE			
ID Type FIN NO	/ ID No.: / G1820130	K	Contact No.: Home/Office:	Mobile: 89015399			
National INDIAN	ity:	- M.L.	Email:				
Sex: Male	Age:	Date of Birth: 04/05/1988	Type of Informant: Rider				
Race: Indian	,,		Language:	Institution / School Name:			
Occupat	ion:		Driving Licence Information: Class: 2B,3	Date of Expiry:			

General Inform	nation of the Accid			T of t tion
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/09/2020 00:15	Type of Location Straight Road
Location: CENTRAL EX	KPRESSWAY			
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis	sion: ving Vehicles - Head	To Rear		Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM7893B	Motorcycle	HONDA	WAVE 125R	Blue	Totally Damaged	0
SLV8914C	Car	HONDA	CIVIC 1.8L 5MT	Silver		1

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





2 of 4 Report No. T/20200907/2095

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

CONTINUATION OF REPORT

Rider			19		
Name	SHAIKH ISHTIYAQUE HUSSAIN	1	ID No.		G1820130K
Related Vehicle	FBM7893B (Motorcycle)		Contac	ct No.	89015399
Hospital/Clinic	UNIHEALTH 24-HR CLINIC	177.5	Class Driving Licence Expiry	e &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	05/09/2020	Date Disc	harge	The second name of the local	7/2020
	ted Medical Leave 08	Degree of	Injury.	Serio	us -
Driver		E SILW			
Name	Low Gia Sang	e- 1.	-ID No.	Arta I	S1302884B
Related Vehicle	SLV8914C (Car)		Conta	ct No.	NIL
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
	ted Medical Leave NIL	Degree of	finjury	NIL	

Brief Details.

On the 04/09/2020 at about 0015hrs, I was riding along CTE towards Tuas at the second lane, before Jalan Bukit Merah Exit. Suddenly, I felt an impact from behind, which caused me to fall on the road, and my motorbike sliding towards the right road shoulder. I was unable to get up immediately and had to lie on the road for awhile. I realized that I was bleeding on my left calf and ankle, and I slowly got up to check where is my motorbike. I was able to hobble towards the road shoulder. I then saw the driver taking pictures of his car (SLV8914C). He did not talk to me throughout the accident and was only taking pictures. I saw that his passenger left his car and noticed that he is a grab driver. Ambulance then arrived and attended to me to stop my bleeding. I was not conveyed as I was able to walk. I then got the driver's driving license.

The EMAS helped shift my motorbike to Blk 2 Sponner Road. After which, I walked home from Sponner Road. I did not go and see a doctor as I feel that since I was able to walk I want to take a rest first. When I woke up at 1800hrs, I felt a sharp pain of my left calf and ankle, and the whole leg is swollen. I also felt pain on my right knee. I was unable to get up and continued to rest until the next day on the 05/09/2020 where I went to see a doctor at UNIHEALTH 24-HR Clinic. I was given 3 days of MC from 05/09/2020 to 07/09/2020. I then went back for a medical review on the 07/09/2020 and was given another 5 days of MC from 08/09/2020 to 12/09/2020, as the swelling is still very bad.

I noticed that the driver has in car camera. I also observe that he has a puncture of his front left tire. Throughout the accident he only came to me once and told me that I cross onto his lane, which I did not.





3 of 4

Report No. T/20200907/2095

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

CONTINUATION OF REPORT





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

4 of 4 Report No. T/20200907/2095

Tel No: 1800-3779999 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: D / Sgt 3 SIM WENG HONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/09/2020 16:55
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp	



SOUTHERN MOTOR

RENTAL AGREEMENT

Blic 1900, Bukir Merah Lanc 2 au l 10 Sangapore (\$9762)

Agreement No. 2036 109 01

Tel: 6273-0369 (3 Lines) Fax: 6274-6614

Dated (2-19-20)

Renter's Name	Shaikh Ishnyague	Hussain	
Renter's Address	BILLIAR K.m Tiank		(62119)
NRIC/FIN/PP	G182013016 191	Start Date	02-09-2020
Licence No.	G1820BOK 85529075	Return Date	08-09-7020
Contact No.	87104387189015399	Security Deposit S	100.00 (O/R. 68607)
Vehicle No.	F1311789313	□ Transfer of S.D	Fr Agt.
Make/ Model	Honda Wave 125RA	Accessories	
Cash Rental: R Rental Package	ental Amount:S \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Cash) Rental D	Days: 7days
Installment Plan: N	Monthly Rental Amount Payable: \$_	No. Of	Installments:
And La	st Installment Amount Payable : S_		
Your installments und	der the Rental Agreement will be pa	id every	day of every month

This Rental is by and between Southern Motor, Block 1006, Bukit Merah Lane 2, #01-10, Singapore 159762 (hereinafter referred to as the "Owner") and the Renter as stated above. Renter must produce a valid Singapore NRIC / FIN/ Passport card and a valid Driving License / International Driving License / Foreign Driving Licence. Renter guarantees that he / she is not under any suspension order on his/her Driving License.

Rental Payment / Security Deposit

Rental charges and Security Deposit are payable by the Renter upon taking possession of the vehicle. The security deposit will be refunded to the Renter, 14 days after the end of the rental period. The Owner will use the security deposit to offset any repairs, fines or summons (if any) incurred by the Renter during the rental period. Rental charges paid is non-refundable and nontransferable. In the event that the Security Deposit is not claimed within 3 months starting 14 days after the end of the rental period, it will be wholly forfeited.

Rental Rates / Replacement Vehicle

Rates quoted are in Singapore Currency and include insurance, maintenance and unlimited mileage. Minimum rental charge is oneday's rate. Each excess hour is charged at one-fifth of the daily rate. For Vehicle returned after office hours, the Renter will be charged till 10am of the next working day. If the rental vehicle becomes unavailable, the Owner reserves the right to replace the vehicle with an alternative vehicle or refund the Renter the balance of the rental amount

Rental Extension

Any extension of rental period is subject to the Owner's approval and payment of the rental amount for the extended rental period... Rental Extension may be done via phone and extended automatically upon Renter's request and upon Owner's receipt of the rent amount via cash/electronic/digital payment from Renter. The Rental Extension will supplement the above-mentioned Rental Agreement. All the terms and conditions existing on the previous rental term prior expiration shall remain to be effective.

	Start Date	Return Date	Amount (\$)	Date	Cash Sale No.
1					
2					
3					
4					
5					
6					

Claim Handling Accident M7/1102287

		11100000						
Policy No. Certificate No.	B109280207-0)	Vehicle Re.	FBM78938		GST Reg	stration for	23434700).	
Foliander Name	\$109280207-01-000035 \$0MTHERN MOTOR				I L-OYOU			
Hoduct Cride	RUPET MASTER INSURANCE	Cover Type	The same of		Palicyhilic	Ser NATE	23414700L	
Contact No. (Mobile)	14	Contest No.(Office)	Thirst Farty		Loading	mires:	e.	
fmail Address		Special Romark			eCode	to (Hame)	PATESTAL.	
KOFK	i No. Yes	TCA	No. Yes		#Gode Re	MARKET .	142	
NCD Printection	7860	NCD Entitlement(%)	•		Private It		No	
✓ Accident Details.					11119500		77	
Report Date	04/06/2020 13:46	Acodent Report Within 24 hrs	Yes		Accident	Type	Collegen - Change	/ Cross tane
Date of Accident	04/09/2020	Time of Accident Inhumm	00:20			of Accident	Singapore	2.5000000000000000000000000000000000000
Reporting Centre		Orange Forse			2CH No.		The section of	
Accident Licuitor	CTE TWOS ARE BEFORE JUN BUILT NERAH EXIT							
Total Excess Applicable	The contract of the contract o							
Excess Type	Per Accident	Windscrass Excuss						
00 Standard Excess		2040377546						
VIRD OD Exmes		TP Standard Excess		1,500:00				
Additional Evens		YIEO TP Exmiss			Driver le 0	Covered?	Not Applicable	
Total OD Excess Applicable	6.00	Total TF Entress Applicable						
₩ Benefite	-	The state of the s		1,500.08				
♥ GST Registered Informati	08							
GST Registered	Yes		GST Regio	strution Dana		16/86/2001		
OST Registration No.	234147000.		GRT Statu			Yes		
Modification History								
THE RESERVE TO SERVE THE S								
Policyholder Malling Addr								
Address I Address 4	BL# 1906 #01-10	Adiress 2	BUKTY HERAH LAN		Address 3		SINGAPORE 1597	62
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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 - 5109280207-01-000035

1. Index mark and Registration Number of Vehicle

FBM78938

Chassis Number

: NF125MP0069407

2. Name of Policyholder

: SOUTHERN MOTOR

Cover : Third Party

3. Effective Date of Insurance

: 07 May 2020

4. Expiry Date of Insurance

: 06 May 2021

5. Persons or Classes of Persons entitled to drive #

- (a) The Policyholder
- (b) Any other person who is driving on the Policyholder's order or with his/her permission. 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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) INSURE WITH COE N/A NAMED DRIVER (1) N/A NAMED DRIVER (2) N/A HIRE PURCHASE COMPANY N/A 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)

Agency

: ASSURE PTE, LTD. (00000572842)

Date of Issue

: 09 Apr 2020 12:17 hrs

For NTUCINCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive