

## 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	17/09/2020 11:57
Date Of Accident	14/09/2020 09:30
Exact Location Of Accident	ALONG KILLINEY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG5938B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	2XXXX700L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87873102
Alternative Phone No	OFFICE-87873102

### Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-134CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5109028207-01
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HAIRI BIN SAMAD
NRIC No	SXXXX184I
Date Of Birth	22/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2000
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87873102
Fax Number	
Contact Number	OFFICE-87873102
Email Address	NOEMAIL

Address	BLK 295A COMPASSVALE CRESCENT #08-201
Postcode	541295
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 - MAJOR/MINOR RD
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?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200916/2014

#### 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	EP57T
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)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD HAIRI BIN SAMAD
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG5938B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false 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 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:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT 7/20200916/2014

## 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.: \_\_\_\_\_

NRIC/FIN No.:

# POLICE REPORT



SINGAPORE  
POLICE FORCE



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No: T/20200916/2014

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2020 09:21	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

### Informant's Particulars

Name of Informant: MUHAMMAD HAIRI BIN SAMAD	Address: APT BLK 295A COMPASSVALE CRESCENT #08-201 SINGAPORE 541295
ID Type / ID No.: NRIC NO / S8104184I	Contact No.: Home/Office: Mobile: 87873102
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 39 Date of Birth: 22/02/1981	Type of Informant: Rider
Race: Malay	Language: Institution / School Name:
Occupation: FOODPANDA RIDER	Driving Licence Information: Class: Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/09/2020 09:30	Type of Location:
Location: KILLINEY ROAD				
Weather:	Road Surface:	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision:		Anyone conveyed by ambulance: No		

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EP57T	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	White		0
FBG5938B	Motorcycle	YAMAHA	X-1R	Blue		0

### Details of Person Involved

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

# POLICE REPORT



SINGAPORE  
POLICE FORCE



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200916/2014

## CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD HAIRI BIN SAMAD	ID No.	S8104184I
Related Vehicle	FBG5938B (Motorcycle)	Contact No.	87873102
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.

ON THE STATED, DATE, TIME AND LOCATION, I WAS RIDING ALONG KILLINEY ROAD TOWARDS ORCHARD. SUDDENLY, I SAW A VEHICLE ON MY LEFT FROM SAINT THOMAS WALK SUDDENLY MAKE A RIGHT TURN EXIT INTO KILLINEY ROAD. I TRIED TO HORN AND BRAKE. HOWEVER, THE OTHER DRIVER DECIDED TO FOLLOW THROUGH AND AS A RESULT, HIS FRONT OF THE CAR COLLIDED INTO MY LEFT SIDE. I ENDED UP FALLING TO THE GROUND CLOSE TO THE DRIVER'S DOOR. OTHER PASSER-BYS HELPED CONTACT THE POLICE AND AMBULANCE. AFTERWARDS, WHEN THEY ARRIVED, I WAS CONVEYED TO SGH.  
IO IN-CHARGE: ESMOND

## POLICE REPORT



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



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Report No: T/20200916/2014

### 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:  
TP /  
MUHAMMAD AMIRUL M

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 ABDUL MUHAJMIN BIN HUSSAIN  
Contact No.: 65476090

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
16/09/2020 09:21

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:



# RENTAL AGREEMENT



## SOUTHERN MOTOR

Business Reg. No. 234147000L  
 1106, 1006, Bukit Merah Lane 2, #01-10, Singapore 159763

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

## RENTAL AGREEMENT

Agreement No. 2020/0829/Rep

Dated 12-9-2020

Renter's Name	Muhammad Hairi Bin Samad		
Renter's Address	Blk 295A Compassvale Crescent #08-201 56541295		
NRIC/ FIN/ PP	S8104184I	Start Date	12-9-2020
Licence No.	S8104184I	Return Date	30-9-2020
Contact No.	87873102/97931779	Security Deposit S	100.00 (O/R: 68596)
Vehicle No.	FBG 5938B	<input type="checkbox"/> Transfer of S.D	Fr Agt:
Make/ Model	Yamaha X-1R	Accessories	

☐ Cash Rental: Rental Amount: \$ \_\_\_\_\_ (Cash) Rental Days: \_\_\_\_\_

☐ Rental Package: \_\_\_\_\_

Installment Plan: Monthly Rental Amount Payable: \$ \_\_\_\_\_ No. Of Installments: \_\_\_\_\_

And Last Installment Amount Payable: \$ \_\_\_\_\_

Your installments under the Rental Agreement will be paid every \_\_\_\_\_ day of every month commencing on the day \_\_\_\_\_.

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 non-transferable. **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.**

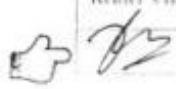

### Rental Rates / Replacement Vehicle

Rates quoted are in Singapore Currency and include insurance, maintenance and unlimited mileage. Minimum rental charge is one-day'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					

Renter's initial  

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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