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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	18/09/2020 11:04
Date Of Accident	09/09/2020 10:55
Exact Location Of Accident	ALONG BUKIT BATOK ROAD
Country/State of Loss	SINGAPORE
Description of the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ8465M
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AFIQ FARHAN BIN BAHARIN
NRIC No	SXXXX661E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85696469
Alternative Phone No	OTHERS-85696469
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ16-153CC (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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5101112140-02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD AFIQ FARHAN BIN BAHARIN
NRIC No	SXXXX661E
Date Of Birth	15/08/1998
Occupation	INDOOR
Date Of Driving Pass	21/05/2018
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85696469
Fax Number	
Contact Number	OTHERS-85696469

NOEMAIL

Address

BLK 116 JALAN BUKIT MERAH

#02-1639

Postcode

160116

Was driver an employee of the Insured's Company

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 - 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

YES

Was any body injured in the Accident?

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

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200911/7010

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

XD9035K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

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 AFIQ FARHAN BIN BAHARIN

Approximate Age

Injuries Sustain

SERIOUS INJURIES

Injured person in which vehicle?

FBJ8465M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

#### 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.
- 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:
  - (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.:

KETCH PLAN					
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			/		
			<i>/</i>		
/We declare the foregoing p	articulars are true	in every respect.		Qual.	10/05/2022
Policyholder's Spenature Date & Time:		s Signature er is not the policyh . Time:	older)	Reporting Centre I Name: NRIC/FIN No.:	Personnel's gignature 1997

PKL

# ACCIDENT'STATEMENT

	ACCIDENT DATE: 1 1 100 (DD/MM/YYY), TIME: 10 :51 (HH:MM)
	LOCATION: BLOWL BY BYDYOK ROYDY
	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: 455 8463 VV
	DINSURANCE COMPANY: MIC
	CJPOLICY NUMBER:
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	OMAKE & MODEL: VAMA HO FT. 16
4	FITYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTOR CYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME:
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER
	AJNAME: MUMAMIAN. APO (MALE/FEMALE) O.
	b)NRIC/FIN/PASSPORT:CONTACT: \( \( \Columbda \) \( \Colum
	c)ADDRESS:
(a) 1/	
M., A	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
A Ho of base	congg, DRIVER
Claduding a	MALE / FEMALE)
(1)	DINICIPHIAPASSPORT:CONTACT:
-47	c)ADDRESS:
	"d) DATE OF BIRTH: ( ) (DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)
	FIDATE OF DRIVING PASS
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
	bJROAD SURFACE: OBY / WET / OTHERS
€	6. WAS ANYBODY INJURED (TES / NO)
20	7. a) REPORTED TO POUCE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION: POWER TO LICE
CARCOLINIA CARC	D THIRD DADYN SELECTION
4 Ho of passons	ger a) VEHICLE NUMBER: XD 9035 K MODEL:
Clinduding dri	iver) b) DRIVER'S NAME:
( )	c) NRIC/FIN/PASSPORT: CONTACT:
	9. THIRD PARTY VEHICLE
A No of besser	d) VEHICLE NUMBER:MODEL:
(Including de	Share Of BRIVER OF MANNE
The second second	f) NRIC/FIN/PASSPORT:CONTACT:-
( )	*

email = VIDEO





T/20200911/7010

1 of 3

Report No. T/20200911/7010

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

#### REPORT OF A TRAFFIC ACCIDENT

	ne Report M 120 11:43	lade:	Vide Report No.: Station Diar J/20200909/0055		
Informa	nt's Partice	ulars		<b>7.3.1.7.2.13.14.5.16.3.2.14.</b>	
		FARHAN BIN	Address: 116 JALAN BUKIT MERAH #	02-1639 SINGAPORE 160116	
	/ ID No.: ) / S982666	61E	Contact No.: Home/Office:	Mobile: 85696496	
	Nationality: SINGAPORE CITIZEN		Email: akitestry@gmail.com		
Sex: Male	Age: 22	Date of Birth: 15/08/1998	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Hotel receptionist			Driving Licence Information: Class: 2B Date of Expiry:		

Type of Accident:	Injury Attended by Police			Type of Location Straight Road	
Location: BUKIT BATO	K ROAD				
Weather:		Road Surface: Dry		Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes	

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBJ8465M	Motorcycle	YAMAHA	FZ 16 MANUAL	Blue		0
XD9035K	Lorry	SCANIA		Yellow	No Damage	1

Details of V	ehicle Insurance			10000
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 3

Report No. T/20200911/7010

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

#### CONTINUATION OF REPORT

Details of Ve	ehicle Insurance		to any differ	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ8465M	NTUC Income Insurance Co-Operative Limited	5101112140-02	31/05/2020	30/05/2021

Details of Perso	n Involved					
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destrian C	ross	ing: NA
Rider		1100	Their friday	POSSESSED AN	31	
Name	MUHAMMAD AFIQ FARHAN BIN BAHARIN			ID No.		S9826661E
Related Vehicle	FBJ8465M (Motorcycle)			Contact	No.	85696496
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence Expiry	&	Class: 2B Date of Expiry: NIL
Date	09/09/2020 Date			1	0/09	//2020
	granted Medical Leave 14			f S	erio	US

#### Brief Details.

On 09/09/2020 at around 1055hrs while i was on my way to ITE College West along bukit batok road from my house, i met into an accident with a Vehicle Number XD9035K, i was travelling on a straight road on the middle lane around 40-50 km/h as i was approaching a traffic light junction. After i passed by the traffic light junction, The vehicle plate number XD9035K exited the construction site without checking for oncoming traffic. The company of that trailer vehicle also did not provide any traffic marshall to stop any upcoming vehicles upon the vehicle exit. After seeing the vehicle exit i tried to swerve to the right most lane but still collided with the vehicle on its driver side. I also couldnt manage to brake in time as the vehicle went out suddenly and covered all the 3 lanes. I fell and suffer dislocation on my right shoulder, avulsion on my left foot and also abrasions on my right knee and left hand.





3 of 3

Report No. T/20200911/7010

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

#### CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	sketch

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2020 11:43
Officer In Charge Of Case: TP / TPIB / LEE GUANG HUI Contact No.: 65476138	Classification Of Case:



A member of the NUHS

MEDICAL CERTIFICATE (	Ref:75871115)
-----------------------	---------------

ORIGINAL

NAME: MUHAMMAD AFIQ FARHAN BIN BAHARIN

NRIC: S9826661E

Type of Medical Leave granted: Hospitalisation Leave

The above named is unfit for duty from 10/09/2020 to 23/09/2020 Inclusive.

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from 09/09/2020 11:43 to 09/09/2020 11:59. The aboved name was admitted from 09/09/2020 11:59 to 10/09/2020 12:54.

10/09/2020 Date Dr. Sze Chuan ONG (P2050B) Issued by

Signature

Location: WARD B09 SUBSIDISED



Department of Emergency Medicine Outram Road Singapore 169608 Tel: (65) 6321 4103 Fax: (65) 6226 0924 Reg No: 1987039072

DRIGINAL	MED

### MEDICAL CERTIFICATE

EMD2020278761

MUHAMMAD AFIQ FARHA	N BIN, BAHARIN				NRIC No. S9826661E	- 101 Telegraphic and 144 Co. 7 Telegraphic and 147
This is to certify that the above-name inclusive.			5 day	s from17-Sep	-2020 to	21-Sep-2020
Type of medical leave granted ;  Hospitalization Leave  Admitted on :  Discharged on :  This certificate is not valid fo	r absence from co	urt attendance.	Outpatient Sick : Maternity Leave, Sterillization Lea		Delivered on Operated on	
Fit for light duty from	N.A.	to	N.A.			
Time Chit: Time in	N.A.	Time out	N.A.			
Diagnosis			Surgica	Operation (if appli	cable)	
Comments :					$\wedge$	
Hospital/Clinic		Ward No. Emergency De	nadmani	Signature, Name	IN BLOCK LETTER	RS) and Designation/MCR No.
Emergency Medicine		Date Date	epartment	_	(X	
Singapore General Hospital		17-Sep-2020		JEEVAN RAV	AJ SO THANGA	YAH , 18596E

Claim Handling

Part No.	15 590206618 II
Certificate No. Proscyticater Name MICHAMMAD AFTQ FARMAN BIN BAHARIN Proscyticater Name MICHAMMAD AFTQ FARMAN BIN BAHARIN  Email Address  Ema	S992661E II II II IV
Product Code MCTORCYCLE INSURANCE Cover Type Tring Party, Fire 5 Them. Coating National Registration (Mode) 85696496 Contact Nat (Office) Contact Nat (Offic	No Voters Singapore
Contract No. (Mode): 85696496 Contact No. (Mode): Excess Figure 8 Tried Parry, Fire 8 Tried. Loading Contact No. (Mode): Excess Figure 9 C	No Voters Singapore
Contact No./Mode) #5698496 Contact No./Office)	No Volumes  Dictoris  Singapore
Email Address  Email Address  Epacial Ramania  Report Date  Inc	No William Dichers Dichers Singapore
### ### ### ### ### ### ### ### #### ####	Dichers  Dichers Singapine
NCD Profession NCD Profession NCD Entitlement(%) 15	Dichers  Dichers Singapine
Microsopher Details  Wigner Date  16/09/2020 10:33  Accident Report Within 24 Pry Accident Phone 10:55  Country of Accident Phone 10	Oxfors Singapore
Report Date  18/09/2010 10/33 Accident Report Within 24 Pers  10/15 Country of Accident Prizer  Time of Accident Prizer  10/15 Country of Accident Prizer  Reporting Cardite  Accident Excess Prize  10/16 Standard Excess  10/16 Per Accident  Windstreen Excess  Windstreen Excess  Windstreen Excess  10/10 TP Standard Excess  10/10 TP Standard Excess  10/10 TP Standard Excess  10/10 TP Standard Excess  10/10 TREP TP Excess Applicable  10/10 Excess Applicable  10/10 Trep TP Excess Applicable  10/10 Excess Applicable  10/10 Trep TP Excess Applicable  10/10	Oxfors Singapore
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Date of Accident Phone 10:55 Country of Accident Phone 10:55 C	ent Singapire
### Acodent Lecution   ALONG BURIT RATOK BOAD	
ADD GENERAL Lacution ALONG BUNCT BATCH ROAD  *** Total Excess Applicable**  Excess Type	F Not Covered.
## Total Excess Applicable  Excess Type	IP Not Covered:
Excess Type Fer Academic Windscreen Excess  OD Standard Excess  IL 00 TP Standard Excess  U.00 VIED OF Excess  OL00 Officer is Covered Autitional Excess  Tested OP Excess Applicable  Tested OP Excess Applicable  OL00 Excess Excess  OL00 Officer is Covered  OL00 Excess Excess  OL00 Excess Exce	IF Not Covered
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