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Oi) - II - Reporting Girl	I-Photo Upload	led -			
	Assessment/Sur	rey Report			
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Proturred Witep / INC Assign Witep / QW: (			Tolt	Fext	
Tr Phinticulars: Veh No. CVC	ZUST .	, INC(	.)/Non-INC(	<u>).                                    </u>	· · · · · · · · · · · · · · · · · · ·
Owner / Driver: (			Tel:		<del></del>
Policy No: ( ) Per	lod: (	)	Cover Type: (		<del></del>
Confirmed by 1 (		Dates,	Timer	00 1001/1	
Insured/Driver Liability: ( %) [	Note-Est Status (W	O): N: 0-20	%; P: 21-79%. P	: 80-100%)	<u> </u>
	Warranty: YES (	)/NO(	)		
BRCcss: (\$ ) Londing: \$1,0	00()/52,000(	) YESUKUKUN OUNT	THE PERSON NAMED OF THE PE	तहर भरवा <u>र</u>	Company of the Company
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

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

<ol><li>By the lodgement of this report to the insurers, you hereby con aforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/09/2020 16:04
Date Of Accident	22/09/2020 07:30
Exact Location Of Accident	ALONG SIMS AVE TURNING TO GEYLANG SERAI
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL5755D
Insured/Policyholder	
Name Of Registered Owner	NORAZAD BIN DILAR
NRIC No	SXXXX264H
Email Address	SITI_HAZLINA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96331410
Alternative Phone No	OTHERS-96331410
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA-2.4 AERAS (A)
Exact Purpose for which vehicle was being used a time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	ИО
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	8-V0024359-MVA
Cover Note Number	
Driver	
Name of Driver	MOHAMMED RAFI BIN ALI
NRIC No	SXXXX577Z
Date Of Birth	15/04/1967
Occupation	INDOOR
Date Of Driving Pass	02/04/1991
Driving Experience	29 YEARS AND 5 MONTHS
Gender	MALE
	2007 200 g 1 10 M = 10 10 10 10 10 10 M M M M M M M M M M M

(LOCAL) +65-96331410

SITI\_HAZLINA@HOTMAIL.COM

OTHERS-96331410

Address

BLK 270 BANGKIT ROAD

#03-02

Postcode

70270

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

d OTHER - SON IN LAW

Vehicle Registration Number of Driver's Own

Vehicle

2

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLIDED INTO BICYCLIST

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?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance,

YES

Number of Passengers (Including Driver)

NO 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

CENTRAL POLICE DIVISIONAL HQ (A DIVISION)

Police Station Address

ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2240000 - FAX NO: 62200877

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20200922/7007 AND NEW T/20200922/2134

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH POLICE OFFICER

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

CYCLIST

Vehicle Category

NA/UNKNOWN

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

UNKNOWN CYCLIST

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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: 22 09/20 15-50

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN		
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9	Barring Sela.	
		A) SKL 5755 D.
V 4	B 26	A) SKL 5755 D. B) CYCL157
	B	B) C/C1/21
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ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	21
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	MAMO 11	2020 11 2154.
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		3
DECLARATION	ticulars are true in every respect.	
, we decide the foregoing part	reducts are true in every respects	
	RACT	MV
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature Name:
Date & Time:	(If driver is not the policyholder) Date & Time: 12 09 20	
GIARMC SketchPlanForm, V3	7-(100)	15 30pm NRIC/FIN No.:





1 of 1

# POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000 Report No. A/20200922/7007

Date/Time Report Made	Vide Report No.			Station Diary No.	
22/09/2020 11:04		Activities and account of the control of the contro			
Name Of Informant	Address				
MOHAMMED RAFI BIN ALI	270 BAN	NGKIT ROA	D #03-02 SINGA	PORE 670270	
ID Type / ID No. NRIC NO / S1804577Z	Contact No. Home/Office: Mobile: 96331410				
Nationality SINGAPORE CITIZEN	Email Address SITI HAZLINA@HOTMAIL.COM		OTMAIL.COM		
Occupation	Sex	Age	Date of Birth	Race	
stall helper	Male 53 15/04/		15/04/1967	Indian	
Institution/School Name	Language English				
Date/Time Of Incident 22/09/2020 07:30	Location Of Incident ALONG SIM AVE TURNING TO GEYL		LANG SERAI AT		
	7;30AM A CYCLIST FROM PATHWAY JUST DASH IN AND SUDDENLY I JAMMED THE BRAKE AND I HIT THE CYCLIST				

Brief details.

# CYCLIST WAS SEND HOSPITAL AND NO WITNESS

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2020 11:04
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





Report No. T/20200922/2134

Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

# REPORT OF A TRAFFIC ACCIDENT

	ne Report i 020 21:57	Made:	Vide Report No.: G/20200922/0057	Station Diary No.: 154	
Informa	nt's Partic	ulars			
	Informant: MED RAFI		Address: APT BLK 270 BANGKIT ROA	D #03-02 SINGAPORE 670270	
	/ ID No.: D / S18045	77Z	Contact No.: Home/Office:	Mobile: 96331410	
National SINGAP	ionality: GAPORE CITIZEN		Email:		
Sex: Male	Age: 53	Date of Birth: 15/04/1967	Type of Informant: Driver		
Race: Indian			Language: Malay	Institution / School Name:	
Occupation: STALL HELPER			Driving Licence Information: Class: 2B,2A,3,4	Date of Expiry:	

Type of Accident:	Injury Attended by Poli	ce	Drink Drive: No	Date/Time of Accident: 22/09/2020 07:30	Type of Location T-Junction
Location: SIMS AVENU	E			124/90/2020 01/30	
Weather: Clear		Road Dry	Surface:		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		rking	Traffic Volume; Moderate
The second secon	on:				

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKL5755D	Car	TOYOTA	ESTIMA AERAS 2.4	White	Slightly Damaged	0

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





12020092212134

2 of 3 Report No T/20200922/2134

Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

CONTINUATION OF REPORT

Driver		La chook	Darket Karl	Eligibi		
Name	MOHAMMED RAFI	BIN ALI		ID No		S1804577Z
Related Vehicle	NIL			Conta	ct No.	96331410
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Hara III I	Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury	NIL	

#### Brief Details.

On 22/09/2020 at 0730hrs, I was driving along Sims Avenue and turning right into Geylang Serai hence a cyclist was in my lane and I did not notice him. However, I notice him when my vehicle was turning half-way along Geylang Serai road I initiate emergency brake but unable to stop on time. In result, my front right bumper hit onto the cyclist right side area. The cyclist fell onto the road and stood up in shock. I alighted my vehicle to assist the cyclist. After which, I called police for assistance and they also dispatched an ambulance to my location. The traffic police officer seized my dash-camera (one 'IRoad' 16GB Micro SD Card) and took both our particulars. The cyclist was convey to nearest hospital.





3 of 3

Report No. T/20200922/2134

Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

CONTINUATION OF REPORT

Sk	ne.		-	100	
24	CH	SI.		ar	١

Athentication Stamp

Singapore Police Force

Signature:

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:	Signature Of Informant:
Sgt 2 MUHAMMAD KHAIRIL BIN MOHAMED RAIS	-RAGE
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2020 21:57
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 198401363C

1 Raffles Quay, #29-10 South Tower, Singapore 048583 Tel: 65-6224 6633 Fax: 65-6533 3270 GST Registration No.: M200644018



# Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULE, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No. 8-V0024359-MVA

Account Name LCH LOCKTON PTE, LTD

MCI Type MX1

1 Index Mark and Registration Number of Vehicle or Chassis No:

SKL5755D

2 Name of Policyholder NORAZAD BIN DILAR

3 Effective date of Commencement of Insurance for the purpose of the Regulations

4 Date of Explry

27/11/2020

5 Person or Classes of Person entitled to drive\*

(a) The Policyholder

. The Policyholder may also drive a motor car not belonging to him/her and not hired to him/her under a hire purchase agreement.

(b) Any 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 the driving the Motor Vehicle

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage

6 Limitations as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

7 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risk and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia) are not to be included under these

I/WE HEREBY CERTIFY that the Policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act. 1987 (Malaysia)

Hire Purchase : MAYBANK SINGAPORE LIMITED

Date of Issue: 07/11/2019

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

# GENERAL INSURANCE

RECORDS MAKAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE G Raffles Quay #18-00 Singapore 048580

Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00

UEN: SG6SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Auth

	ADDENDUM
A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	NAME OF THE PARTY
	200 Classes of Control of the Megistration No. One of the
	Name(as shown in NRIC): Name(as shown in NRIC): NRIC/FIN/Passport No : SXXXXXX (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address
	Singapore( )
	Contact (Tel) :Mobile No.:Mobile No.:
	Email Address :
	Date of Accident : 20 09 10000 Time of Accident : 07:30
	Place of Accident :
	Insurance Company: RE
	10 Januar ON07HAR BUCH RAPORT 7/200922/2134
	Mn 2/09/20 20

Date:

Name: NRIC/FINNO.: //g/Li Montholds Date: