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 <u>truthful and accurate</u> 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

alulesalu.	
	ACCIDENT STATEMENT
Date Of Report	01/10/2020 14:51
Date Of Accident	31/08/2020 20:00
Exact Location Of Accident	ALONG PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE561Y
Insured/Policyholder	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	2XXXXX994W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91456784
Alternative Phone No	OFFICE-96356932
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SPARK-135CC
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	REPORTING ONLY
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	5113531735
Cover Note Number	
Driver	
Name of Driver	MI ILLAMMAD SIDDIO DIN LAMZALI

Name of Driver MUHAMMAD SIDDIQ BIN HAMZAH

NRIC No SXXXX385F

Date Of Birth 02/08/1988

Occupation OUTDOOR

Date Of Driving Pass 12/12/2008

Driving Experience 11 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91456784

Fax Number

Contact Number OTHERS-96356932

EMail Address NOEMAIL

BLK 557 BEDOK NORTH STREET 3 Address

#10-998

Postcode 460557

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

NBT8001 (PRIVATE CAR) Foreign Vehicle Registration Number

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

Police Station Name KAKI BUKIT NEIGHBOURHOOD POLICE POST

ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448, POSTCODE: 460526 Police Station Address

, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4429999 - FAX NO: 62444377

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200901/2084 (GRAB RYDER THAT COME AND MAKE REPORT RIDER (MIA)

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 NBT8001

Vehicle Make/Model/Colour TOYOTA INNOVA

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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)

GRAS CENTALS

Date & Time:

10/2020

Reporting Centre I

NRIC/FIN No.

Accident Sketch Plan

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(1)	N.R.
CAKCO	MA
West 1	111
	X
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
KAFFAL W POLICK REPORT 1/2020	901/2084
2	
	/
CLARATION	/
e declare the foregoing particulars are true in every respect.	/ 1 -
(Contrato) 2	1/1/1/2022
Cens Bostms	an olliplond
Driver's Signature Briver's Signature (If driver is not the policyholder) Date & Time: 01/0/224	eporting Centre Personnel's Signature

POLICE REPORT





Police Station Of Origin: Kaki Bukit NPP

526 Bedok North Street 3 #01-448

SINGAPORE 460526 Tel No: 1800-4429999

1 of 3

Report No. T/20200901/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
01/09/2020 18:03		9

01/09/2020 18:03				9	
Informa	nt's Particu	ulars			
Name of Informant: MUHAMMAD SIDDIQ BIN HAMZAH			Address: APT BLK 557 BEDOK NORTH STREET 3 #10-998 SINGAPORE 460557		
ID Type / ID No.: NRIC NO / S8828385F		35F	Contact No.: Home/Office: Mobile: 96356932		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 32	Date of Birth: 02/08/1988	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: FOOD DELIVERY PERSON		PERSON	Driving Licence Information: Class: 2B	Date of Expiry:	

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 31/08/2020 20:00	Type of Location Straight Road	
Location: PAYA LEBAF Weather: Clear	R ROAD	Road Surface:	[1	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate	
	sion:	-		Anyone conveyed by	

Details of V	ehicle Involve	d	SECTION SECTION	N. 100 P.		Manager 1
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBE561Y	Motorcycle	YAMAHA	Spark 135	Maroon	Slightly Damaged	0
NBT8001	Car	TOYOTA	Innova	Silver	Slightly Damaged	0

Details of V	ehicle Insurance	of the same to the same to	William and the	CONTRACTOR OF THE PARTY OF THE
Vehicle No.		Insurance No	Effective	Expiry Date
FBE561Y	NTUC Income Insurance Co-Operative Limited	5113531735000056	02/11/2019	01/11/2020

POLICE REPORT





Police Station Of Origin: Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 Tel No: 1800-4429999 2 of 3 Report No. T/20200901/2084

CONTINUATION OF REPORT

1 D 1 1: 1	-1 - 4 11-					
Any Pedestrian Ir	ivoived: No					
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing; NA			
Rider	AND PROPERTY AND				The state of	
Name	MUHAMMAD SIDDIO	BIN HAMZ	AH	ID No		S8828385F
Related Vehicle	FBE561Y (Motorcycle)			Conta	ct No.	96356932
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Variable -	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 31/08/2020 @ 2000hrs, I was riding my motorcycle, FBE561Y, on the leftmost lane of Paya Lebar Road, towards Guillemard Road. As I was riding just beside Paya Lebar Square, the vehicle in front of me suddenly jammed brakes. I followed suit however my motorcycle knocked slightly onto the rear bumper of the car in front of me, NBT8001. The damage was minimal but since it involved a Malaysian vehicle, I called for the police. Nobody was injured and Traffic Police subsequently came. After interviewing both parties, I was told to lodge a police report with regards the accident. I thus lodge this report as instructed. That's all.

Vide G/20200831/0166.

POLICE REPORT





Police Station Of Origin: Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 3 of 3

Tel No: 1800-4429999

Report No. T/20200901/2084

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: G / Sr Staff Sgt MOHAMMAD FADZLI BIN JAMALUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/09/2020 18:03
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	

RENTAL AGREEMENT

GrabRentals

Schedule Rental agreement # 36233

Name

Muhammad Siddiq Bin Hamzah

NRIC

58828385F

Driver's License

2119601 ln

Address

Blk 557 Bedok North Street 3 #10-998

Date of Birth

2 Aug 1988

Telephone Number

Mobile Number 6596356932

Vehicle Number

FBE561Y

Make & Model

Yamaha T135 Spark

Rental Agreement Agreement Start Date Agreement End Date

36233 7 Jul 2020 5 Jan 2021

Number of Days Minimum Rental Period 182 182

Package Name **Promotional Rental Rates**

Yamaha T135 Spark - 6M Jun 2020 (\$15.95) 5\$15.95 / daily from 7 Jul 2020* to 5 Jan 2021 \$\$27,95 / daily from 6 Jan 2021 onwards

Open Contract Rental Rates Deposit Collected

5\$0.00 (as at 7 Jul 2020)

Package notes

motorbike jun 2020 (next 10 bikes)

"Note: in the case of re-contracting, the above mentioned Promotional Rental Rates will take effect only from the day after the start date of this Agreement.

Promotion Reistals Rates applicable till end of Minimum Rental Period, Grab Rentals reserves the right to apply Open Rental Rates thereofter

Add-Ons (Other Charges) are listed on separate pages

Version August 2020 as at: 26 August 2020



Accident Photo

