

NATIONAL Assessment Centre Services

Wef 1 Jan 05

MNA2009181V

| | | | |
|--------------------------|--|-----------------------|----------------|
| Date In: 24/12/22 17:45 | Job description | Date & Time Completed | Done by |
| Ref No: NM/INC2011376/24 | SAS e-filing | | |
| Veh No: FBF49494 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 15/12/22 19:40 | i-Motor Claim Form | M7/1107200-001 | 20/12/20 14:13 |
| OD: TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|---|------------------------------------|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: YPJ51A | INC () / Non-INC () |
| Owner / Driver: (| Tel: | |
| Policy No: () | Period: () | Cover Type: () |
| Confirmed by: (| Date: | Time: |
| Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%] | | |
| Year of Registration: () | Warranty: YES () / NO () | |
| Excess: (\$) | Loading: \$1,000 () / \$2,000 () | |

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

| Remarks: | Date & Time Completed | Done by |
|---|-----------------------|---------|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|-----------|
| 1A205614/1A205724 | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | Int Bill | Add Bill |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| QC Checked by (Engr-In-Charge): | QD* | | |
| | *N5: Courtesy Car / Tpl Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| Auditors' Comments: | TP (N11): TP (Non INC) against INC \$20 | | |
| at 1: | 9) N12: Idao Mobile 30 | | |
| at 2 / 3: | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

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 | 20/10/2020 13:45 |
| Date Of Accident | 15/10/2020 17:40 |
| Exact Location Of Accident | SELETAR WEST LINK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | FBF4949G |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|-----------------------------------|
| Name Of Registered Owner | MOHAMED FARHAN BIN MOHAMED HASHIM |
| NRIC No | SXXXX749D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-88899303 |
| Alternative Phone No | OFFICE-88899303 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | CB400 |
| 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 | 5117987377 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------------|
| Name of Driver | MOHAMED FARHAN BIN MOHAMED HASHIM |
| NRIC No | SXXXX749D |
| Date Of Birth | 23/10/1983 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 08/06/2010 |
| Driving Experience | 10 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-88899303 |
| Fax Number | |
| Contact Number | OFFICE-88899303 |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 889A TAMPINES STREET 81 #05-1026 |
| Postcode | 521889 |
| Was driver an employee of the Insured's Company | NO |
| 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 - CHANGE/CROSS LANE |
| 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) | 2 |
| Passenger 1 | NAME: : NURUL ATIKA BTE MUHAMMAD NOH GENDER: : FEMALE |

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

REFER TO POLICE REPORT - T/20201019/7026.

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 | YP541A |
| 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 MOHAMED FARHAN BIN MOHAMED HASHIM
Approximate Age
Injuries Sustain LEG
Injured person in which vehicle? FBF4949G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NURUL ATIKA BTE MUHAMMAD NOH
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? FBF4949G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.



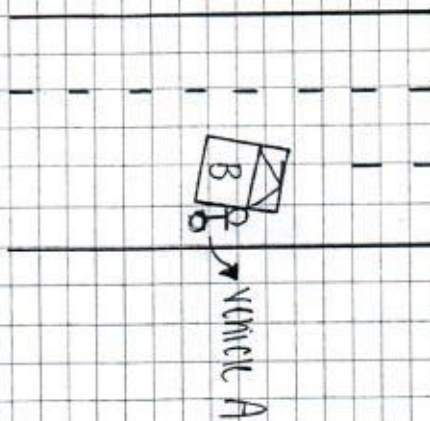
Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

SKETCH PLAN



A - FBF4949G

B - YPH41A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along the first lane of Seletar West Link as the traffic was moderate and we were all travelling at an average speed. Vehicle B from the second lane, started to filter right without noticing me and I immediately slowed down and start pressing my horn but vehicle B continue filtering and collided onto me and I got stucked and dragged by his vehicle for almost 15 seconds. I then brought my wife to the clinic and was supposed to get ourselves checked by the doctor but I fainted outside the clinic and was conveyed to the hospital by ambulance.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ 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 traffic police department for investigation.

ACCIDENT DETAILS

| | | |
|----------------------------|------------------|------------|
| Date of accident | 15 Oct 2020 | (DD/MM/YY) |
| Time of accident | 5:40PM | (HH:MM) |
| Exact location of accident | Scully West Link | |

DETAILS OF VEHICLE

| | | | |
|--|----------------------------------|--|---|
| Vehicle registration number | FBF4949G | | |
| Vehicle make and model | Honda CB400 | | |
| Type of vehicle | Saloon <input type="checkbox"/> | MPV <input type="checkbox"/> | CRV <input type="checkbox"/> Van <input type="checkbox"/> |
| | Lorry <input type="checkbox"/> | Bus <input type="checkbox"/> | Motorcycle <input checked="" type="checkbox"/> Others: _____ |
| Vehicle category | Private <input type="checkbox"/> | Commercial <input type="checkbox"/> | Motorcycle <input checked="" type="checkbox"/> |
| Purpose of using at said time | | | |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

INSURANCE INFORMATION

| | |
|-------------------|---|
| Insurance company | NTUC |
| Policy number | |
| Type of policy | Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

INSURED / POLICY HOLDER

| | | |
|------------------------------|--|--|
| Name | Mohamed Farnan Bin Mohamed Hashim | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S8333749D | |
| Contact | 88899303 / 88895303 | |
| Address | Blk 461B Yishun Ave #06-1055 760 762461 | |

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

| | | |
|------------------------------|---------------------------------|---|
| Name | | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | | |
| Contact | | |
| Address | | |
| Email address | | |
| Date of birth | 23 Oct 1983 | |
| Occupation | Indoor <input type="checkbox"/> | Outdoor <input checked="" type="checkbox"/> |
| Driving date pass | 8 Jun 2010 | |

| GENERAL INFORMATION OF THE ACCIDENT | |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Owner</u> |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> |
| No of passenger | <u>2</u> (Inclusive of driver) |

| PASSENGER 1 | |
|-------------|--|
| Name | <u>MOHAMED FARHAN BIN MOHAMED HASHIM</u> |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 2 | |
|-------------|--|
| Name | <u>NURUL ATIKA BTE MUHAMMAD NOK</u> |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

| PASSENGER 3 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 4 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 5 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 6 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| OTHER INFORMATION | |
|----------------------------|---|
| Was anybody injured? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| DETAILS OF POLICE STATION ACTION | |
|----------------------------------|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name | |

| WITNESS 1 | |
|-----------|--|
| Name | |

| WITNESS 2 | |
|-----------|--|
| Name | |

THIRD PARTY VEHICLE 1

| | |
|------------------------------|--------|
| Vehicle registration number | UPH41A |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

THIRD PARTY VEHICLE 2

| | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

THIRD PARTY VEHICLE 3

| | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

THIRD PARTY VEHICLE 4

| | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

THIRD PARTY VEHICLE 5

| | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

THIRD PARTY VEHICLE 6

| | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

THIRD PARTY VEHICLE 7

| | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

INJURED PERSON 1

| | |
|--|---|
| Name | Mohamed Farhan Bin Mohamed Hashim |
| Injuries sustained | LLG |
| Which vehicle person in? | FBF4949G |
| Were seat belts worn? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

INJURED PERSON 2

| | |
|--|---|
| Name | Nurul Atika Bt. Mohammad Noh |
| Injuries sustained | Neck back |
| Which vehicle person in? | FBF4949G |
| Were seat belts worn? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

INJURED PERSON 3

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

INJURED PERSON 4

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

INJURED PERSON 5

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

INJURED PERSON 6

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |



SINGAPORE POLICE FORCE



T/20201019/7026

1 of 3

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

Report No. T/20201019/7026

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|---|------------------------------|
| Date/Time Report Made: 19/10/2020 17:01 | Vide Report No.: | Station Diary No.: |
| Informant's Particulars | | |
| Name of Informant: MOHAMED FARHAN BIN MOHAMED HASHIM | Address: 889A TAMPINES STREET 81 #05-1026 SINGAPORE 521889 | |
| ID Type / ID No.: NRIC NO / S8333749D | Contact No.: Home/Office: Mobile: 88899303 | |
| Nationality: SINGAPORE CITIZEN | Email: THREEZEROTHREEBAM@GMAIL.COM | |
| Sex: Male | Age: 36 | Date of Birth: 23/10/1983 |
| Type of Informant: Rider | | |
| Race: Indian | Language: English | Institution / School Name: |
| Occupation: Despatch worker | Driving Licence Information: Class: 2B,2A,3 | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------------------------|--------------------|--|------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 15/10/2020 17:30 | Type of Location: Straight Road |
| Location: SELETAR WEST LINK | | | | |
| Weather: Clear | Road Surface: Dry | | Road Speed Limit: | |
| Traffic Flow: One Way | Traffic Control: Not Controlled | | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | Anyone conveyed by ambulance: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------------|-------|-------|-------|------------------|-------|
| FBF4949G | Motorcycle | HONDA | CB400 | Black | | 0 |
| YP541A | Lorry | | | | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE
POLICE FORCE**



T/20201019/7026

2 of 3

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

Report No. T/20201019/7026

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBF4949G | NTUC Income Insurance Co-Operative Limited | 5117987377 | 24/06/2020 | 23/06/2021 |

| Details of Person Involved | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------------|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | | |
| Pillion | | | | |
| Name | NURULATIKA BINTE MUHAMMAD NOH | ID No. | S9544752Z | |
| Related Vehicle | FBF4949G (Motorcycle) | Contact No. | 83030312 | |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL | |
| Date | NIL | Date | NIL | |
| No. of Days granted Medical Leave | 05 | Degree of | Serious | |
| Rider | | | | |
| Name | MOHAMED FARHAN BIN MOHAMED HASHIM | ID No. | S8333749D | |
| Related Vehicle | FBF4949G (Motorcycle) | Contact No. | 88899303 | |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry | Class: 2B,2A,3 Date of Expiry: NIL | |
| Date | NIL | Date | NIL | |
| No. of Days granted Medical Leave | 16 | Degree of | Serious | |

Brief Details.

On 15/10/2020 at about 1730hours.

I was travelling on my motorcycle(FBF4949G) along seletar west link on lane 1 with my pillion. Suddenly vehicle(YP541A) cut in from lane 2 abruptly and collided to my motorcycle. I felt an huge impact from the left side. My motorcycle fell and we topple down from my motorcycle with my pillion . We were injured, and i was being conveyed to changi general hospital.

I sustained serious injuries from the above accident mentioned and was given 16 days MC.



**SINGAPORE
POLICE FORCE**



T/20201019/7026

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

3 of 3

Report No. T/20201019/7026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
HO JIEKANG, IVAN
Contact No.: 65476170

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
19/10/2020 17:01

Classification Of Case: