SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <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.

| aforesaid. | |
|--|-----------------------------------|
| | ACCIDENT STATEMENT |
| Date Of Report | 21/10/2020 10:48 |
| Date Of Accident | 19/10/2020 17:30 |
| Exact Location Of Accident | NO. 44 PASIR PANJANG ROAD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | FBR6692U |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHAMMAD SYAHIDIN BIN ABDUL WAHID |
| NRIC No | SXXXX203G |
| Email Address | MUHD_SYAHIDIN98@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91768460 |
| Alternative Phone No | OTHERS-91768460 |
| Vehicle Particulars | |
| Manufacturer | YAMAHA |
| Model | MT-09-847CC |
| Exact Purpose for which vehicle was being used at time of accident | BIKE WAS PARKED |
| 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 | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | |
| Cover Note Number | C0108733 |
| Driver | |
| Name of Driver | MUHAMMAD SYAHIDIN BIN ABDUL WAHID |
| NRIC No | SXXXX203G |
| Date Of Birth | 03/02/1998 |
| Occupation | INDOOR |
| Date Of Driving Pass | 14/08/2020 |
| Driving Experience | 0 YEAR AND 2 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91768460 |
| Fax Number | |
| | |

OTHERS-91768460

MUHD_SYAHIDIN98@HOTMAIL.COM

Address BLK 616 CHOA CHU KANG STREET 62

#03-263

Postcode 680616

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

NO

NO

0

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

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

Police Station Address 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/20201020/7015

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 SJH902A

Vehicle Make/Model/Colour NISSAN LATIO

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FBK9010E

Vehicle Make/Model/Colour BMW S1000RR

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver SHIVASURIA S/O MANIAM KESAVAL

NRIC/Passport Number SXXXX209C Contact Number 91908444

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 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: 2 1/10 / 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatur

Name:

NRIC/FIN No.:

Accident Sketch Plan

| | WWW | BIXE | WAS | PORKHID |
|---|-----------------------------|--------|---------|-------------|
| CRIBE CIRCUMSTANCES OF | MKNOWN | | | |
| RAFIEL W DL | | 1/2020 | 1020/70 | 15 |
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| LARATION declare the foregoing particula | ars are true in every respe | ect. | -41 | N 21/w/2020 |





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20201020/7015

REPORT OF A TRAFFIC ACCIDENT

| | Time Report Made: 0/2020 19:01 | | Vide Report No.: D/20201019/0086 | Station Diary No.: | | |
|-----------------------------|-----------------------------------|--|---|--------------------|--|--|
| Informa | nt's Partice | ulars | | | | |
| Name of Informant: | | | Address: | | | |
| MUHAMMAD SYAHIDIN BIN ABDUL | | | 616 CHOA CHU KANG STREET 62 #03-263 SINGAPORE | | | |
| WAHID | | | 680616 | | | |
| ID Type / ID No.: | | Contact No.: | | | | |
| NRIC NO / S9803203G | | Home/Office: Mobile: 91768460 | | | | |
| Nationality: | | Email: | | | | |
| SINGAPORE CITIZEN | | MUHD SYAHIDIN98@HOTMAIL.COM | | | | |
| Sex: Age: Date of Birth: | | Type of Informant: | | | | |
| Male 22 03/02/1998 | | Vehicle Owner | | | | |
| Race: Malay | | Language: Institution / School No | | | | |
| Occupation: Student | | Driving Licence Inform Class: 2B,2A,2 | ation: Date of Expiry: | | | |

| | | | Marie Company of the | |
|------------------------------------|----------------------------------|-----------------------|---|---|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 19/10/2020 17:30 | Type of Location Car Park |
| Location: | | | | |
| PASIR PANJ | ANG ROAD | | | |
| Weather: | | Road Surface: | | Road Speed Limit: |
| | | Road Surface: Dry | | Road Speed Limit: |
| Weather: Clear Traffic Flow: | | | | Road Speed Limit: Traffic Volume: No Traffic |

| Vehicle No. | Туре | Make | Model | Color | Conditio | No of |
|-------------|------------|--------|------------------|-------|---------------------|-------|
| FBK9010E | Motorcycle | BMW | S1000RR | Black | Slightly Damaged | 1 |
| FBR6692U | Motorcycle | YAMAHA | Tracer GT 900 | Black | Slightly Damaged | 1 |





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

2 of 4 Report No. T/20201020/7015

CONTINUATION OF REPORT

| Details of Vehicle Involved | | | | | | |
|------------------------------|------|--------|-------|-------|---------------------|-------|
| Vehicle No. | Туре | Make | Model | Color | Conditio | No of |
| SJH902A (Not Accurate) | Car | NISSAN | Latio | Gold | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | | | |
|------------------------------|--|---------------|------------|-------------|--|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date | |
| FBK9010E | NTUC Income Insurance Co-Operative Limited | 5109629651-01 | 07/10/2020 | 06/10/2021 | |
| FBR6692U | | | 11/09/2020 | 10/09/2021 | |

| Details of Perso | n Involved | Manualan | | New Bill | and the | |
|-------------------------|-------------------------------|--------------------------------------|----------|--|---------|---------------------------------------|
| Any Pedestrian I | nvolved: No | | | | | |
| No. of Pedestrian | Use of Pe | Use of Pedestrian Crossing: NA | | | | |
| Vehicle Owner | | | | 1233 | | A PARAMETER STATE |
| Name | SHIVASURIA S/O MANIAM KESAVAL | | | ID No | | S9716209C |
| Related Vehicle | FBK9010E (Motorcycle) | | | Conta | ct No. | 91908444 |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry | | Class: 2B,2A,2 Date of Expiry: NIL |
| Date | NIL | | Date | | NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree o | f | NIL | |
| Vehicle Owner | | Sant Colon | | 1 | | |
| Name | MUHAMMAD SYAH WAHID | MUHAMMAD SYAHIDIN BIN ABDUL WAHID | | | , | S9803203G |
| Related Vehicle | NIL | | | Contact No. | | 91768460 |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry | | Class: 2B,2A,2 Date of Expiry: NIL |
| Date | NIL | 370 | Date | | NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree o | f | NIL | |



T/20201020/7015

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20201020/7015

CONTINUATION OF REPORT

Brief Details.

On the above date, time and location, while I was at Anytime Fitness Gym gymming, I was informed by the gym manager that one of the motorcycles parked outside the gym had been knocked down by an unknown car and dropped.

When I went out to inspect the same, I noticed my motorcycle bearing registration plate "FBR6692U" being a Yamaha Tracer GT900 and my friend's motorcycle bearing registration plate "FBK9011E" and being a BMW S1000RR (Black), had fallen and were leaning on each other with several damages.

The motorcycle was subsequently picked up and the gym manager assisted to check CCTV footage which confirmed an accident between the two parked motorcycles and an unknown gold coloured motorcar being a Nissan Latio at about 1713hrs.

There were no notes left on the motorcycles with any contact details whatsoever. Nobody approached either one of us and therefore, I called for police assistance as it would be considered a hit-and-run.

I was approached by one witness by the name of "Ron" who informed me that he witnessed the accident but was unable to capture the full plate number but remembered "SJH902A". He provided me with his contact number at 8588 0070.

An unknown Chinese lady was also believed to have spoken to the driver of the unknown car after the accident and tried to carry my motorcycle but subsequently left without any sign. She was at the gym premises and when approached informed she had no connection with the driver and was just there to help. She does not know anything.

A traffic police officer subsequently arrived and directed me to make this police report upon completion of the on-scene investigations. I was informed that the IO in-charge of the case is IO Muhaimin from Traffic Police who can be contacted at 6547 6090.

That is all.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20201020/7015

CONTINUATION OF REPORT

| Sketch | Dian |
|---------|-------|
| SKELLII | LIGHT |

NP168

Informant is not able to provide sketch

| 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: 20/10/2020 19:01 |
| Officer In Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |















