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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number

Gender

- 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
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
D	DETAILS OF OWN VEHICLE
/ehicle Registration Number	FBR6692U
nsured/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 ime of accident	BIKE WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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

14/08/2020

MALE

0 YEAR AND 2 MONTH

(LOCAL) +65-91768460

OTHERS 04760460

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

Vehicle Registration Number of Driver's Own Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

0

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/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

SJH1092S

Vehicle Make/Model/Colour

NISSAN LATIO 1.5L A

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

mber FBK9010E

Vehicle Make/Model/Colour

BMW S1000RR

Details Of Properties

MOTORCYCLE

Vehicle Category

SHIVASURIA S/O MANIAM KESAVAL

Name of Driver NRIC/Passport Number

SXXXX209C

Contact Number

91908444

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:
 - 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

HEEN IN 150

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

	ACCIDENT DATE: (19. / 10. / 2020) (DD/MM/	YYYY), TIME:(5 : 30)(HH:MM)
	LOCATION: 44 Pasir Panjang road	1
	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: FBR66920	
	DINSURANCE COMPANY: Liberty	
	CIPOLICY NUMBER: COVEY NOTE : CO	108733
	d)POLICY TYPE: (COMPREHENSIVE / THIRD	
	e)MAKE & MODEL: Yaman	a Tracer 64900 GT
	f)TYPE:(SALOON / COUPE / MPV /VAN / L	ORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMM	
	h)PURPOSE OF USING AT ACCIDENT TIME;	
	I) ARE YOU CLAIMING UNDER YOUP OWN	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	(1981의 2011년 1972년 전원 1일 2011년 1982년 1
	2. INSURED / POLICY HOLDER	. Lamid
	AINAME: Muhammad Syahidin Bi	in Abdol (MALE / FEMALE)
	bjnric/fin/passport: S9803703G	CONTACT: 91768460
	CLADDRESS: Choa Cho kang Street	62 BIKG16 X 03-263
12	. S690616	
	* CONTINUE TO 3.d IF DRIVER ALSO POLIC'	YHOLDER
# No of passon	na3 DRIVER 1	
		(MALE / FEMALE)
Clincluding dr	b)NRIC/FIN/PASSPORT:	CONTACT:
(<u>0</u>)	c)ADDRESS:	
	*d) DATE OF BIRTH: (03/ 02/ 1998)(1	DD/MM/YYYY) ·
0.5	e)OCCUPATION: (INDOOR / OUTDOOR)	
	FIDATE OF DRIVING PASC 14A	vg 2020
	4. WAS DRIVER AN EMPLOYEE OF THE INS	
	IF NO, RELATIONSHIP OF THE DRIVER N	WITH INSURED: No
	5. a) WEATHER CONDITION: (CLEAR / RAINING	G / OTHERS
	b)ROAD SURFACE: (DRY / WET / OTHERS	
	6. WAS ANYBODY INJURED (YES / NO)	* **
58	7. a) REPORTED TO POUCE (YES / NO)	. 8 . 70
	IF YES, PLEASE STATE WHICH POLICE STATE	ION: PO TP
197	8 THIRD PARTY VEHICLE	economic terminal some economic registrativation to enter a figure to entropy and the second
the of passing	er a) VEHICLE NUMBER: FBK 90110E	MODEL: BMA S1000 RR.
(Including driv	DRIVER'S NAME: Shings	0.00 0.00
(4)	c) NRIC/FIN/PASSPORT:	CONTACT: 9190 8494
(9. THIRD PARTY VEHICLE	HODEL Nissan Latto
4 Ho of passan	d) VEHICLE NUMBER:	MODEL: Nissan Latto
/ land 1: 4	. \ \ -/	
(Induding.dr	iv2r) f) NRIC/FIN/PASSPORT:	CONTACT:
(4)	(8)	
	20% III.	

email = muhd_Syanidin 98@hotmail.com





1 of 4

Report No. T/20201020/7015

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

REPORT OF A TRAFFIC ACCIDENT

Tel No: 65470000

Date/Time Report Made: 20/10/2020 19:01			Vide Report No.: Station Dia D/20201019/0086			
Informa	nt's Particu	ılars	Committee Commit			
Name of Informant: MUHAMMAD SYAHIDIN BIN ABDUL WAHID		Address: 616 CHOA CHU KANG STREET 62 #03-263 SINGAPORE 680616				
ID Type	ID Type / ID No.: NRIC NO / S9803203G		Contact No.: Home/Office: Mobile: 91768460			
National SINGAP	ity: ORE CITIZ	EN	Email: MUHD_SYAHIDIN98@HOTMAIL.COM			
Sex: Age: Date of Birth: Male 22 03/02/1998		Type of Informant: Vehicle Owner				
Race: Malay		Language: English	Institution / School Name:			
Occupation: Student		Driving Licence Informatical Class: 2B,2A,2	tion: Date of Expiry:			

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			
		Road Surface: Dry		Road Speed Limit:
Weather: Clear Traffic Flow:				Road Speed Limit: Traffic Volume: No Traffic

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





2 of 4

Report No. T/20201020/7015

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

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	25 188 18	SECTION AND ADDRESS OF THE PARTY OF THE PART		i si	
Any Pedestrian I	nvolved: No					
No. of Pedestriar	s Injured: NIL		Use of Pedestrian Crossing: NA			
Vehicle Owner				Missing 1		
Name	SHIVASURIA S/O M	IANIAM K	ESAVAL	ID No.		S9716209C
Related Vehicle	FBK9010E (Motorcycle)			Contact 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 (
Vehicle Owner	SELECTION AND ADDRESS OF					AND SECTION OF THE PERSON AND ADDRESS.
Name	MUHAMMAD SYAH WAHID	IDIN BIN A	ABDUL	ID No).	S9803203G
Related Vehicle	NIL			Conta	act No.	91768460
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 of	of	NIL	





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 Plan Informant is not able to provide sketch

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



www.libertyinsurance.com.sg

Motor Cover Note

Name of Producer:

WTT INSURANCE AGENCIES PTE LTD (A1434)

Date of Issue:

10 Sep 2020

Cover Note No.:

C0108733

Quotation/ Proposal/ Policy No.:

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on

Details of Schedule

Name of Insured:

- MUHAMMAD SYAHIDIN BIN ABDUL WAHID

Period of Insurance:

From: 11 Sep 2020 00:00

To: 10 Sep 2021 23:59

Registration No.: Make and Model:

FBR6692U

YAMAHA MT 09 TRACER

Type of Body:

NON SPORTS

Capacity/Tonnage:

Year of Manufacture/Registration:

2020/2020

Chassis No.:

JYARN575000024135

Engine No.:

N701E182407

Sum insured:

MARKET VALUE AT TIME OF LOSS

Name of Finance Company:

Type of Plan:

Comprehensive

Excess:

NAMED RIDER: MUHAMMAD SYADZWAN BIN ABDUL WAHID

EXCESS: \$1250 SG, \$2500 MY

The Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987, Road Transport (Amendment) Act 2019, The Motor Vehicles (Third Party Risks) Rules, 1959 and any subsequent revisions to the above Acts and Agreements,

I/We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987.

Not valid unless counter-signed by authorized person.

Date: 10 Sep 2020 12:57

For and on behalf of

LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.

A1434/A1434-2/10-Sep-2020/MotertdCoverNate/v1.0



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: \$66550020G / GST Res. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

			ADDENDU		100 - 100 -		
(A)	PARTICULARSOFP	ERSON MAKING THE		* *			
	Original Report No	Mua12092	090			110	
		00.110	211	Vehicle Regis	tration No: 🗡	BR 66924	
	Name(as shownin NRIC	41.20	SYD DIDIM.	NRIC/FIN/Pas	sport No :	3XXXX X03	<
		ehicle Owner) (*) Ple	asé delete as appi	opriate			
	Address	1		-		_Singapore()
	Contact (Tel)	:		Mobile No. :_	977681	160	7/
	Email Address	:			,		
	Date of Accident	: 19/10/202) .	l'ime of Accid	ent: _/7/	30	
	Place of Accident	: NO.44 P	1818/1014)	ONG BE	DO .		
	Insurance Company	: LIBER	71/				
(B)	ADDITIONALINFOR	RMATION / AMENDI	MENTS:	11 TO 12			
	I have made a report make the following		oned accident an	1	o include addit	ilonal informatio	nor
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				Pro	1/ 2/	1/2021	
	Policyholder / Driver Date:	's Signature		Reporting (Name; NRIC/FINNO Date:	Centre Personn	el's Signature	