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 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 o. This report will be come 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

EACCIDENT: STATEMENT

19/11/2020 10:59 Date Of Report 17/11/2020 21:10 Date Of Accident ORCHARD ROAD **Exact Location Of Accident**

DETAILS OF OWN VEHICLE:

SINGAPORE

FBK6017G Vehicle Registration Number

Insured/Policyholder

Country/State of Loss

MOHAMED HASIKIN BIN ABU BAKAR Name Of Registered Owner

SXXXX235Z NRIC No NOEMAIL **Email Address**

Mobile Phone No (LOCAL) +65-87670409 Alternative Phone No OFFICE-87670409

Vehicle Particulars

Manufacturer YAMAHA

Model SUPER TENERE

Exact Purpose for which vehicle was being used at

time of accident

PTE 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

28/07/2020

Policy Number

5118429614 (TPFT)

Cover Note Number

Driver

Name of Driver MOHAMED HASIKIN BIN ABU BAKAR

NRIC No SXXXX235Z Date Of Birth 24/02/1979 Occupation INDOOR **Date Of Driving Pass**

Driving Experience 0 YEAR AND 3 MONTH

Gender MALE

Mobile Number (LOCAL) +65-87670409

Fax Number

Contact Number OFFICE-87670409

EMail Address NOEMAIL Address

BLK 504 #12-171 CHOA CHU KANG STREET 51

Postcode

680504

OWNER

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

ORCHARD NEIGHBOURHOOD POLICE CENTRE

ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7359999 - FAX NO: 67331934

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

* REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

CANNOT BE UPLOADED

Was there any audio recorded?

NO

Details of Witness 1

Name

HANBIN

Phone Number

96335644

Fmail Address

DETAILS OF OTHER VEHICLE PROPERTY 1:8

Vehicle Registration Number Vehicle Make/Model/Colour

SJH5343S

TOYOTAVIOS

ALG

118120H

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number





1 of 3 Report No. T/20201117/2131

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

| Date/Time Report Made: 17/11/2020 22:25 | | | Vide Report No.: | Station Diary No.: 74 |
|---|-------------------|-------|---|----------------------------|
| Informa | nt's Particu | ulars | | |
| Name of | Informant: | | Address: APT BLK 504 CHOA CHU KA SINGAPORE 680504 | NG STREET 51 #12-171 |
| ID Type / ID No.: NRIC NO / S7908235Z | | | Contact No.: Home/Office: | Mobile: 87670409 |
| National SINGAP | ity: ORE CITIZ | EN | Email: | · |
| Sex: Age: Date of Birth: Male 41 24/02/1979 | | | Type of Informant: Rider | |
| Race: | | | Language: English | Institution / School Name: |
| Occupation: | | | Driving Licence Information: | Date of Expiry: |

| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 17/11/2020 21:10 | Type of Location Plaza Singapura Carpark level 4 | |
|-----------------------------------|-------------------------------|------------------------------------|---|--|--|
| Location: ORCHARD RO | DAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: | |
| | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic | |
| Type of Collision Moving Vehicle | on: e Against - Parked Vel | nicle | 72 g | Anyone conveyed by ambulance: No | |

| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|-----------------|-------|---------------------|-----------------|
| FBK6017G | Motorcycle | YAMAHA | SUPER TENERE | Blue | Slightly Damaged | 0 |
| SJH5343S | Car | | | | No Damage | 0 |

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|--------------|------------|-------------|
| FBK6017G | NTUC Income Insurance Co-Operative Limited | 5118429614 | 28/07/2020 | 27/07/2021 |





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999 2 of 3 Report No. T/20201117/2131

CONTINUATION OF REPORT

| Any Pedestrian Ir | nvolved: No | | | | |
|-------------------|--|--------------------------------|-------------------------------------|-----------|---|
| No. of Pedestriar | Use of Pe | Use of Pedestrian Crossing: NA | | | |
| Rider | AND THE RESIDENCE OF THE PROPERTY OF THE PROPE | | - 1 | | TOTAL |
| Name . | MOHAMED HASIKIN BIN ABU | BAKAR . | ID No |). | S7908235Z |
| Related Vehicle | FBK6017G (Motorcycle) | | Conta | ct No. | 87670409 |
| Hospital/Clinic | NIL | | Class Drivin Licend Expiry | g ce & | Class: 2B,2A,2,3A Date of Expiry: NIL |
| Date Treatment | NIL · | Date Disc | | NIL | |
| | | | f Injury | NIL | |

Brief Details.

On 17/11/2020 at about 8pm, I reach plaza Singapura carpark and rode my motorcycle to level 4 carpark. I went to parked my motorcycle which do not have a lot number and it is also not a car parking lot. After that I came back about 1hr later and discovered that my motor cycle had felion the ground. I made a check and discovered that as of now the right throttle is slightly bent and the side panel was damaged. I looked around ad discovered that vehicle (SKZ 5187U) driver (MR Hanbin HP: 96335644) was in his vehicle which was parked directly opposite where I parked and requested for his assistant to retrieve his in-built car camera footage. He then manage to send me a footage showing vehicle (SJH 5343S) had reversed into the space I parked my motorcycle and after he hit my vehicle, he just drove off. I wish to state as of now I am unsure of the repair cost.





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999 3 of 3 Report No. T/20201117/2131

CONTINUATION OF REPORT

| Ske | tch | P | lan |
|-----|------|---|-----|
| OVE | LUII | | |

NP168

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: E / Sgt 3 MUHAMMAD ZAMIR BIN NAZIR | Signature Of Informant: |
|---|-----------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 17/11/2020 22:25 |
| Officer In Charge Of Case: TP / HRT / SI TAN JEOK LENG Contact No.: 65476144 | Classification Of Case: |
| Authentication Stamp | |

| | Sketch Plan #5 Pg. 1 | |
|---------------------------------------|---|--|
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| DECLARATION | | 10.0 |
| I/We declare the foregoing particular | rs are true in every respect. | IDAC BUKIT BATOK (VAC) |
| 4. | | Sing grown. Tel: 6567 9127 / 6564 3312 |
| Policyholder's Signature | Drivers Ct. | Fax: 6569 0772 |
| Date & Time: 18/11/20 | Driver's Signature (If driver is not the policyholder) Date & Time: | Reporting Centre Personnel's Signature Name: NRIC/FIN No.: |

Accident Sketch Plan Pg. 1



Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

Report No. T/20201117/2131

3 of 3

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.

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|---|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 17/11/2020 22:25 |
| Officer In Charge Of Case: TP / HRT / | Classification Of Case: |
| SI TAN JEOK LENG Contact No.: 65476144 | |
| Authentication Stamp NP168 SN 17 | |