SS2120CF000G / STA Inspection Pte Ltd[575627]
ENTRY DATE & TIME: 15/12/2020 16:50 (SGT)
SUBMITTED BY: Mohamad Farez Bin Jalil
VERSION: 1 (15/12/2020 16:50 (SGT))

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 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 Submission	15/12/2020 16:50 (SGT)
Date of Accident	14/12/2020 19:30 (SGT)
Exact Location of Accident	Bishan Street 13, Singapore
Additional Location Information	TOWARDS BLOCK 166
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC920E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD HAKIM BIN JURAIMI
NRIC No	SXXXX073A
Email Address	BESERKIST2@OUTLOOK.COM
Mobile Phone No	(Phone) +65-90471692
Alternative Phone No	(Office) +65-90471692

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SPARK 135
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5071318123-05
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD HAKIM BIN JURAIMI
NRIC No	SXXXX073A
Date Of Birth	01/07/1988
Occupation	Outdoor

Date Of Driving Pass	03/05/2012
Driving experience	8 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90471692
Alt. Phone Number	(Office) +65-90471692
Email Address	BESERKIST2@OUTLOOK.COM
Address	BLK 303 #03-256 SERANGOON AVENUE 2
Address complement	-
Postcode	550303
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND ATTACHED ; REMARKS: (1)TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND POLICE REPORT (2) UNABLE TO PROVIDE CHASSIS PLATE NUMBER

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	SLG2200Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN YONG BOON
Contact Number	(Phone) +65-96778918
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REFER TO POLICE REPORT AND ATTACHED
Details of property damaged in accident	REFER TO POLICE REPORT AND ATTACHED
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMAD HAKIM BIN JURAIMI
Address	BLK 303 #03-256 SERANGOON AVENUE 2
Address Complement	-
Post Code	550303
Approximate Age Years Old	32
Injuries Sustained	REFER TO POLICE REPORT AND ATTACHED
Injured person in which vehicle?	FBC920E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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7. 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 :

   (i) 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.

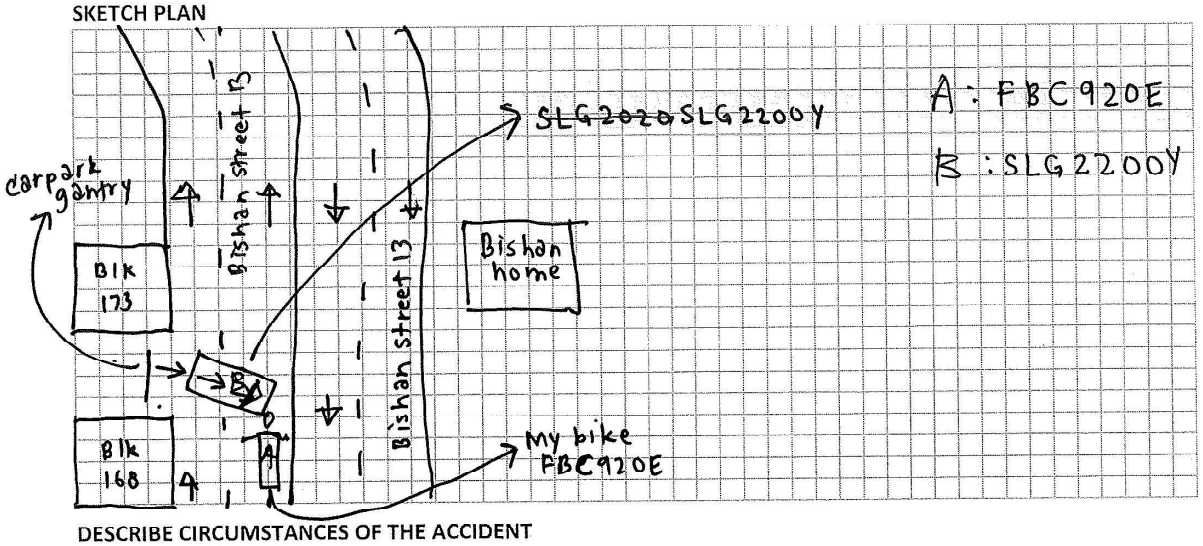
   (e) the information so collected under (d) above may be shared / disclosed:

   (i) 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) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~I was on my way to Blk 166 Bishan Street 13 and came via Bishan Street 11. As I was approaching~~

Refer to Police Report No. T/20201215/2027

DECLARATION

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

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

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SINGAPORE POLICE FORCE

T/20201215/2027

Report No. T/20201215/2027

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
15/12/2020 10:36		15

Informant's Particulars

Name of Informant: MOHAMAD HAKIM BIN JURAIMI			Address: APT BLK 303 SERANGOON AVENUE 2 #03-256 SINGAPORE 550303	
ID Type / ID No.: NRIC NO / S8824073A			Contact No.: Home/Office: Mobile: 90471692	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 32	Date of Birth: 01/07/1988	Type of Informant: Rider	
Race: Javanese			Language: English	Institution / School Name:
Occupation: FOOD DELIVERY RIDER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/12/2020 19:30	Type of Location: Car Park
Location: BISHAN STREET 13				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage 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	Condition	No of Passenger
FBC920E	Motorcycle	YAMAHA	T135	White		0
SLG2200Y	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC920E	NTUC Income Insurance Co-Operative Limited	5071318123-05	09/05/2020	08/05/2021

SINGAPORE POLICE FORCE

T/20201215/2027

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20201215/2027

CONTINUATION OF REPORT

Brief Details.

On 14/12/2020 at about 1930hrs, I was riding my bike FBC920E along BIshan Street 13 to go to Blk 166. At that point of time, the traffic was heavy and it was raining, so I continue to proceed straight. Upon reaching near to the car park entrance to enter Blk 168, suddenly a car, SLG2200Y, wanted to turned out of the car park. I was at the 2nd lane and he wanted to go to the right lane. I tried to brake but it was too late and I hit onto the car and I fall to the side.

I picked myself up after that and saw that my bike was under his car. The driver then reversed and I picked up my bike and we went to the side road. I sustained abrasion on my right wrist and right knee. Both of us then exchanged particular and as we do not know what to do, we discussed and decide to report to relevant department then update one another.

The next day, I went to see the doctor and I got 3 days of MC.

Thus I am making this report for insurance claim.

SINGAPORE POLICE FORCE

T/20201215/2027

Report No. T/20201215/2027

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE 556129
Tel No: 1800-4880999

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.

SN 154

Signature Of Officer Recording The Report:
F /
Sgt 3 TEO JING XIAN Signature:

Singapore Police Force

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/12/2020 10:36

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

Classification Of Case:

Authentication Stamp
NP168