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 14/12/2020 18:15 (SGT) Date of Accident 12/12/2020 08:50 (SGT) Exact Location of Accident Seletar, Singapore Additional Location Information SELETAR EXPRESSWAY LAMP POST NUMBER 448 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN24857

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MUHAMMAD HYQEL BIN JUMAHAT NRIC No SXXXX572H Email Address m.hygel@gmail.com

Mobile Phone No (Phone) +65-82820114 Alternative Phone No +65-82820114

VEHICLE PARTICULARS

Honda Model Cbr150r

Variant 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 Yes your vehicle?

Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company AIG

Type of Coverage Comprehensive

Fleet Policy

Policy Number 1900149681

Cover Note Number

DRIVER

Name of Driver MUHAMMAD HYQEL BIN JUMAHAT

NRIC No SXXXX572H Date Of Birth 05/10/1995

Occupation Indoor Date Of Driving Pass 22/10/2019 Driving experience 1 YEAR AND 2 MONTHS Gender Mobile Number (Phone) +65-82820114 Alt. Phone Number +65-82820114 Email Address m.hyqel@gmail.com Address BLK 574A WOODLANDS DRIVE 16 #02-710 Address complement Postcode 731574 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Yishun South Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008522999 Alt. Police Station Phone No (Fax) +65-68522239 Police Station Address 32 Yishun Street 81 Singapore 768456 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH AND POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

SMH5383R

Private 388

Private 388

Private 388

Contact Number

Address	
Address complement	
Postcode	·····
Insurance Company Name	·····
Nature Of Damage	·····
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	MUHAMMAD HYQEL BIN JUMAHAT BLK 574A WOODLANDS DRIVE 16 #02-710
Address Complement	
Post Code	731574
Approximate Age Years Old	-
Injuries Sustained	FRACTURE OF FEMUR, BRUISED
Injured person in which vehicle?	FBN2485Z
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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.
- 3. 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>.
- 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.
- 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:
 - (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:

14/12/2020 @145Chr Driver's Signature

(If driver is not the policyholder)

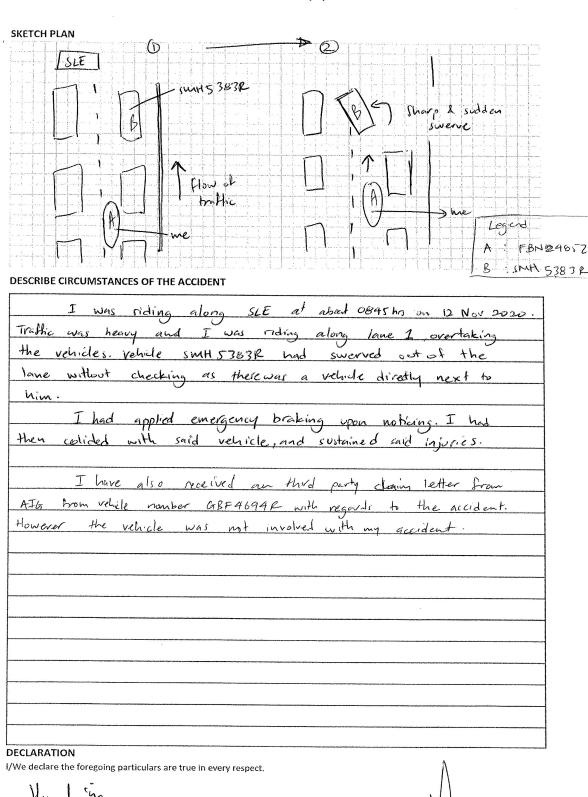
Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:

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https://docisolation.prod.fire.glass/?guid=bef06241-8909-45f7-91d3-615c757dd0ae

Driver's Signature

Date & Time:

(If driver is not the policyholder)

2/2

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's

Date & Time: @1100



CERTIFICATE OF INSURANCE

MOTORCYCLE AUTOVANTAGE MOTORCYCLE

Name of Policyholder

: MUHAMMAD HYQEL BIN JUMAHAT

Period of Insurance

: 26 Sep 2020 To 25 Sep 2021

Engine No. Chassis No. : KC32E0011630

: MLHKC288XJ5011630

Vehicle No.

: FBN2485Z : 1900149681-01

Policy No. **Endorsement No.**

Issued Date

: 11 Aug 2020

ABOUT THE COVER

Make/Model

: HONDA CB150R

Engine Capacity/Tonnage : 149.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2018 Insuring with COE/PARF : Yes

: Named Driver Basis Driver Restriction Person or Classes of Persons Entitled to Drive*:

a) The Policyholder
 b) Any person who is named as a "named driver" under this Policy.

Age Condition

: Not Applicable

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover
1) use for hire or reward;
2) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
3) use for the carriage of goods (other than samples) in connection with any trade or business; and
4) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Fire - \$0 Own Damage - \$600 Theft - \$0

Section 2 Property Damage - \$0

Windscreen: NA

Named Driver and Excess (where applicable)

MUHAMMAD HYQEL BIN JUMAHAT - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: BIKE PRODUCTION PTE LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500656016

COWELL - BIKE PRODUCTION

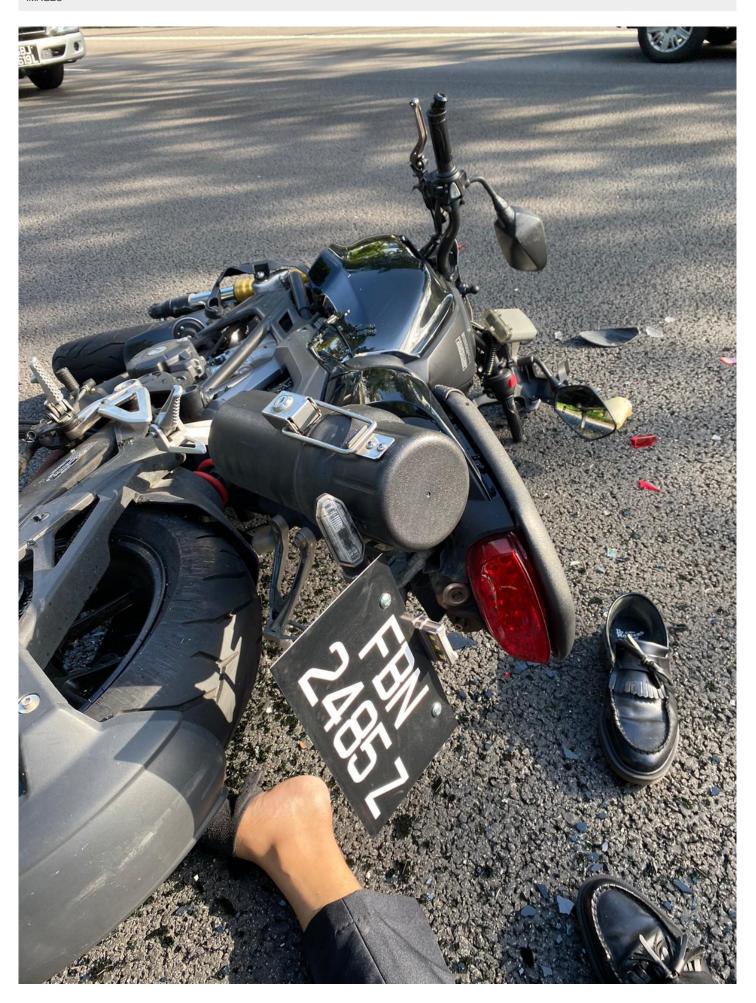
AIG Asia Pacific Insurance Pte. Ltd.

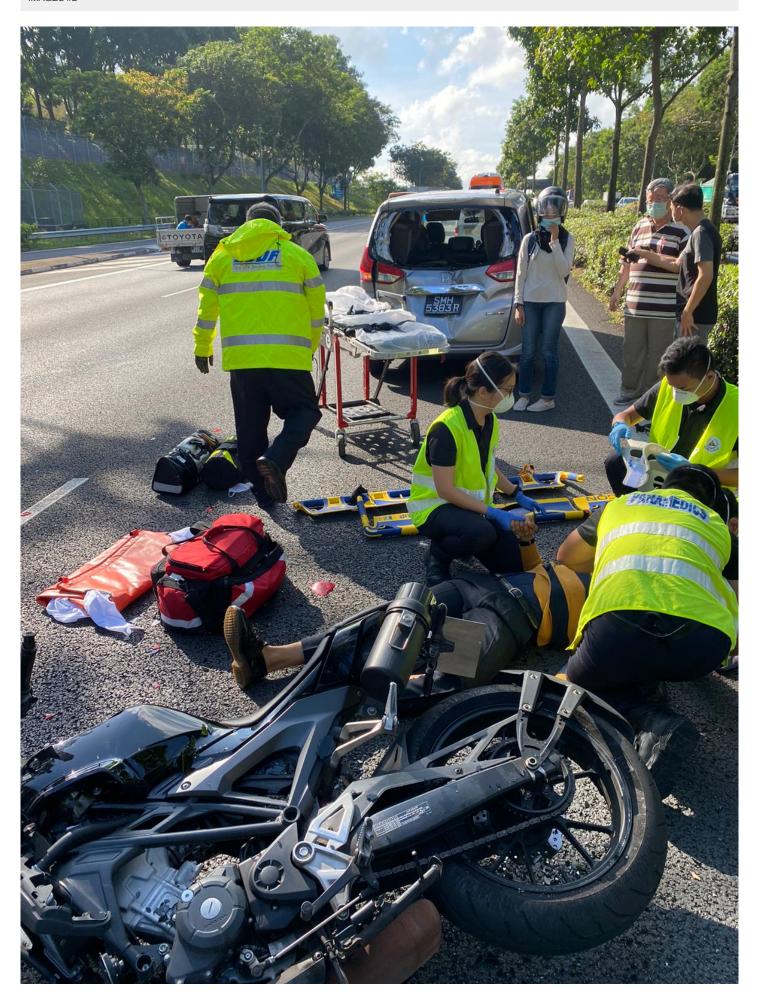
This computer generated document does not require a signature.

8 BURN ROAD #09-09 TRIVEX

SINGAPORE 369977 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.





















Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

1 of 3 Report No. T/20201118/2106

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 18/11/2020 17:19		Vide Report No.:	Station Diary No.: 66			
Informant	's Particul	ars					
Name of Ir MUHAMM		_ BIN JUMAHAT	Address: APT BLK 574A WOODLANDS DRIVE 16 #02-710 SINGAPORE 731574				
ID Type / ID No.: NRIC NO / S9536572H Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office: Mobile: 82820114 Email:				
Sex: Male	Age: 25	Date of Birth: 05/10/1995	Type of Informant:				
Race: Boyanese			Language:	/ School Name:			
Occupation: ARCHITECTURAL ENGINEER			Driving Licence Information: Class: 2B,2A,3	Date of Ex	piry:		

General Informat	ion of the Accident					
Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident:		
Location: SELETAR EXPRI Lamp Post Numb				11211112020 00.4	<u> </u>	L
Weather: Clear		Road : Dry	Surface:		Road	d Speed Limit:
Dual Carriage Way			Control:		Traff Hea	fic Volume: vy
Type of Collision: Between Moving	Vehicles - Head To Rea	ar			Anyo	one conveyed by ulance:

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBN2485Z	Motorcycle	HONDA	CB150R MANUAL	Black	Totally Damaged	0
SMH5383R	Car				Seriously Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN2485Z	AIG ASIA PACIFIC INSURANCE PTE.	1900149681-01	26/09/2020	25/09/2021





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

Report No. T/20201118/2106

CONTINUATION OF REPORT

Details of Perso	n Involved						
Any Pedestrian Ir	nvolved: No						
No. of Pedestrian	s Injured: NIL		Use of Peo	destrian	Cross	ing. NA	
Rider							
Name	MUHAMMAD HYQEI	MUHAMMAD HYQEL BIN JUMAHAT				S9536572H	
Related Vehicle	FBN2485Z (Motorcycle)			Contact No.		82820114	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class Drivin Licend Expiry	g ce &	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	12/11/2020	Date Disc		T	/2020		
No. of Days granted Medical Leave 30			Degree of		Serio		

Brief Details.

On 12/11/20 at about 0840hrs, I was riding my bike (FBN2485Z) along SLE towards CTE before Upper Thomson exit near to LP448 in-between first and second lane. Suddenly I saw a grey vehicle (SMH5383R) changing from the first lane to the second which then I slowed down however there was no space for the said grey vehicle on the second lane. The said grey vehicle then swerve back to the first lane however while the said grey vehicle was swerving back to the first lane, I collided into the rear of the said grey vehicle.

After the collision, I only remembered that I was on the road and was attended by some passerby which paramedic then came. I was then being conveyed by the ambulance to KTPH and I does not know what happened to my bike afterwards. I also remembered that there was a passerby namely Salleh C/no: 87764057 asked me for my mother number which subsequently I gave and my mother received the accident photos from this said Salleh which was forwarded to me. From the photos of the accident I was being forwarded, I can see that the said grey vehicle was badly damaged on the rear of the vehicle and my bike was also seems to be totally damaged.

I was given hospitalization leave from 12/11/20 to 17/11/20 and MC from 12/11/20 to 11/12/20 which is a total of 30days.





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

3 of 3 Report No. T/20201118/2106

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.

Signature Of Officer Recording The Report:	Signature Of Informati
L/	Signature Of Informant:
Sgt 3 TAN WEI MING	Hyptia -
Signature Of Interpreter:	Date/Time:
Not applicable	18/11/2020 17:19
Officer In Charge Of Case:	Classification Of Case:
TP / GIT /	Classification of Case:
Staff Sgt TAN JUN YAN SN 130	
Contact No.: 65476311	
Authentication Stamp NP168	
Hispanine Pallos Taras	