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.

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 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 05/01/2021 16:20 (SGT) Date of Accident 03/01/2021 17:30 (SGT) Exact Location of Accident Clementi Ave 6, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBH5197S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MUHAMMAD AZHARI BIN AZMIE NRIC No SXXXX343A Email Address azhari.azmie@gmail.com Mobile Phone No (Phone) +65-86605261 Alternative Phone No +65-86605261

VEHICLE PARTICULARS

Manufacturer Yamaha Model Fz16 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 your vehicle? No - Reporting only Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company **NTUC** Type of Coverage ThirdParty Fleet Policy Policy Number 5118353133 Cover Note Number

DRIVER

Name of Driver MUHAMMAD AZHARI BIN AZMIE NRIC No SXXXX343A Date Of Birth 04/01/1994 Occupation Indoor

Date Of Driving Pass 17/07/2020 Driving experience 6 MONTHS Gender Male Mobile Number (Phone) +65-86605261 Alt. Phone Number +65-86605261 Email Address azhari.azmie@gmail.com Address BLK 272 TOH GUAN ROAD #03-79 Address complement Postcode 600272 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 Side Swipe Weather Conditions **DRIZZZLING** Road Surface OII Y 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? 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 Jurong East Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008999999 Alt. Police Station Phone No (Fax) +65-66655791 Police Station Address No. 92 Boon Lay Way Singapore 609962 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20210104/2073 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
 SHC3533Z

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Taxi

 Name of Driver
 CHAN CHANG HUI

 Contact Number
 (Phone) +65-97367311



Address	-
Address complement	_
Postcode	_
nsurance 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	MUHAMMAD AZHARI BIN AZMIE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBH5197S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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 This Formmust be <u>completed by the Policyholder and/or the Authorised Driver</u>.
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7. By the adaptement 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, alchowledge, agree and consent that:
(a) My insurer, wo develope the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal adatapersonal information and collection and or process my personal adatapersonal information and collection and made or such Personal Information in and collection and the process of such Personal Information in an office of such Pers

the claims:

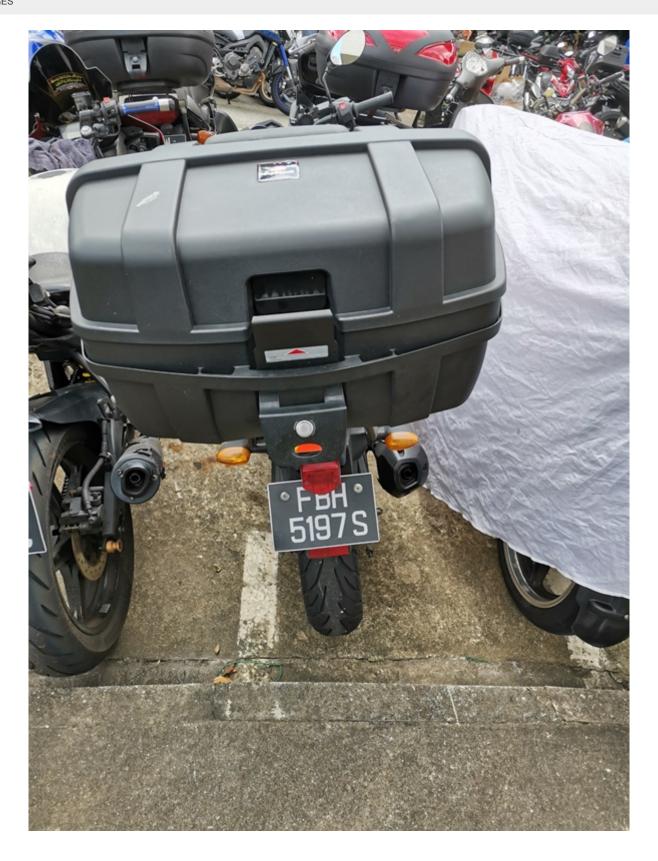
(ii) carrying out and/or dealing with my hartuctions or responding to any enquiries by me;
(iii) carrying out and/or dealing with my hartuctions or responding to any enquiries by me;
(iv) administering my claims; (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve formal properties of adia about me to bring about delivery of the same as well as on the external cover of envelopes/mal packages), and/or personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mal packages), and/or applications of the application of the same as well as on the external cover of envelopes/mal packages), and/or #Parposes*

(b) all inserted by the base insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, discloses and/or secessing Personal Information for one or mive of the above Purposes, and

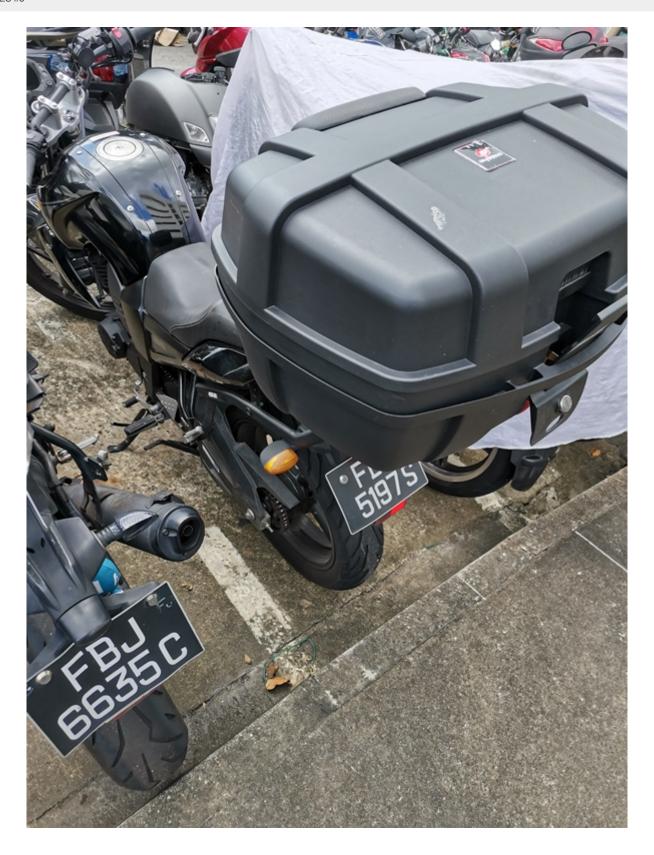
(c) my Personal Information may/can be disclosed by any of the insurers and/or GAA to their thing party service providers or agents (including their law yers/law firms), which may be stied outside of Singapore, for one or move of the above Purposes.

Tre / Date & Driver's Signature (if driver is not the policyholder) / Date Officessed by Reporting Contre A) FBH 51975 ATE (TUAT) B) SHC 35332

RAFAR TO POL	ICK RAPORT 1/20200104/207	3
WILLIAM TO TAKE	DE PREPORT 1/20/00/04/30/	2
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oclare the foregoing particular	s are true in every respect.	
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1/2 11		1/00/00/00
5/1/31 1107		AND 09/01/2000
nolder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
	& Time	Personnel

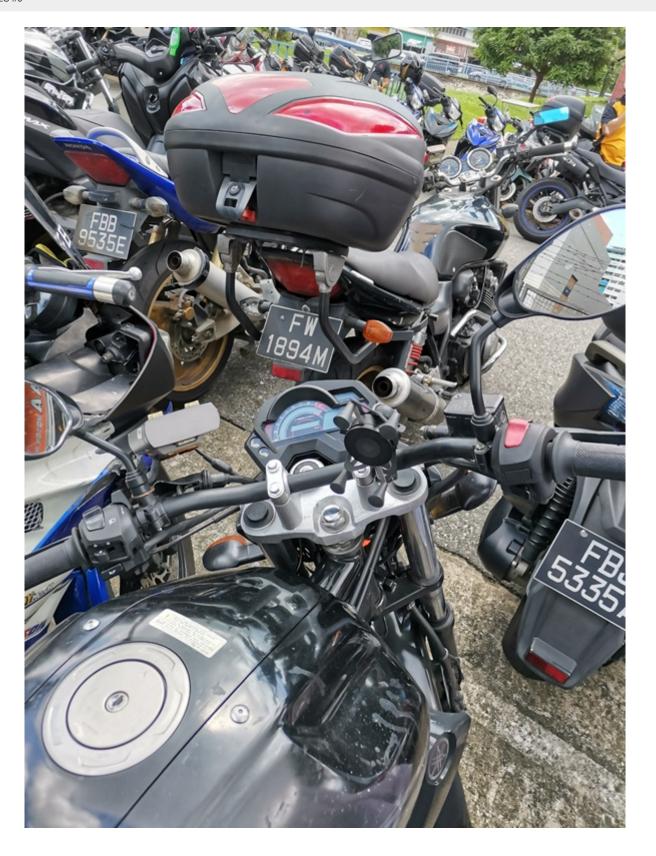


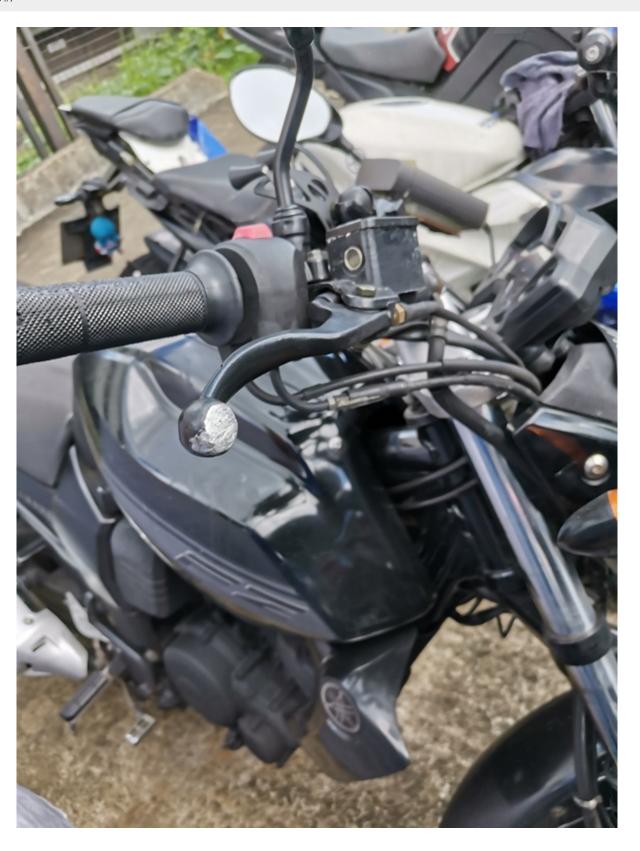


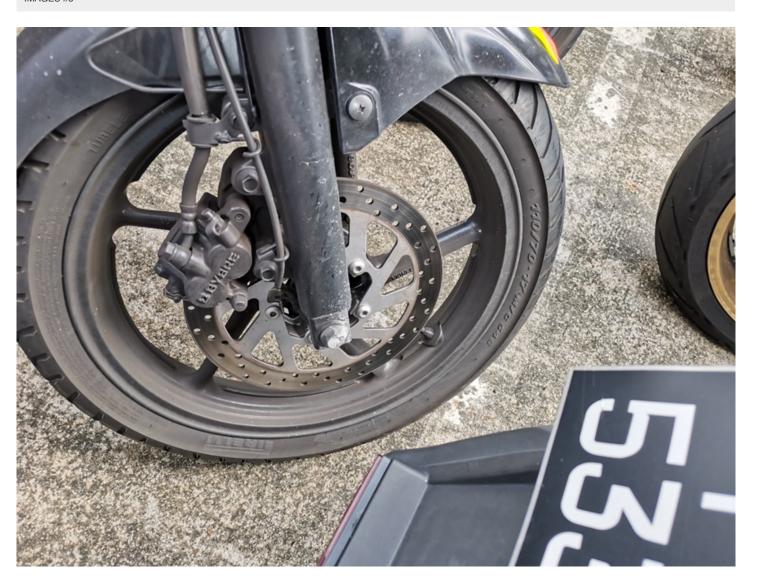


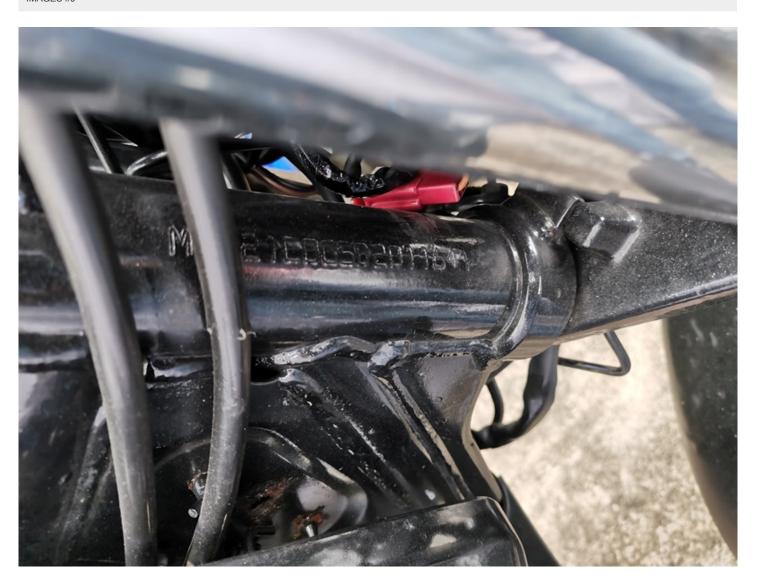




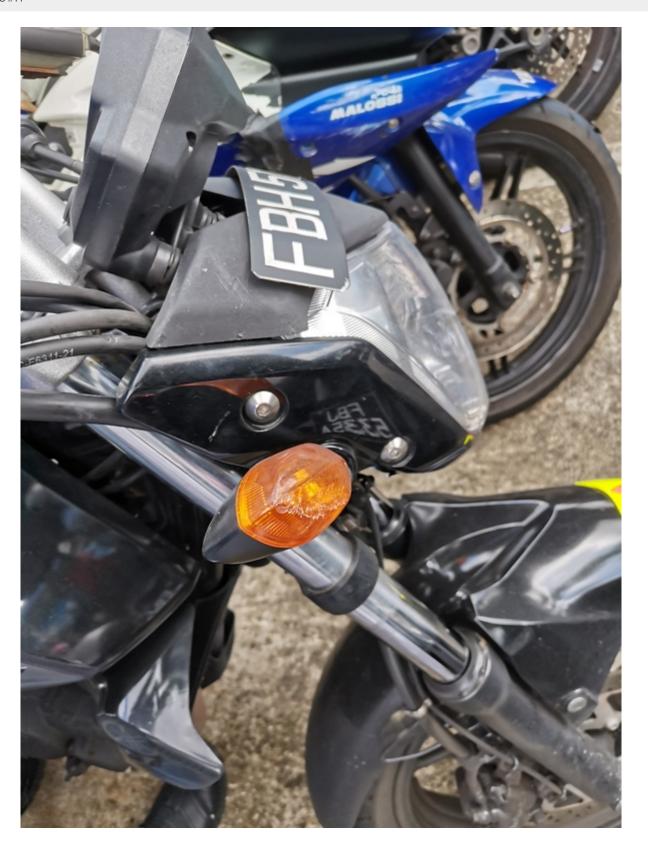














T/20210104/2073

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 1 of 3 Report No. T/20210104/2073

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 121 15:18	eport Made: Vide Report No.: 15:18		Station Diary No.: 66
Informa	nt's Particu	ulars		
	Informant: MAD AZHA	RI BIN AZMIE	Address: APT BLK 272 TOH GUAN RO	DAD #03-79 SINGAPORE 600272
ID Type / ID No.: NRIC NO / S9400343A			Contact No.: Home/Office:	Mobile: 86605261
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 27	Date of Birth: 04/01/1994	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: Prison officer			Driving Licence Information: Class: 2B	Date of Expiry:

Seneral Infor	mation of the Acci	ident		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/01/2021 17:30	Type of Location Bend
Location:				
CLEMENTI A	VENUE 6			
Weather:		Road Surface:	R	oad Speed Limit:
Drizzling		Oily		
Traffic Flow:		Traffic Control:	Tr	affic Volume:
One Way		Not Controlled	M	oderate
Type of Collis Between Mov		Swipe - Same Direction		nyone conveyed by mbulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBH5197S	Motorcycle	YAMAHA	FZ 16	Black	Slightly Damaged	0
SHC3533Z	Car				Slightly	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBH5197S	NTUC Income Insurance Co-Operative	5118353133	22/07/2020	21/07/2021		



T/20210104/2073

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-899999

Report No. T/20210104/2073

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No	ν.		and the same of th	DESCRIPTION OF THE PERSONS	
No. of Pedestriar			Use of Per	doctria	Cross	ing: NA
Rider	TO HER STREET	12.22.65	030 011 6	uestriai	Closs	ang. NA
Name	MUHAMMAD AZHARI BIN AZMIE			ID No		S9400343A
Related Vehicle	FBH5197S (Motorcycle)			Contact No.		86605261
Hospital/Clinic	HEALTHLIFE FAMILY CLINIC			Class	g	Class: 2B Date of Expiry: NIL
				Licen		
Date Treatment	03/01/2021		Date Disc	harge	03/01	/2021
No. of Days gran	ted Medical Leave	03	Degree of			

Brief Details.

On 03.01.2021 at about 5.30pm, I was travelling along AYE up to slip road to Clementi Avenue 6. while making the turn, my motorcycle fell to the side on right and hit a taxi right side. As there is oil on the road surface as it just after rain.

	POLICE F	ORCE				T/20210104/2	73
Police Statio Jurong East	n Of Origin:						3 of 3
92 Boon Lav	Way SINGAR	ORF 609962				Report No. 7	/20210104/2073
Tel No: 1800	-8999999	5112 00000Z	CONTINU	JATION OF R	EPORT		
Sketch Plan							
	not able to pro	vide sketch plan					
IMPORTANT:	Please attach	a copy of your v please fax a cop	ehicle's Ir	nsurance Ce	ertificate to ti	nis report. If yo	u don't have
		ding The Report:	y 10 0547		Of Informan		erence.
D/	INI BIN IBRAH	_		Oignature	1 Illiorman	G	
		-JO		٠	14		
Signature Of Not applicabl	Interpreter: e			Date/Time 04/01/202			
TP / AEIT / Sr Staff Sgt S	arge Of Case: SYED ZAYID N	TUHAMMAD BIN	, A.	Classificat	ion Of Case:		
Contact No.: Authentication	L WAHID ALH 65476404	INDUAN					
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