



**SINGAPORE  
POLICE FORCE**



T/20201219/2000

1 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20201219/2000

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                         |
|--|------------------|-------------------------|
| Date/Time Report Made:<br>19/12/2020 00:08 | Vide Report No.: | Station Diary No.:<br>1 |
|--|------------------|-------------------------|

|  |            |   |                                     |
|--|------------|---|-------------------------------------|
| <b>Informant's Particulars</b>               |            |   |                                     |
| Name of Informant:<br>ZORAIMI BIN MAT SHUKOR |            | Address:<br>APT BLK 122 SIMEI STREET 1 #04-434 SINGAPORE 520122 |                                     |
| ID Type / ID No.:<br>NRIC NO / S1457943E     |            | Contact No.:<br>Home/Office: Mobile: 85956035                   |                                     |
| Nationality:<br>SINGAPORE CITIZEN            |            | Email:  |                                     |
| Sex:<br>Male                                 | Age:<br>60 | Date of Birth:<br>19/04/1960                                    | Type of Informant:<br>Vehicle Owner |
| Race:<br>Malay                               |            | Language:<br>English  | Institution / School Name:          |
| Occupation:<br>DRIVER                        |            | Driving Licence Information:<br>Class: 2B,3,4 Date of Expiry:   |                                     |

|   |                           |                                    |  |                                     |
|---|---------------------------|------------------------------------|--|-------------------------------------|
| <b>General Information of the Accident</b>                    |                           |                                    |  |                                     |
| Type of Accident:   | Non-Injury<br>Hit and Run | Drink Drive:<br>No                 | Date/Time of Accident:<br>18/12/2020 17:45 | Type of Location:<br>Car Park       |
| Location:<br><br>LORONG 12 GEYLANG                            |                           |                                    |  |                                     |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry               | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>One Way                                      |                           | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Light                   |                                     |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                           |                                    |  | Anyone conveyed by ambulance:<br>No |

|                                    |            |        |                                    |       |                     |                 |
|------------------------------------|------------|--------|------------------------------------|-------|---------------------|-----------------|
| <b>Details of Vehicle Involved</b> |            |        |                                    |       |                     |                 |
| Vehicle No.                        | Type       | Make   | Model                              | Color | Condition           | No of Passenger |
| FBL1529Z                           | Motorcycle | P.G.O. | 1 ME 150<br>WEL BIKE 3-<br>WHEELER | Red   | Slightly<br>Damaged | 0               |

|                                     |   |              |           |             |
|-------------------------------------|---|--------------|-----------|-------------|
| <b>Details of Vehicle Insurance</b> |   |              |           |             |
| Vehicle No.                         | Insurance Company                       | Insurance No | Effective | Expiry Date |
| FBL1529Z                            | MSIG INSURANCE (SINGAPORE)<br>PTE. LTD. |              |           |             |

Jame Ng  
10.35am



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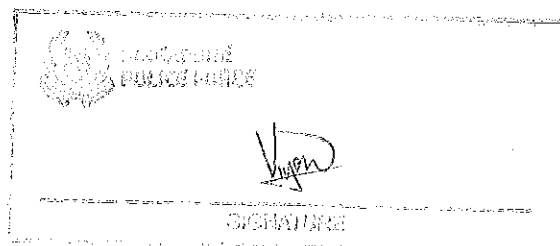
Report No. T/20201219/2000

**CONTINUATION OF REPORT**

|                                   |                        |  |                                      |
|-----------------------------------|------------------------|--|--------------------------------------|
| <b>Details of Person Involved</b> |                        |  |                                      |
| Any Pedestrian Involved: No       |                        |  |                                      |
| No. of Pedestrians Injured: NIL   |                        | Use of Pedestrian Crossing: NA         |                                      |
| <b>Vehicle Owner</b>              |                        |  |                                      |
| Name                              | ZORAIMI BIN MAT SHUKOR | ID No.                                 | S1457943E                            |
| Related Vehicle                   | FBL1529Z (Motorcycle)  | Contact No.                            | 85956035                             |
| Hospital/Clinic                   | NIL                    | Class of Driving Licence & Expiry Date | Class: 2B,3,4<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                    | Date Discharge                         | NIL                                  |
| No. of Days granted Medical Leave | NIL                    | Degree of Injury                       | NIL                                  |

**Brief Details.**

On 18/12/2020, around 0900hrs, I had parked my three-wheeled motorcycle (FBL1529Z) at the carpark near Jamiyah Islamic Centre at Lorong 12, Geylang. At 1740hrs, I had returned to the carpark when I saw that my motorcycle was not parked in the same manner that I had left it. I made a check on it and realised that someone's vehicle must have collided with my motorcycle. There were a few minor cracks and scratch marks on the left rear tyre support, and I was also unable to ride my motorcycle backwards. I am not sure when exactly this happened, but I saw that there was a police camera in the carpark pointing in the direction of my motorcycle. I have yet to tow my motorcycle and it is currently still parked in the same lot. I am lodging this report for insurance purposes.





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Report No. T/20201219/2000

**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:

G /

Sgt 2 VIYSHNU S/O ELIAPERUMAL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI NOR AFFENDY BIN JAFFAR

Contact No.: 65476368

Signature Of Informant:

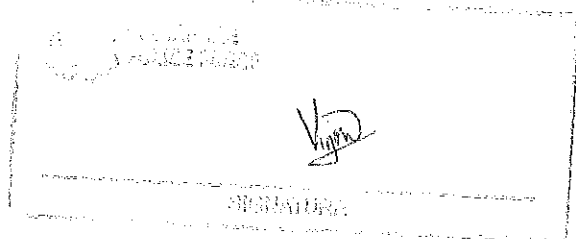
Date/Time:

19/12/2020 00:08

Classification Of Case:

Authentication Stamp

NP168







T/20210302/2059

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Report No. T/20210302/2059

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No 01

Report Number T/20210302/2059

Vide Report Number T/20201219/2000

Date/Time of Report Made 02/03/2021 15:24

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant ZORAIMI BIN MAT SHUKOR

ID Type / ID No. NRIC NO / S1457943E

Home/Office

Mobile 85956035

Email ~~ZORAIMI@GMAIL.COM~~ zoraimi matshukor@gmail.com

Type of Accident Non-Injury / Hit and Run

Drink Drive No

Anyone conveyed by  
ambulance No

Date/Time of Accident 18/12/2020 17:45

Accident Location LORONG 12 GEYLANG

| Details of Vehicle Involved |                      |      |       |       |           |                 |
|-----------------------------|----------------------|------|-------|-------|-----------|-----------------|
| Vehicle No.                 | Type                 | Make | Model | Color | Condition | No of Passenger |
| XE6668Z                     | BIG HEAVY<br>VEHICLE |      |       |       |           | 0               |

| Details of Person Involved      |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



T/20210302/2059

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Report No. T/20210302/2059

## Continuation of CSF For NP168

### 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.

|                           |                                      |
|---------------------------|--------------------------------------|
| Case Sensitivity          | No                                   |
| Officer-In-Charge of Case | TP / HRT /<br>NOR AFFENDY BIN JAFFAR |
| Classification of Case    | 1) NON-INJURY / HIT AND RUN          |



T/20210302/2059

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Report No. T/20210302/2059

**Continuation of CSF For NP168**

|                                   |                        |  |                                   |
|-----------------------------------|------------------------|--|-----------------------------------|
| <b>Rider</b>                      |                        |  |                                   |
| Name                              | ZORAIMI BIN MAT SHUKOR | ID No.                                 | S1457943E                         |
| Related Vehicle                   | NIL                    | Contact No.                            | 85956035                          |
| Hospital/Clinic                   | NIL                    | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                    | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                    | Degree of Injury                       | NIL                               |

**Brief Facts.**

I have already lodged a report vide T/20201219/2000, however I was contacted by an Investigation officer and was informed that the hit and run vehicle was XE666BZ that has hit onto my vehicle(FBL1529Z) as such was advice to make a police report to add in the vehicle details for my insurance claim.







## 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 withholding 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              | 23/12/2020 10:58 (SGT)    |
| Date of Accident                | 18/12/2020 17:45 (SGT)    |
| Exact Location of Accident      | Lor 12 Geylang, Singapore |
| Additional Location Information | OPEN SPACE CAR PARK       |
| Country/State of Loss           | Singapore                 |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | FBL1529Z                   |
| INSURED/POLICYHOLDER        |                            |
| Is company?                 | No                         |
| Name Of Registered Owner    | ZORAIMI BIN MAT SHUKOR     |
| NRIC No                     | SXXXX943E                  |
| Email Address               | zoraimimatshukor@gmail.com |
| Mobile Phone No             | (Phone) +65-85956035       |
| Alternative Phone No        | (Office) +65-85956035      |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Pgo                       |
| Model  | l me 150                  |
| 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 - Claiming third party |
| Vehicle Category   | Motorcycle                |

### INSURANCE COMPANY

|                           |                      |
|---------------------------|----------------------|
| Name of Insurance Company | MSIG                 |
| Type of Coverage          | ThirdPartyFireTheft  |
| Fleet Policy              | No                   |
| Policy Number             | MSD/VMS/20-414274-CA |
| Cover Note Number         | -                    |

### DRIVER

|                |                        |
|----------------|------------------------|
| Name of Driver | ZORAIMI BIN MAT SHUKOR |
| NRIC No        | SXXXX943E              |
| Date Of Birth  | 19/04/1960             |
| Occupation     | Indoor                 |

|  |                                  |
|--|----------------------------------|
| Date Of Driving Pass .....   | 11/03/1985                       |
| Driving experience .....   | 35 YEARS AND 9 MONTHS            |
| Gender .....   | Male                             |
| Mobile Number .....  | (Phone) +65-85956035             |
| Alt. Phone Number .....  | (Office) +65-85956035            |
| Email Address .....  | zoraimimatshukor@gmail.com       |
| Address .....  | BLOCK 122 SIMEI STREET 1 #04-434 |
| Address complement .....   | -                                |
| Postcode .....   | 520122                           |
| 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 .....   | Hit and run / Vandalism / Damaged whilst parked |
| Weather Conditions ..... | Clear   |
| Road Surface .....       | Dry   |

#### 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? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| Was any other material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 0   |
| 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 .....                       | Changi Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18005872999            |
| Alt. Police Station Phone No .....              | (Fax) +65-65872900                 |
| Police Station Address .....                    | 9 Simei Street 2 Singapore 529914  |
| 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) AS VEHICLE B = UNKNOWN - UNDER POLICE OFFICER IO TO INVESTIGATION.

#### 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 ..... | NA - HIT & RUN |
| Vehicle Manufacturer .....        | -              |
| Vehicle Model .....               | -              |
| Vehicle Variant .....             | -              |
| Vehicle Colour .....              | -              |
| Vehicle Category .....            | Private car    |
| Name of Driver .....              | -              |

|   |                                     |
|---|-------------------------------------|
| Contact Number .....                          | -                                   |
| 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) .....     | -                                   |

SKETCH PLAN

SKETCH PLAN

HIT & RUN

A: FBL 15292

B: NA  
(under investigation)

Lorong 12 Geylang.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report: T/2020/219/2000

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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## 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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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. 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.
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.:

