${\tt SA19214K0004}$ / ${\tt AH}$ ${\tt LIM}$ MOTOR COMPANY (${\tt MAIN}$) ENTRY DATE & TIME: 20/04/2021 14:41 (SGT) SUBMITTED BY: ZILA VERSION: 1 (20/04/2021 14:41 (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	20/04/2021 14:41 (SGT)
Date of Accident	` ,
Date of Accident	14/04/2021 13:30 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	LOYANG AVE TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS317M
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No MUHAMMAD HAZIQ BIN ZULKEFLI S9514349J HAZIQ28_ZUL@HOTMAIL.COM (Phone) +65-90213309 +65-90213309

Yamaha

VEHICLE PARTICULARS

Manufacturer

Model	Czd300a
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	N OLI I III I
your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	292

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMMPHQ20-001501
Cover Note Number	28/12/2020 - 27/12/2021

DRIVER

Name of Driver	
Maille of Dilver	MUHAMMAD HAZIQ BIN ZUI KEFI I

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	28/04/1995 Indoor 26/04/2019 2 YEARS Male (Phone) +65-90213309 +65-90213309 HAZIQ28_ZUL@HOTMAIL.COM 221A SUMANG LANE #05-15 821221 Yes - No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes Yes Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DE	RIVER
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	GBC9859R -

Vohicle Category

Vehicle Variant Vehicle Colour

Vehicle Model

Name of Driver	_
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 HAZIQ BIN ZULKEFLI
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASION
Injured person in which vehicle?	FBS317M
Were seat belts worn?	Yes
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.
- 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.
- 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)

Lunderstand, 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:
 - 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:
 - 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:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Rersonnel's Signature Name:

NRIC/FIN No.:

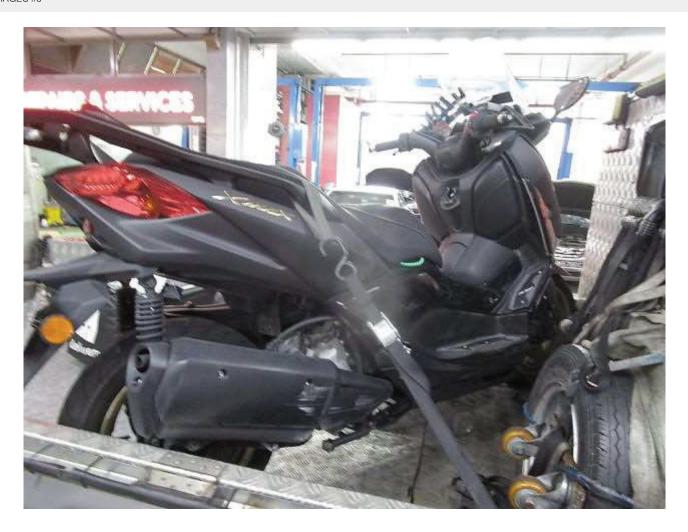
y Vehicle A: F	4 APR 2021 Time: 12 BS317M Vehicle		
CETCH PLAN	T. Cilivio	NO.	veniere et
	1		
		A.	
	_	1 1/4 /	
	944	7.7	
	i syntia i i i		
	LOYANG AVE	, ,	
			-
		(a)	
		1	
	The second secon	V-	
		CA X	\rightarrow
	· •	esure .	
ESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT	- 1995	A STATE OF THE STA
Refer to	the potentieport.		
			HW.
		14	

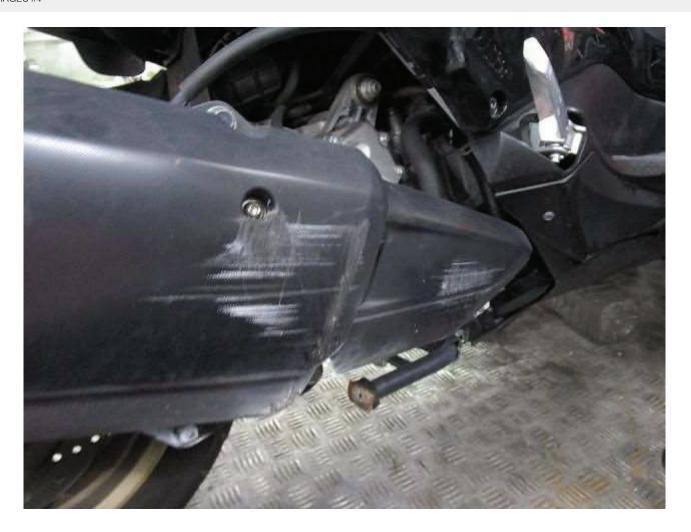
	233		
	11 - XY- 11		100 00 000 000 000
			1000
		6	ELECTRICAL TO SELECT THE PROPERTY OF THE PROPE
☐ Claim OD/TP at	Ah Lim Motor //Clai	m OD/TP at other w	orkshop Reporting Only
	ward a copy of my efile acci		
My workshop : 5	g-motor_enterprise @	galoo.com.sg	±2
Email address : 56 & myself :	MOTOR		04
	1216 28, 241 @ hoters	rom	
P1	에서 가유곡기의		
Note: Please take n	ote that your insurer have 14	days timeframe for yo	ou to submit own damage claim under
you own policy. Kind	dly check with your own insu	urer for more informati	ion.
ECLARATION			
	g particulars are true in every re	spect.	A
. 11	e: // // // // // // // // // // // // //	0.00	32 AS
1/11/			(a)(/) (a)
Policyholder's Signature	Delinate Conservation		- (0)
Date & Time:	Driver's Signature (If driver is not the	policyholder)	Reporting Centre Peconnel's Signature Name:
	Date & Time:	1-11-11	NRIC/FIN No.:

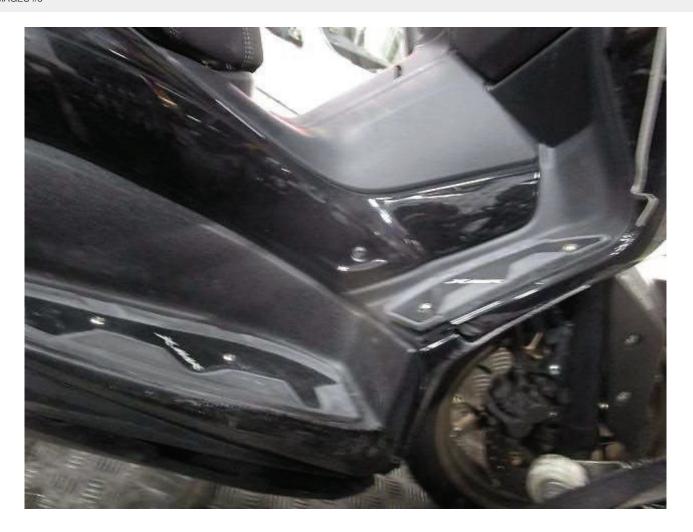
AH LIM MOTOR COMPANY

































Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210416/7025

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 16/04/2021 14:59		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: MUHAMMAD HAZIQ BIN ZULKEFLI			Address: 221A SUMANG LANE #05-15 SINGAPORE 821221		
	/ ID No.: D / S95143	49J	Contact No.: Home/Office: Mobile: 90213309		
National SINGAP	ity: ORE CITIZ	EN	Email: HAZIQ28_ZUL@HOTMAIL.	СОМ	
Sex; Male	Age: 25	Date of Birth: 28/04/1995	Type of Informant: Rider		
Race: Malay		- 	Language: English	Institution / School Name:	
Occupation: Aircraft engine mechanic		hanic	Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Inford	mation of the Accident	To the second			
Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 14/04/2021 13:30	Type of Location: Straight Road	
Location:	1	Hairicina	110000000000000000000000000000000000000	RI III	
LOYANG AVE	ENUE	Road Surface: Dry		Road Speed Limit: 70 Km/h	
2000 000 000 000000		Traffic Control: Traffic Light - Wo	Traffic Control: Traffic Volui Traffic Light - Working Moderate		
Type of Collis Between Mov	ion: ring Vehicles - Head To F	Rear		Anyone conveyed by ambulance: Yes	

	ehicle Involve	Make	Model	Color	Conditio	No of
Vernole IVO.	туре	Make	iviouei	00101	Conditio	10.01
FBS317M	Motorcycle	YAMAHA	CZD300A / XMAX300	Black		0
GBC9859R	Lorry					0

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210416/7025

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBS317M	EQ INSURANCE COMPANY LTD.	DMMPHQ20- 001501	28/12/2020	27/12/2021	

Details of Perso	n Involved	1			
Any Pedestrian I	nvolved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Rider					
Name	MUHAMMAD HAZIQ BIN ZULKEFLI		KEFLI	ID No.	S9514349J
Related Vehicle	FBS317M (Motorcycle)			Contact No.	90213309
Hospital/Clinic	CHANGI GENERAL HOSPITAL		iL.	Class of Driving Licence & Expiry	Class; 2B,2A,2,3,4,5 Date of Expiry: NIL
Date	14/04/2021	90======	Date 16/04		1/2021
No. of Days granted Medical Leave 17		17	Degree of	Sligh	t

Brief Details.

I just moved off from the green traffic light going towards changi. At the junction where the straight road meet with the slip road from the left, a lorry came out perpendicular to the road straight towards the most right lane where I was travelling. The lorry hit my motorbike from the rear which caused me to lose balance and fall.

I have a picture of the said incident where it took place





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210416/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Date/Time: 16/04/2021 14:59		
Classification Of Case:		

Authentication Stamp NP168 EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Comptex Singapore 069110 tel 65 6223 9423 | fax 65 6224 3903 | www.eqinsurance.com.sg rep na 1978-99496-N



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA) THE MOTOR VEHICLES(THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION (REPUBLIC OF SINGAPORE). OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

MOTORCYCLE Third Party Fire & Theft

Certificate No.: DMMPHQ20-001501

Form: MY1 Excess: \$\$300.00

> EQI Motor Accident Hotline

6311 3211

1. Index Mark and Registration Number of Vehicles **FBS317M**

2. Name of Policyholder MUHAMMAD HAZIQ BIN ZULKEFLI

3. Effective Date of the Commencement of Insurance for the purpose of the Act

4. Date of Expiry of Insurance 27/12/2021

5. Person or Classes of persons entitled to drive* Restricted to Named Drivers Only

1) The Policyholder / Insured

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of. Court of Law or by reason of any enactment. or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered

6. Limitation as to use*

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and in connection with the Policyholder's business or profession

THE POLICY DOES NOT COVER:

(1) Use for hire or reward

(2) Use for 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

under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

(4) Use for any purpose in connection with the Motor Trade

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

IWE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase: Republic Motor Pte Ltd

A000338/Ban Hock Hin Co. Pte Ltd Date of Issue: 28/12/2020 13:39

Authorised Signatory EQ Insurance Company Limited

This Bike is Still Under Hire Purchase W. REPUBLIC MOTOR PTE No Addrider Renewal Ter-

PUBLIC MOTOR PTE LTD Reg. No. 20090390914 68, Kaki Bukit Avenue 6 #04-06 ARK @ KB Singanore 417896

Ps. A Member of Crystate

Atlanta to