SS1Y2153000G / SME MOTOR PTE LTD ENTRY DATE & TIME: 03/05/2021 16:27 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (03/05/2021 16:27 (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	03/05/2021 16:27 (SGT)
Date of Accident	29/04/2021 18:00 (SGT)
Exact Location of Accident	Woodlands, Singapore
Additional Location Information	WOODLANDS AVE 9
Country/State of Loss	Singapore

#### **DETAILS OF OWN VEHICLE**

Yamaha

Vehicle Registration Number		FBR1895J
-----------------------------	--	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STARK HOLDINGS INN BIKE LEASING PTE LTD
Company Reg No	2XXXXX069W
Email Address	starkholdingsinn@gmail.com
Mobile Phone No	(Phone) +65-90672214
Alternative Phone No	+65-90672214

#### VEHICLE PARTICULARS

Manufacturer

Model	Mx king t150
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
Transmission	Manual
CC	150

#### **INSURANCE COMPANY**

Name of Insurance Company	Etimo Impromento Dia List
Name of Insurance Company	Etiqa Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No .
Policy Number	M0016413
Cover Note Number	_

#### DRIVER

Name of Driver	MUHAMMAD NURHAN BIN A RAHIM
NRIC No	TXXXX711B

Date Of Birth 31/12/2002 Occupation Indoor Date Of Driving Pass 31/03/2021 Driving experience 1 MONTH Gender Male Mobile Number (Phone) +65-90672214 Alt. Phone Number Email Address starkholdingsinn@gmail.com Address BLK 308 WOODLANDS AVE 1 #02-337 Address complement Postcode 730308 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer 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 Side Swipe Weather Conditions AFTER RAIN Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No 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? 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 Woodlands West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003639999 Alt. Police Station Phone No (Fax) +65-63640997 Police Station Address 1 Woodlands St 12 Singapore 738622 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20210430/2019. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLL1800X Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	-
Contact Number	_
Address	_
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	_

#### 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.
- 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:
  - 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:

2014190669

 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

for complying with requirements under any regulations, laws or court orders.

Policyholder's Signar Date & Time:

Driver's Signature

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

NRIC/FIN No.:

ETCH PLAN		
		Ž A
		1P°
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
	100000000000000000000000000000000000000	
leter to potu	e regest	
	-	
LARATION		
e doctare the foregoing partie	τοςς are true in every respect.	
1 1 1	\7. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
201419	sow) ě	
Mum / tal		
cyholder's Signature	priver a aignature	Reporting Centre Personnel's Signature
2 & T/me:	(If driver is not the policyholder)	Name:
/	Date & Time:	NRIC/FIN No.:

## eTiQa Insurance

## INTERVIEW FORM

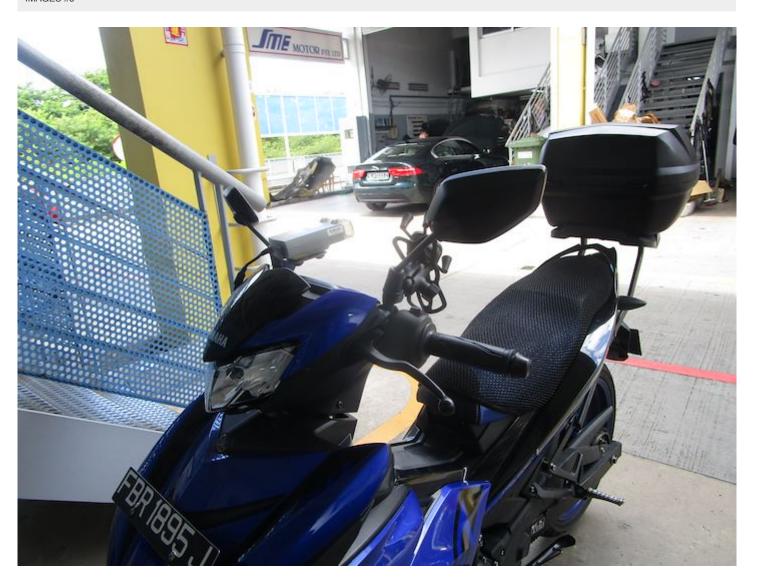
Name (Driver)	MUHAMM	TO NURTIAN (	BUN IT KNY	an
Policy No	:_ n	10016413		
Vehicle No	: 76K	1895]		
Place of Accident	Wooden	NOS AUG		
Insured Driver's relations!	hip with Insured : H	er		
Drink Driving of Insured a	ind/or Insured Driver :			
No of passenger(s) in Insur				
Injury to Insured and/or Insured and	sured driver, please indica L Puict Nospite	te which hospital:		
Third Party Vehicle No (if				
njury to Third Party driver	and/or passenger(s), pleas	e indicate which hos	pital:	
Injury to Third Party driver  Type of collision and the ex	and/or passenger(s), pleas	e indicate which hos	pital: lved:	
Any witness to the accident	and/or passenger(s), pleas tensiveness of the damage (if yes, please indicate Na	e indicate which hoses to all vehicles invo	pital: lved: a copy of the state	ment):
Injury to Third Party driver  Type of collision and the ex  State Swift  Any witness to the accident  Traffic Police report (enclose lease obtain a copy of the orker is involved)	and/or passenger(s), pleasetensiveness of the damage (if yes, please indicate Na	e indicate which hoses to all vehicles invo	pital: lved: a copy of the state	ment):
Injury to Third Party driver Type of collision and the ex Side Swift  Any witness to the accident Va  raffic Police report (enclosed)	and/or passenger(s), pleasetensiveness of the damage (if yes, please indicate Named) Yes No	e indicate which hoses to all vehicles invo	pital: lved: a copy of the state	ment);





















Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

1 of 3 Report No. T/20210430/2019

Date/Ti 30/04/2	me Report 021 10:29	Made:	Vide Report No.:	Station Diary No.:
Informa	ant's Partic	ulars		146
MUHAN RAHIM ID Type NRIC No National	/ ID No.: O / T02407 ity:	HAN BIN A	Address: APT BLK 308 WOODLANDS SINGAPORE 730308 Contact No.: Home/Office: Email:	AVENUE 1 #02-337  Mobile: 90672214
SINGAP	ORE CITIZ	EN	Citian.	
Sex: Male	Age: 18	Date of Birth: 31/12/2002	Type of Informant:	
Race: Javanes	9		Language:	Institution / School Name:
Occupati Student	on:		Driving Licence Information: Class: 2B	Date of Expiry:

Type of Accident:	Non-Injury Others	Drink Drive:	Date/Time of Accident:	S	ype of Location traight Road
Location: WOODLANDS	S AVENUE 9	No	29/04/2021 18:(	10	
		Road Surface:		Road Sp	peed Limit:
Weather: Cloudy Traffic Flow: One Way Type of Collision		Road Surface: Wet Traffic Control: Not Controlled		Road Sp Traffic V Heavy	

Vehicle No.	Туре	Make	Model	Ta		
FBR1895J	Motorcycle	with	Model	Color	Condition	No of Passenge
	motorbycie				Slightly	0
SLL1800X	Car				Damaged	
					Slightly	2
-					Slightly Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	1 11 70
7.00.1116	Use of Pedestrian Crossing: NA



Report No. T/20210430/2019

Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

CONTINUATION OF REPORT

Name MUHAMMAD N	RHAN RIN W	KAMINI			T0240711B	
	MUHAMMAD NURHAN BIN A RAHI		M ID No.			
			Contact No.		90672214	
Related Vehicle FBR1895J (Mot	FBR1895J (Motorcycle)		Guitactivo			
			Class of		Class: 2B	
-lospital/Clinic NIL	NIL		Driving Licence & Expiry Date		Date of Expiry: NIL	
		Date Discharge		NIL		
Date Treatment   NIL No. of Days granted Medical Leav	e NIL		Degree of Injury		NIL	

#### Brief Details.

V1) FBR1895J - Blue Yamaha Motorcycle

V2) SLL1800X - Black Mazda Car

On 29/04/2021 at about 1800hrs, I was riding V1 behind of V2 along Woodlands Avenue 9 on the first lane of a 3-lane road. While I was cutting in to the second lane, V2 swerved and collided from my right as such I lost balance and fell off my bike however, I di not sustain any injuries. I wish to state that I did not get the particulars of V2 as he told me he was rushing off. I do not have any camera on my bike. No government property damage. No police or ambulance attended to the accident. No one was injured.





Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999 CONTINUATION OF REPORT

Report No. T/20210430/2019

#### 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: L / Sgt 1 LIM WEI YU LOUIS	Signature Of Informant:					
Signature Of Interpreter: Not applicable	Date/Time: 30/04/2021 10:29					
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:					
Authentication Stamp						

MY100 11003841 cov. Type: Third Party Only

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) • MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION)

RULES, 1960 \* ROAD TRANSPORT ACT, 1987 (MALAYSIA) \* MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No. M0016413

Index Mark and Registration

FBR1895/

Number of Vehicle Name of Policyholder

Stark Holdings Inn Bike Leasing Pte Ltd

Excess: Section II

1,500

Effective Date of Commencement of Insurance for the purposes of the Act 08/02/2021

4. Date of Expiry of Insurance

07/02/2022

Engine No : G3E6E0564637

Persons or Classes of Persons entitled to drive

Chassis No : MH3UG0750LK05619

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOYMENT AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION.

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

Limitations as to Use

USE ONLY FOR THE POLICYHOLDER'S BUSINESS OR PROFESSION.
USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES BY THE POLICYHOLDER.
THE POLICY DOES NOT COVER:

(i) USE FOR CARRIAGE OF PASSENGERS FOR HIRE OR REWARD.
(ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.

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 bindings.

Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gla.org.sg or www.lia.org.sg or www.sdic.org.sg).

I/WE 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).

For and on behalf of Etiga Insurance Pte. Ltd

Approved Insurer

Authorised Signature

GOPFAD 13:19:55





#### STARK HOLDINGS INN BIKE LEASING PTE. LTD

i. No.: 201419069W

149 Shun Li Industrial Park ,Kaki Bukit Ave 1.Singapore 416009 HP: 92201069 ( Account No: 712720291001 Ocbc Current Account ) Gst No: 201419069w No: STK- 02407116

DATE: 4 4 21

## MOTORBIKE LEASING / RENTAL AGREEMENT

VEHICLE'S PARTICULARS	CHECK OUT / CHECK IN								
/ehicle No., Flor 1895.) Model: Yamaha Mxking	DATE OUT: 4 4 21 TIME OUT: 14:70				D jm	HR			
HIRER'S / GUARANTOR PARTICULARS	PETROL:	-	-+	-		1/4 3/8 1/2 5	-	-	
Hame: Muhammad Nurhan Koin A Rahim	DATE IN:	31	sta	1	TIME		no pin		
address: Palk 208 Woodlands Avenue 1	-	-4	1	1				Total Services	
402-331 5 (320208)	PETROL: E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F								
P.A.C.No.: TO 2407 118	Rates are fixed cannot be prorated							_	
Contact Person: Tel: 90642214	Weekend Min 3 Days & Ph Chargers Apply.							-	
DRIVER'S PARTICULARS	EXTENSION OF RENTAL								
Name: 9124 1745	Date			111	h	L		-	
Address: 47684577	-	-	-			my pan-	-		
(H)	Amount	OX	61	zwa	ed	that la	in real	19	
	Expiry	01	OF ON	none	e				
Tel No:	Initial						10	1	
P.P.4.C.No.:				CH	(RG)	FS	1000	-	
Date of Birth:	-		7 10		ino		Τ.	Т-	
Nationality:	Months	1 @	\$	450		per month	1450	·a	
Purpose of use: Transport / Leisure / Work / Delivery	Weeks	@	S			per week			
TOPVIEW	Days	(a)	S	1,000		per day		T	
						<del></del>		-	
2 - 700-	Helmets	@	2			per day		_	
		7% Gst SUB-TOTAL(1)						0	
	Delivery (Cellusian Of						1	1	
	Delivery / Collection @\$						+	+	
(一) 第390 (一) (一) (1) (1)	Repairs / Damages							L	
RIGHT NEW LEFT VIEW	Fri/Sat	Retu	m is	@12pm	,If ext	end till Mon.	1		
A-ACCIDENTS C-CRACKED D-DENTS S-SCRATCHES					-	CHARGES	\$481	12	
IMPORTANE (1) ONLY persons above 16 and below 60 years at age with min 2 years driving experience, authorized, licensed and signing this agreement may drive the							14 101	1	
vehicle; (2) THIS vehicle insurance is covered in Malaysia and Singapore (3) THIS I	TACA TALAMA								
vehicle will not be insured after the expiry of the hire period and in case of any addition the hirer will Sable for all consequences. FOR extension of serial please inform us at least 24 hirs before the expiry time and payment for the extended restal will have to be made within	SECURITY DEPOSIT								
24 hrs. Late charges at 1/5 (One-fifth) of the daily rate of rental for each hour exceeding the time will be imposed, (4) HIRER is responsible for all marking and traffic violations, and	ADVANCE BESTAL PAID HOAD ON DOLLAR						T		
missing items. (5) HIRER who is 23 years with 2 years of riding experience. In Singapore excess payable will be \$2000 for each claim, hirer who has less than 23 years old without 2.	I I I I I I I I I I I I I I I I I I I								
years of riding experience in Singapore excess payable will be \$5000 for each claim. (6) No refund will be given for vehicle returns early and petrol left in vehicle. (7) Hiren/guaranter Inder contents to the property of t							Т	T	
declares that vehicle will not be used for any unleavful purposes which will result in forfeiture by the relevant authorities: In event of vehicles being selbed, confiscated or forfeited, the hiter/guarantor Index shall indemnity. Stark Boldings Inn Bilke Leasing Pte. Ltd. the full	REFUND								
miter guarantor index shall indemnity. Stark Hotdings Inn Bike Leasing Pte, Ltd. the full value of vehicle at time loss. Insurance in Melaysia only cover for accident only not for fire, theft and breakfown.				BY					
22.00.20.00.00	DECE.	irn c			-	orn mp			
HIRER'S DECLARATION: I agree to terms and conditions above and as set overleaf and accurate.	RECEIVED SRECE			CEIVED:					

HIRER'S / GUARATOR SIGNATURE

RIDER'S SIGNATURE



STARK HOLDINGS INN BIKE LEASING PTE LTD 149 SHUN LI INDUSTRIAL PARK, KAKI BUKIT AVE 1 SINGAPORE 416009 H/P: 92201069

Email: smithstarkholdingspteltd@gmail.com

4/4/51

## Letter of Undertaking

1 Muhammad Nurhan bin A. Rahim Nric No: 702407118

Address: POLK 208 Woodlands Avenue 1 402-327 would undertake that at all cost if there is any breakdown during my rent for the said vehicle \_ + 18953\_, I am aware that the above companies does not cover tyres, brake/clutch/throttle cables, sprocket/chain and tyres while the above vehicle is in my possession. I affirm that the said vehicle above will be used by me only and not any other party, in the event if the said vehicle is used by other party and if there is an accident / self-skid or claim by third party I will bear all claims cost and legal cost. I will authorize the above company to claim all legal, access and repair costs due from me when the said vehicle is damaged or there is a loss of use. I also would like to declare that I am not a bankrupt at the point of time while riding the above vehicle and my address, which is declared to the above company, is the true and correct address and my license is valid. Bikes should be returned to the companies above in person and not leaving the bikes overnight unattended or simply leaving the bikes without prior checking before returning has, I will take full responsibility for all damages and will be black listed by the company and will not be able to rent bikes from the above companies. At any point of time I am authorize to leave the country with the above motor vehicle, if I do so I will bear breakdown chargers and in the event vehicle is lost in Malaysia I will pay the full amount of the vehicle price said by the above companies. Late chargers are \$20 per half and hour if 1 come in later than the time I am suppose to report. I willingly sign this letter of undertaking without any

coercion.

EARLY RETURN NO REFUND

Your Faithfully

Name Muhammad Nurhan Bin A Rahim

Address: 10 240 41