



Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20210517/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2021 15:32			Vide Report No.: F/20210517/0051	Station Diary No.:		
Informant	s Particul	ais.	The control of the control of the state of t	Sugerial that they are the configuration of		
Name of Informant: MUHAMMAD TANSIR BIN IDRUS			Address: 619 WOODLANDS DRIVE 52 #04-78 SINGAPORE 730619			
ID Type / ID No.: NRIC NO / S9314727H			Contact No.: Home/Office:	Mobile: 81259012		
Nationality: SINGAPORE CITIZEN			Email: FUNKEHT93@GMAIL.COM			
Sex: Age: Date of Birth: Male 28 01/05/1993			Type of Informant: Rider			
Race: Indian			Language: English	Institution / School Name:		
Occupation: Assistant mechanical engineer			Driving Licence Information; Class: 2B	Date of Expiry:		

General Informati	on of the Accidenti	· · · · · · · · · · · · · · · · · · ·	非常证的方式和设置而是对	2011年1月1日 1月1日 1月1日 1月1日 1日 1	
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/05/2021 08:10	Type of Location: Straight Road	
Location:					
BUKIT TIMAH EX	(PRESSWAY				
Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry		90 Km/h	
Traffic Flow: Traffic One Way		Traffic Control:	1	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear Anyone conveyed ambulance: Yes					

Details of Vehicle Involved 1986 1986 1986 1986 1986 1986 1986 1986						
Vehicle No.	Type	Make,	Model:	Color。清洁教	(Conditio	No of 温温温
FBH3963K	Motorcycle	YAMAHA	FZ 16	Red		0
SH7646Z	Taxi	TOYOTA		Blue		0

Details, of, Vehicle insurance and a second	
Vehicle No. Insurance Company A 是	ctive Expiry Date





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Report No. T/20210517/7021

CONTINUATION OF REPORT

Details Of Ve	Micolibouranco	ार भारतीय के बहुत सम्बद्धा		
Vohielo No.	Insurance Company	insurance No	Effective #	Expiny Dato
FBH3963K	NTUC Income Insurance Co-Operative	5118329084	30/07/2020	29/07/2021
	Limited			

Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL Use of Pedestrian Crossing: NA						
Rider			y :			THE REAL PROPERTY OF
Name	MUHAMMAD TANSIR BIN IDRUS			ID No		S9314727H
Related Vehicle	FBH3963K (Motorcycle)			Contact No.		81259012
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence & Expiry		Class: 2B Date of Expiry: NIL
Date	17/05/2021		Date		17/05	5/2021
No. of Days granted Medical Leave 07			Degree of	Slight		

Brief Details.

Happened along BKE towards PIE at Dairyfarm Exit.

I was from lane 2 and in front of me was a lorry so I changed to lane 3

The taxi who was in front of the lorry breaked hard and swerved left to lane 3 trying to make a last minute exit at Dairyfarm.

I could not break in time, skidded and fell off my bike.

Im unsure if I hit the taxi or not.





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CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time; 17/05/2021 15:32
Officer In Charge Of Case: TP / TPIB / LEE GUANG HUI Contact No.: 65476138	Classification Of Case:

Authentication Stamp NP168 SVOL215J000A / VICOM LTD (VAC) - Kaki Bukit [415933] ENTRY DATE & TIME: 19/05/2021 16:46 (SGT) SUBMITTED BY: Siti Fadhlon Abdul Kader VERSION: 1 (19/05/2021 16:46 (SGT))

Your NCD will be affected due to late reporting



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 3. Information provided must be as (rutnitu) and accurate as possible, Any white misrepresentation of witholding of material facts may allow insolation companies to reputate 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

19/05/2021 16:46 (SGT) 17/05/2021 08:10 (SGT) Singapore ALONG BUKIT TIMAH EXPRESSWAY Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBH3963K

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No Email Address Mobile Phone No

Alternative Phone No

No

MUHAMMAD TANSIR BIN IDRUS

SXXXX727H

funkeht93@gmail.com (Phone) +65-81259012 +65-81259012

VEHICLE PARTICULARS

Manufacturer

Model ...

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

YAMAHA / FZ 16

Private use

No - Claiming third party

Motorcycle Manual 150

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy **Policy Number** Cover Note Number

DRIVER

Name of Driver NRIC No

NTUC Income Insurance Co-operative Ltd

ThirdParty

No

5118329084

MUHAMMAD TANSIR BIN IDRUS SXXXX727H



Date Of Birth 01/05/1993 Occupation Indoor **Date Of Driving Pass** 02/01/2015 Driving experience 6 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-81259012 Alt. Phone Number +65-81259012 Email Address funkeht93@gmail.com Address BLK 619 #04-78 WOODLANDS DRIVE 52 Address complement Postcode 730619 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 Slde Swipe
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?

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

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

AS PER POLICE REPORT No.T/20210517/7021;

ATTACHMENT(\$)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1



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

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

MUHAMMAD TANSIR BIN IDRUS

BLK 619 #04-78 WOODLANDS DRIVE 52

730619

/30019

28

FBH3963K

No

Yes

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 vahicle(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 towyers/law (time, the Monetory 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 mating 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) at insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Porsonal 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 law yers/law firms), which may be sited outside of Singapers, for one or more of the above Purposes.

Policyholder's Signature / Date & Drivar's Signature (if driver is not the policyholder) / Date Time & Timo

Witnessed by Reporting Centre Personnel

IDAC KAKI BUKIT (VAC) 23 Kirk Bukit Ave 4 #02-02 Singapore 415933 Tal, 074 16697 Fax, 67492305 Email, vacification comisconing

1 9 MAY 2021

Sketch Plan

SKETCH PLAN #2

Describe Circumstances of the Accident Report no: Declaration IWe declare the foregoing particulars are true in every respect. IDAG KARIBUKIT (MAC) 23 KUN BOND AVE A TOT-OZ 23 KUN BOND AVE A TOT-OZ 54 HUNNER G 100 10 Teb 674 1 HUNN DX 0740005 31 HODD G

Driver's Signature (3 driver is not the policyholder) / Date

& Time

Policyholdens Signature / Date &

Witnessed by Reporting Centre

1 9 MAY 2021

Pursonnel



(Income

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VCHICLES (THIRD PARTY RISKS AND COMPENSATION) HULFS. 1960 ROAD TRANSPORT ACT. 1967 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY PURS) RULES, 1959 IMALAYSIA)

Certificate Number 5118329084

1. Index mark and Registration Number of Vehicle Chassis Number

2. Name of Policyholder

3. Effective Oate of Insurance

4. Explry Date of Insurance

5. Persons or Classes of Persons entitled to drive

(a) Named Driver(s) Only. 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 so permitted and is not disqualified by order of a Court of Law or by mason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Cover I Third Party

ME121COG4D2CO6951 MUHAMMAD TANSIR BIN IDRUS

10H3963K

: 30 Jul 2020

29 Jul 2021

6. Umitations as to Used

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover (a) Use for hire or reward.

(b) Use for racing pace-making reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

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

Umitations rendered inoperative by Section 8 of the Motor Vehicle (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

N/A EXCESS (SECTION 1)

DICESS (SECTION 2)

INSURE WITH COE

NAMED DRIVER (1) "NAMED DRIVER (2)"

HIRE PURCHASE COMPANY SUM INSURED

N/A

: MUHAMMAD TANSIR BIN IORUS : MUHAMMAD TAFSIR BIN IDRUS

: ALBERT MOTOR SUPPLY PTE LTD

We hereby Carrify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Rists and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Maleysia)

ANG CHUN WE (00000602716) 21 Jul 2020 19-56 hrs

t Park ME INSURANCE CO-OPERATIVE UMITED









