

# ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 06 / 2021) (DD/MM/YYYY), TIME: (16 : 00) (HH:MM)

LOCATION: AYE (Towards MCE) before Gillman Flyover.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 22245  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5112 944685-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: FZ16 YAMAHA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Home  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: IRFAN AHMED S/O MOHAMMED IQBAL (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 59609865 J CONTACT:  
 c) ADDRESS: B11C 426 TAMPINES ST 41 #04-429  
 520426

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: DANIEL MUHAMAD NOR (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 59524480G CONTACT:  
 c) ADDRESS: B11C 14 Bedok SOUTH AVE 2 #03-580  
 5(460014)

\*d) DATE OF BIRTH: (14 / 07 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16 mths.

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SFW 6409Z MODEL: MERC  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

email =

fax =

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5112944685-01

**Cover** : Third Party

- |   |                                  |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle    | : <b>FBH2224S</b>                |
| Chassis Number                                      | : ME121COD2D2023987              |
| 2. Name of Policyholder                             | : IRFAN AHMED S/O MOHAMMED IQBAL |
| 3. Effective Date of Insurance                      | : 15 Oct 2020                    |
| 4. Expiry Date of Insurance                         | : 14 Oct 2021                    |
| 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 reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(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.

# Limitations 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 headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: IRFAN AHMED S/O MOHAMMED IQBAL
NAMED DRIVER (2)	: DANIEL MUHAMAD NOR
HIRE PURCHASE COMPANY	: A.S. PHOON PTE LTD
SUM INSURED	: N/A

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)

Agency : A S PHOON PTE LTD (00000571911)  
Date of Issue : 21 Aug 2020 16:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



**REPUBLIC OF SINGAPORE**

**CITY CARD NO. S9609865J**



**Name**

**IRFAN AHMED S/O MOHAMMED  
IQBAL**

**Race**

**INDIAN**

**Date of birth**

**27-03-1996**

**Sex**

**M**

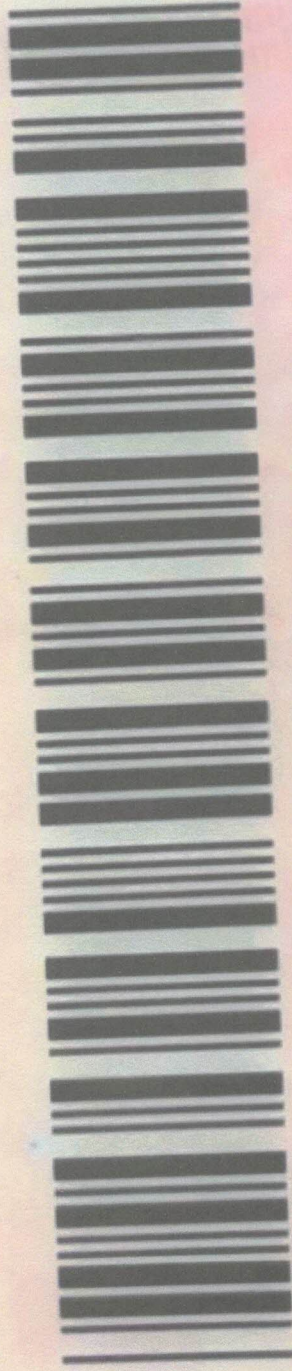
**Country of birth**

**SINGAPORE**





4 7 6 2 3 4 4



NRIC No. S9609865J



Date of Issue

17-08-2011

ess

BLK 426 TAMPINES STREET 41



1-429

GAPORE 520426



RIDER

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S9524480G**



Name  
**DANIEL MUHAMAD NOR**


دانيال محمد نور

Race  
**MALAY**

Date of birth  
**14-07-1995**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**



S9524480G



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S9524480G**


Name:  
**DANIEL MUHAMAD NOR**

Birth Date: **14 Jul 1995**

Issue Date: **01 Mar 2020**



003032386E



RIDER

5432227



NRIC No. S9524480G



Date of issue

13-02-2015

Address

APT BLK 14 BEDOK SOUTH AVENUE 2  
#03-580  
SINGAPORE 460014

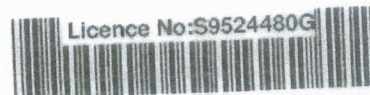
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc

01 Mar 2020

NP 428A



Licence No: S9524480G



## 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 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)**

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

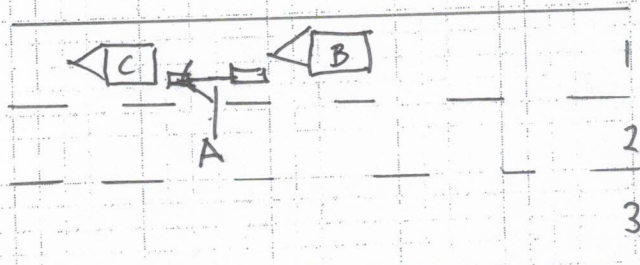
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan

A: FBH 22243  
B: SFW 64092  
C: SMD 87629



AYE toward MCE

Describe Circumstances of the Accident

On the above date and time I was travelling along  
AYE - MCE, Near Gillman Flyover there was a slow down  
infront so I brake but a motor car SFH 64092 hit  
the right rear of my bike and I lost control and  
collided with vehicle SMD 8762 G

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



Policyholder's Signature / Date &  
Time



Driver's Signature (If driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre  
Personnel