

LKK

SN072175001H / NTUC Income Insurance Co-operative Ltd  
 ENTRY DATE & TIME: 05/07/2021 20:50 (SGT)  
 SUBMITTED BY: Muhammad Nizam bin Alias  
 VERSION: 1 (05/07/2021 20:50 (SGT))

Your NCD will be affected due to late reporting

## 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	05/07/2021 20:50 (SGT)
Date of Accident	29/04/2021 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SLE TOWARDS BKE, IN BETWEEN LANE 1 AND 2, AFTER WOODLANDS AVE 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL6844E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD SYAIFULRIZAL BIN SAADON
NRIC No	S8414970E
Email Address	Jonjack@hotmail.sg
Mobile Phone No	(Phone) +65-96923384
Alternative Phone No	+65-96923384

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	T
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 - Reporting only
Vehicle Category	Motorcycle
Transmission	Manual
CC	150

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5087690529-04
Cover Note Number	-

### DRIVER

Name of Driver	MUHAMMAD SYAIFULRIZAL BIN SAADON
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NRIC No	S8414970E
Date Of Birth	01/06/1984
Occupation	Indoor
Date Of Driving Pass	16/06/2014
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96923384
Alt. Phone Number	+65-96923384
Email Address	Jonjack@hotmail.sg
Address	BLK 149 YISHUN STREET 11 #03-89
Address complement	-
Postcode	760149
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	Side 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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	INSURED WILL SEND VIDEO VIA EMAIL.
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY183U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MALE CHINESE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GY4016P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MALE CHINESE
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	MUHAMMAD SYAIFULRIZAL BIN SAADON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBL6844E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

#### WITNESS DETAILS

##### WITNESS 1

Name	SEAN
Phone	-
Email	-



**SKETCH PLAN****IMPORTANT NOTICE**

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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:

5/7/2021  
c 1900h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

5/7/2021  
c 1900h

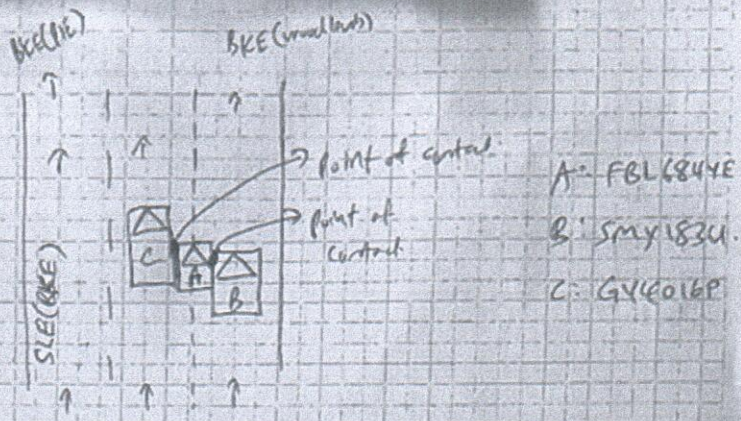
Reporting Centre Personnel's Signature

Name: N/A

NRIC/FIN No.: 74375



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police report  
 - Vehicles B & C are obtained via video footage. No exchange of particulars.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
 Date & Time: 5/12/20  
 2:40pm

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 5/12/20  
 2:40pm

Reporting Centre Personnel's Signature  
 Name: M. V. M.  
 NRIC/FIN No.: 95355



5312589



NPIC No. S8414970E

Date of issue  
03-06-2014

Address

APT BLK 149 YISHUN STREET 11  
#03-89  
SINGAPORE 760149

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

## EFFECTIVE DATE

Class 2B	Motorcycles ≤ 200cc / Electric Motorcycles ≤ 15kW	16 Jun 2014
Class 2A	Motorcycles between 201cc and 400cc / Electric Motorcycles between 15.1kW and 25kW	18 May 2016
Class 2	Motorcycles > 400cc / Electric Motorcycles > 25kW	06 Nov 2017
Class 3	Ambulances / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg	04 May 2016



Licence No: S8414970E

NP 428A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8414970E

Name

MUHAMMAD SYAIFULRIZAL BIN  
SAADON

Race

MALAY

Date of birth  
01-06-1984Sex  
MCountry/Place of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8414970E

Name  
MUHAMMAD SYAIFULRIZAL BIN  
SAADON

Birth Date: 01 Jun 1984

Valid Date: 24 Dec 2020



003105670H

**BIKE RECOVERY SERVICE**

HP: 8298 6622

Business Reg. No: 201216510M

CASH SALE

NO: 01881

Date: 1/7/21

Particular: \_\_\_\_\_

Vehicle No: FBL 6844 E Model No: SNIPER 150

From: T.P Poand To: EROFIA

Time: (Day/Night): \_\_\_\_\_

Others: \_\_\_\_\_

CASH \$: 30/-

NOTE: Vehicle is towed at owner's risk. The Company accepts no responsibility for damages or others misdemeanour to your vehicle while being towed.



**SINGAPORE  
POLICE FORCE**



T/20210430/2096

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210430/2096

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/04/2021 18:34		Vide Report No.: L/20210429/0070		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD SYAIFULRIZAL BIN SAADON			Address: APT BLK 149 YISHUN STREET 11 #03-89 SINGAPORE 760149		
ID Type / ID No.: NRIC NO / S8414970E			Contact No.: Home/Office: Mobile: 96923384		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 01/06/1984	Type of Informant: Rider		
Race: Malay		Language: Malay		Institution / School Name:	
Occupation: TECHNICIAN		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/04/2021 08:45	Type of Location:
Location:  WOODLANDS AVENUE 2				
Lamp Post Number: 653				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL6844E	Motorcycle	YAMAHA	SNIPER T150	White	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL6844E	NTUC Income Insurance Co-Operative Limited	5087690529-04	29/01/2021	23/01/2022





**SINGAPORE  
POLICE FORCE**



T/20210430/2096

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20210430/2096

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SYAIFULRIZAL BIN SAADON	ID No.	S8414970E
Related Vehicle	FBL6844E (Motorcycle)	Contact No.	96923384
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	29/04/2021	Date Discharge	29/04/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

FROM THE ABOVE MENTIONED DATE AND TIME, I WAS TRAVELLING IN BETWEEN LANE 1 AND 2 OUT OF 3 ALONG SLE(BKE) 11.6 KM LP 653. SUDDENLY, A CAR FROM LANE 1 OF 3 ENCROACHED INTO LANE 2 WHICH I WAS TRAVELLING. AS SUCH, I TRIED TO SWERVE TO AVOID THE COLLISION BUT I COLLIDED ONTO THE CAR LEFT SIDE MIRROR. AFTERWARDS, I COULD NOT REMEMBER ANYTHING. FROM THE ACCIDENT, I SUSTAINED INJURIES FROM MY RIGHT SHOULDER BLADE, RIGHT ARM, RIGHT ANKLE AND NECK. I WAS THEN CONVEYED BY AMBULANCE TO KHOO TECK PUAT HOSPITAL. MY WITNESS, SEAN WAS BEHIND ME AT THE TIME OF THE ACCIDENT AND WITNESSED THE ACCIDENT. THAT'S ALL.

IO IN CHARGE: FEROZ (65476206)



SINGAPORE  
POLICE FORCE



T/20210430/2096

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210430/2096

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:

TP /

SC2 ONG CHUN HENG

*ch*

Signature Of Informant:

*[Signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

30/04/2021 18:34

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FERROZ BIN HUSSEIN

Contact No.: 65476206

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

*ck*



## THE SCHEDULE

### Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5087690529-04
The Policyholder	: MUHAMMAD SYAIFULRIZAL BIN SAADON BLK 149 #03-89 YISHUN STREET 11 SINGAPORE 760149

Period of Insurance	: 29 Jan 2021 To 23 Jan 2022
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$182.61

#### Interest Insured

Cover Type	: Third Party, Fire & Theft	
Named Driver (1)	: MUHAMMAD SYAIFULRIZAL BIN SAADON	
Named Driver (2)	: MOHD SANI BIN SAMRI	
Make/Model	: YAMAHA/T	
Capacity	: 150cc	Number of Seater : 2
Registration Number	: FBL6844E	Registration Year : 2017
Chassis Number	: MH3UG0740G0041396	Insure with COE : YES
Excess (Section 1)	: N/A	NCD Entitlement : 20%
Excess (Section 2)	: N/A	Loyalty Discount : 5%
Hire Purchase Company	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD	

**Memo A:** 1. The policy is extended to cover food / parcel / other delivery services.  
2. The premium is after 20% discount under Income Support Scheme.

#### Endorsement Operative: M2

Agency	: ASSURE PTE. LTD. (00000572842)
Date of Issue	: 29 Jan 2021 14:00 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive