SY0A217E0006 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 14/07/2021 18:01 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (14/07/2021 18:01 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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 This Form must be completed by the Policyholder and/or the Authorised Driver

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

14/07/2021 18:01 (SGT) Date of Submission 03/07/2021 13:20 (SGT) Date of Accident Grange Rd, Singapore **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss

## DETAILS OF OWN VEHICLE

FBG2610R Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? MUHAMMAD FAISAL BIN HAMZAH Name Of Registered Owner SXXXXX1741 NRIC No MDFAIHAMZAH88@GMAIL.COM **Email Address** (Phone) +65-87529075 Mobile Phone No (Home) +65-87529075 Alternative Phone No

#### VEHICLE PARTICULARS

Yamaha Manufacturer T135 Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Motorcycle Vehicle Category Auto Transmission

### INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company ThirdPartyFireTheft Type of Coverage Fleet Policy 5120433753 Policy Number Cover Note Number

#### DRIVER

MUHAMMAD FAISAL BIN HAMZAH Name of Driver SXXXX174 NRIC NO

28/12/1988 Date Of Birth Indoor Occupation 25/12/2020 Date Of Driving Pass 7 MONTHS Driving experience Male Gender (Phone) +65-87529075 Mobile Number (Home) +65-87529075 Alt. Phone Number MDFAIHAMZAH88@GMAIL.COM Email Address APT BLK 224 TAMPINES ST 23 #04-231 Address Address complement 521224 Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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? **Bedok Division Headquarters** Police Station Name (Phone) +65-18002440000 Police Station Phone No (Fax) +65-64443009 Alt. Police Station Phone No 30 Bedok North Road Singapore 469676 Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 GBG1816X Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Commercial vehicle

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 |     |
| No. Of Passenger (Including Driver)     | *   |

# INJURED PERSONS DETAILS

#### INJURED 1

| INJURED   |                            |
|---|----------------------------|
| Name of injured person                              | MUHAMMAD FAISAL BIN HAMZAH |
| Address   | *                          |
| Address Complement                                  | -                          |
| Post Code   | •                          |
| Approximate Age Years Old                           | •                          |
| Injuries Sustained                                  | •                          |
| Injured person in which vehicle?                    | FBG2610R                   |
| Were seat belts worn?                               | Yes                        |
| Were seat beits worth:                              | No                         |
| Was this injured conveyed to hospital by ambulance? | 110                        |

## 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)

- (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/meil
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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, (collectively the "Purposes") 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.

g Centre Driver's Signature (# driver is not the policyholder) / Date Policyholder's Signature / Date & & Time Sketch Plan BUS STOP - FBG 2610R

|             | WAS TRAVELLING ALONG GRANGE ROAD, I WAS ON  COMPLETE STOP WHILE WALTENG FOR THE TRAFFIC,  WAS TRAVELLING ALONG GRANGE ROAD, I WAS ON  COMPLETE STOP WHILE WALTENG FOR THE TRAFFIC,  WAS TRAVELLING ALONG GRANGE FOR THE TRAFFIC, |
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# Declaration

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre





1 of 2

Report No. G/20210704/7011

# **POLICE REPORT (NP299)**

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

| Date/Time Report Made  | Vide Report No.   |                                 |                                   | Station Diary No |  |
|--|---|---------------------------------|-----------------------------------|------------------|--|
| 04/07/2021 12:47<br>Name Of Informant<br>MUHAMMAD FAISAL BIN HAMZAH                | Address APT BLK 224 TAMPINES STREET 23 #04-231 SINGAPORE 521224                               |                                 |                                   |                  |  |
| ID Type / ID No.<br>NRIC NO / S8852174I  | Contact I<br>Home/Of  |                                 | Mobile:<br>87529075               |                  |  |
| Nationality SINGAPORE CITIZEN Occupation Building technician                       | Email Admdfaihar<br>Sex<br>Male   | ldress<br>mzah88@g<br>Age<br>32 | mail.com Date of Birth 28/12/1988 | Race<br>Malay    |  |
| Institution/School Name  Date/Time Of Incident 03/07/2021 13:20 - 03/07/2021 14:30 | Language English Location Of Incident APT BLK 224 TAMPINES STREET 23 #04-231 SINGAPORE 521224 |                                 |                                   |                  |  |

### Brief details.

I was travelling along Grange Road on 03/07/2021 around 1320hrs, I was on a complete stop waiting for the traffic to move on, I suddenly felt I an impact on my rear of my bike, causing to my bike and me to fall down. After which I realised the car behind me had collided on my bike rear. After the accident, I went to see a doctor at True Medical Clinic and was given 3 days MC.

| Signature Of Informant:  |  |
|--|--|
| The identity of the person making this report has been authenticated by Singpa No signature is required. |  |
| Date/Time:<br>04/07/2021 12:47<br>Classification Of Case:  |  |
|  |  |





2 of 2

**POLICE REPORT (NP299)** 

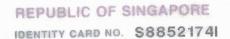
# CONTINUATION OF REPORT

Report No. G/20210704/7011

| /ictim   | THE PART OF THE PA | NAZALI              |               |
|--|--|---------------------|---------------|
| Person Name  | MUHAMMAD FAISAL BIN HA   |                     | S8852174I     |
| D Type   | NRIC NO  | ID No               |               |
| Gender   | Male   | Age                 | 32<br>5 - Nah |
| Race   | Malay  | Language            | English       |
| Occupation   | Building technician  | Address Type        |               |
| Address  | APT BLK 224 TAMPINES   | Mobile No           | 87529075      |
| , (aa. 666   | STREET 23 #04-231  |                     |               |
|  | SINGAPORE 521224   |                     |               |
| Is Informant A                                     | Yes  |                     |               |
| Victim?  |  |                     |               |
|  |  | AAAZALI (Informant) |               |
| Person Name MUHAMMAD FAISAL BIN HAMZAH (Informant) |  |                     |               |

| 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:<br>Not applicable                | Date/Time:<br>04/07/2021 12:47<br>Classification Of Case:   |  |
| Officer In-Charge Of Case:                                 |   |  |
| Authentication Stamp                                       |   |  |









Name

MUHAMMAD FAISAL BIN HAMZAH

9

MALAY Date of birth

Date of birth 28-12-1988

Sex

588521741

6127843

Country/Place of birth SINGAPORE

ENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

torcycles ≤ 200cc / Electric Motorcycles ≤ 15kW 25 Dec 2020

Licence No:S8852174

NRIC No. S8852174



31-01-2019

APT BLK 224 TAMPINES STREET 23 #04-231 SINGAPORE 521224



# 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 : 5120433753

: FBG2610R 1. Index mark and Registration Number of Vehicle : 5YP303632

Chassis Number : MUHAMMAD FAISAL BIN HAMZAH Name of Policyholder

: 29 Dec 2020 3. Effective Date of Insurance : 28 Dec 2021 4. Expiry 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 reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Cover: Third Party, Fire & Theft

- 6. Limitations as to Use#
  - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
  - (b) Use for food/parcel/other delivery services.

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

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

: N/A **EXCESS (SECTION 1)** : N/A **EXCESS (SECTION 2)** 

: PLEASE REFER OVERLEAF EXCESS (THEFT OUTSIDE SINGAPORE)

INSURE WITH COE

: MUHAMMAD FAISAL BIN HAMZAH NAMED DRIVER (1)

: N/A NAMED DRIVER (2) HIRE PURCHASE COMPANY : N/A

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

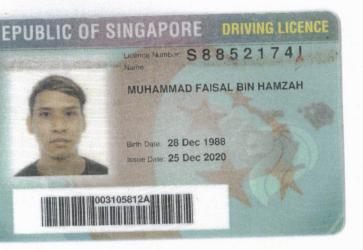
I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: DIRECT BUSINESS DEPT (00000600280) Agency

: 28 Dec 2020 18:59 hrs Date of Issue

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive





IDENTITY CARD NO. \$88521741





MUHAMMAD FAISAL BIN HAMZAH

Race MALAY Date of birth

28-12-1988 M

S8**85217**41

6127843

Country/Place of birth SINGAPORE

ENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

torcycles ≤ 200cc / Electric Motorcycles ≤ 15kW 25 Dec 2020

Licence No:S8852174

NRIC No. S88521741

Date of issue 31-01-2019

APT BLK 224 TAMPINES STREET 23 #04-231 SINGAPORE 521224