SM0M219M0007 / MOVA AUTOMOTIVE PTE LTD [159722] ENTRY DATE & TIME: 24/09/2021 10:50 (SGT) SUBMITTED BY: Menglee VERSION: 1 (24/09/2021 10:50 (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	24/09/2021 10:50 (SGT)
Date of Accident	24/07/2021 14:00 (SGT)
Exact Location of Accident	Holland Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	FBH7612Y
INSURED/POLICYHOLDER	

Yamaha

Is company?	No
Name Of Registered Owner	MOHAMAD MAHDZAR BIN SAMSUDIN
NRIC No	SXXXX757J
Email Address	MAZDA11911@GMAIL.COM
Mobile Phone No	(Phone) +65-90920712
Alternative Phone No	+65-90920712

# VEHICLE PARTICULARS

Manufacturer

Model	Fz16st
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	153

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5118733391
Cover Note Number	-

### DRIVER

Name of Driver	MOHAMAD MAHDZAR BIN SAMSUDIN
NRIC No	SXXXX757J

Date Of Birth 27/06/1968 Occupation Outdoor Date Of Driving Pass 27/03/2017 Driving experience 4 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-90920712 Alt. Phone Number +65-90920712 Email Address MAZDA11911@GMAIL.COM Address **BLK 86 COMMONWEALTH CLOSE** Address complement #01-41 Postcode 140086 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 Collided into Motorcyclist 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? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle 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 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT 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** Vehicle Registration Number SI G4107X

Mazda

Private car

3

Vehicle Manufacturer

Vehicle Model

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	_
Contact Number	_
Address	-
Address complement	-
Postcode	_
nsurance 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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	MOHAMAD MAHDZA BIN SAMSUDIN Male (Phone) +65-90920712 BLK 86 COMMONWEALTH CLOSE #01-41 140086 - - FBH7612Y
Was this injured conveyed to hospital by ambulance?	Yes

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 6. The report will be forw arded 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 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.

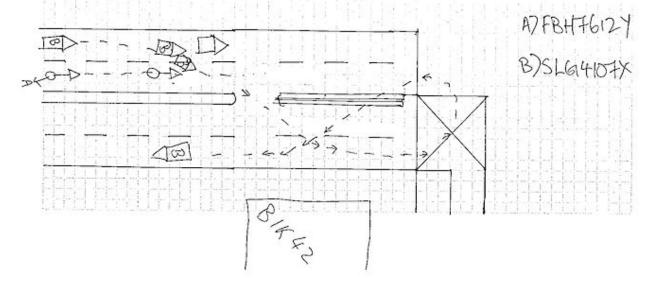
Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



CENSE PL	ATE: FB	# 7612	1			ACCIDENT DATE &	TIME: 24/7/21	14:00 hrs
ONTACT N	UMBER:	90920	712	01 840	10101	E-MAIL ADDRESS:	Mazda11911@	Amail.com
OCATION:	Holland	Drive	0750000					Ů.
	Please	refer	10	police	report	7/202072	6/7076	
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	NOTE: PLE	ASE NOTE	THAT	YOUR INS	URER MAY	HAVE 14 DAYS TIME FE	RAME FOR YOU TO SU	BMIT AN

### Declaration

IWe declare the foregoing particulars are true in every respect.

( ) Claim Third Party

Policyholder's Signature / Date &

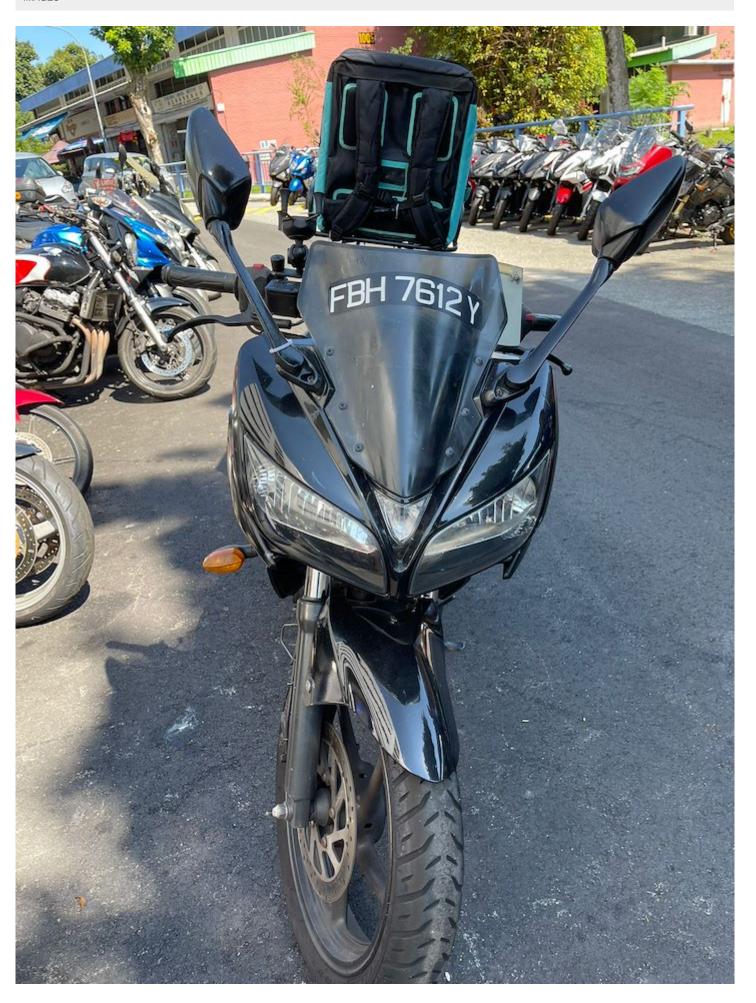
( ) Claim Own Policy

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

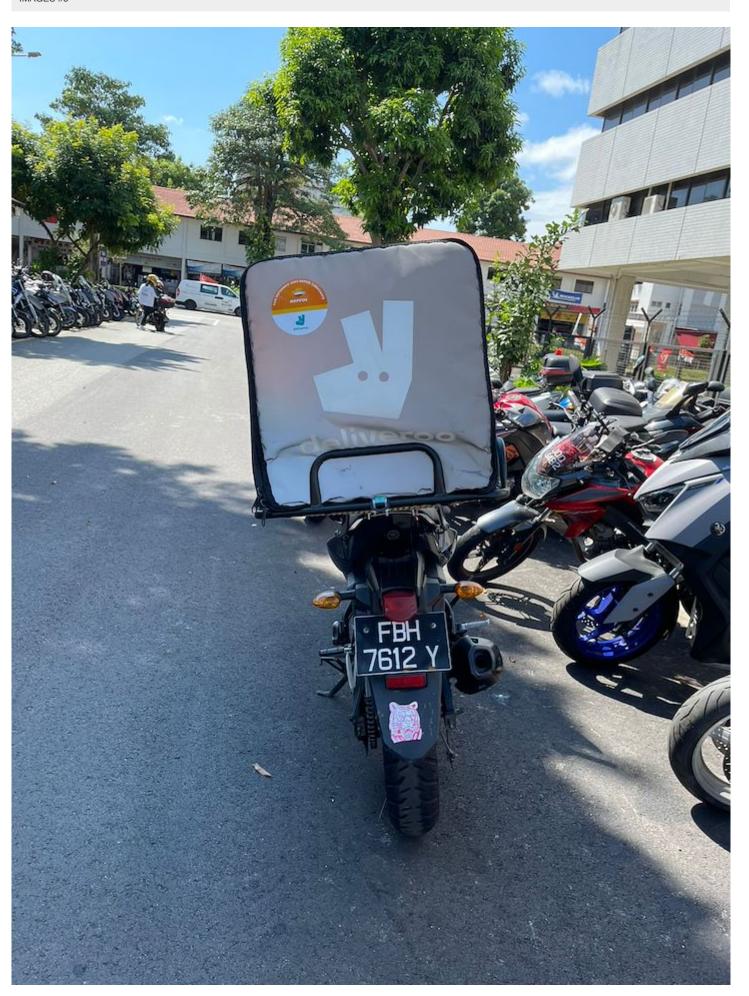
Claim Op/TP at other workshop

Witnessed by Reporting Centre Personnel

( ) Reporting Only



















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20210726/7026

### REPORT OF A TRAFFIC ACCIDENT

	ne Report N 021 14:29	Made:	Vide Report No.: D/20210724/0071	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: IAD MAHD DIN		Address: 86 COMMONWEALTH CLOS	SE #01-41 SINGAPORE 140086		
	/ ID No.: D / S68197:	57J	Contact No.: Home/Office:	Mobile: 90920712		
National SINGAP	ity: ORE.CITIZ	EN	Email: MAZDA11911@GMAIL.COM			
Sex: Male	Age:	Date of Birth: 27/06/1968	Type of Informant:			
Race:		***************************************	Language: English	Institution / School Name:		
Occupat Freeland	ion: ce Food del	ivery rider	Driving Licence Information: Class: 2B	Date of Expiry:		

General Infor	mation of the Accident				100000000000000000000000000000000000000
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/07/2021 14:00	0 -	Type of Location Straight Road
Location:	570	98 V (980)		ė l	
HOLLAND D	RIVE				
* ,	1		· · · · ·		5
Weather:		Road Surface:	921,000 (A. 1921,000 (C. 1921)	Road	d Speed Limit:
Sunny		Dry		50 K	m/h
Traffic Flow: Dual Carriage	e Way	Traffic Control: Traffic Light - Wo	rking	Traff Light	ic Volume: t
Type of Collis Between Mov	sion: ring Vehicles - Head To S	ide			one conveyed by ulance;

STATE OF THE PARTY OF	DATES CONTROL	STANCES AND AND ADDRESS OF THE PARTY OF THE	1 4 2 2 2 2 2		71.71	1
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBH7612Y	Motorcycle	YAMAHA	FZ16ST	Black		0

Details of Ve	ehicle Insurance			- A
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH7612Y	NTUC Income Insurance Co-Operative Limited	5118733391	23/09/2020	22/09/2021



T/20210726/7026

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20210726/7026

#### CONTINUATION OF REPORT

Details of Perso	n Involved						
Any Pedestrian II	nvolved: No		0.54				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA				
Rider		1,150			- 2	, 4	
Name	MOHAMAD MAHDZAR BIN SAMSUDIN		ID No	o. S6819757J			
Related Vehicle	FBH7612Y (Motorcycle)			Contact No.		90920712	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class Drivin Licer Expir	ng ice &	Class: 2B Date of Expiry: NIL	
Date	24/07/2021		Date	24/07		7/2021	
No. of Days granted Medical Leave   14			Degree	Degree of		Serious	

Brief Details.

Dear Sir/ Mdm

On Saturday 24 July 2021, around 14:00 p.m., i was riding my black Yamaha motorbike FBH 7612Y and was exiting from Holland Drive Market and Food Centre carpark. I was turning right into Holland Drive and while i was riding a short distance at a slow speed along Holland Drive on the right lane, a dark grey Mazda 3 license plate SLG4107X which was driving on the left lane in front of me made a sudden manouvre to cut into the right lane to bypass a bus in front of it. As a result, i was unable to swerve my bike away from the car and a collision ensued and i was flung off my bike. After the collision, i noticed the driver of the said car did not stop at the point of impact but had driven off on the opposite road against traffic flow. I shouted for attention and pointed towards the said car to a few pedestrians who had came to my aid and then i noticed the said car turning back to the collision site. Some pedestrians had assisted to bring me to the pavement and they also shifted my bike on to the pavement.

Due to the impact and fall, i was unable to stand on my right leg and my right chest suffered abrasion and swelling. I called for an ambulance and shortly after the arrival of ambulance, Traffic Police also arrived and retrieved the driver's and my particulars. I was then conveyed to NUH for medical review and an X-Ray was done on me.

I am not sure on the extend of the damage to my bike as I was unable to move around after the fall.

I was given 14 days of hospitalisation leave and the X-ray indicated a medical diagnosis of a right fibula head/neck fracture on my right knee. I will have an follow up appointment with NUH orthopaedic at a later date.

Appreciate your office assistance on the above matter.

Yours Sincerely



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 T/20210726/7026

3 of 4 Report No. T/20210726/7026

CONTINUATION OF REPORT

Mohamad Mahdzar bin Samsudin

90920712





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 4 of 4 Report No. T/20210726/7026

Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.			
Signature Of Interpreter: Not applicable	Date/Time: 26/07/2021 14:29			
Officer In Charge Of Case: TP / TPIB / ABDUL MUHAIMIN BIN HUSSAIN Contact No.: 65476090	Classification Of Case:			

NP168

Authentication Stamp