

## 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	16/10/2021 17:16 (SGT)
Date of Accident	15/10/2021 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLAYMORE ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP8806G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMAD DANIAL FITRI BIN MOHD SHAHRIL D/SILVA
NRIC No	S9931143F
Email Address	Danskaters@gmail.com
Mobile Phone No	(Phone) +65-86080176
Alternative Phone No	+65-86080176

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Gdr155a
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	Auto
CC	160

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5122589025
Cover Note Number	-

#### DRIVER

Name of Driver	MOHAMMAD DANIAL FITRI BIN MOHD SHAHRIL D/SILVA
NRIC No	S9931143F

Date Of Birth	27/09/1999
Occupation	Indoor
Date Of Driving Pass	07/10/2020
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-86080176
Alt. Phone Number	+65-86080176
Email Address	Danskaters@gmail.com
Address	BLK 78 #03-230
Address complement	BEDOK NORTH ROAD
Postcode	460078
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	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT AND SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP6970J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	S THANALETCHIMI D/O V S MANIAM
NRIC No	S1849169I
Contact Number	(Phone) +65-82223309
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	MOHAMMAD DANIAL FITRI BIN MOHD SHAHRIL D/SILVA
Gender	Male
Phone No	(Phone) +65-86080176
Address	BLK 78 #03-230
Address Complement	BEDOK NORTH ROAD
Post Code	460078
Approximate Age Years Old	22
Injuries Sustained	LEFT THIGH ABRASION, LEFT SHOULDER MUSCLE SPRAIN, LEFT LOWER BACK SPRAIN, LEFT ARM MUSCLE STRAIN, LEFT HEEL CONSTANT PAIN.
Injured person in which vehicle?	FBP8806G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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: 16/10/2021  
 1200PM

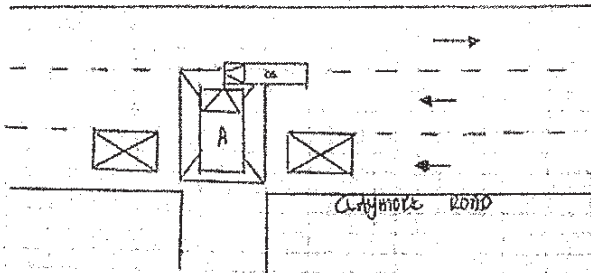
Driver's Signature

 (If driver is not the policyholder)  
 Date & Time:

Reporting Constable's Signature

 Name: SURAJAN  
 NRIC/FIN No.: 8002 991

YET B2 F8P 88066



REFER TO POLICE REPORT

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

Reporting Centre Personnel's Signature  
Name: ADAM SUTHERS  
NRIC/ID No: 9422441

**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** : 5122589025

**Cover** : Third Party, Fire & Theft

- |  |   |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : <b>FBP8806G</b>                                       |
| Chassis Number                                   | : MH3SG4640KJ050261                                     |
| 2. Name of Policyholder                          | : <b>MOHAMMAD DANIAL FITRI BIN MOHD SHAHRIL D'SILVA</b> |
| 3. Effective Date of Insurance                   | : 15 Jun 2021   |
| 4. Expiry Date of Insurance                      | : 14 Jun 2022   |

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.

(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 headings.

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

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MOHAMMAD DANIAL FITRI BIN MOHD SHAHRIL D/SILVA
NAMED DRIVER (2)	: SARENA BINTE ABDUL HANIP
HIRE PURCHASE COMPANY	: A.S. PHOON PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : 15 Jun 2021 16:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

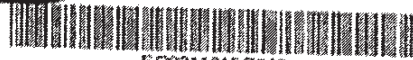


Chief Executive





**SINGAPORE  
POLICE FORCE**



E/20211015/7046

1 of 2

**POLICE REPORT (NP299)**

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Report No. E/20211015/7046

Date/Time Report Made 15/10/2021 22:20		Vide Report No.		Station Diary No.	
Name Of Informant MOHAMMAD DANIAL FITRI BIN MOHD SHAHRIL D'SILVA		Address 78 BEDOK NORTH ROAD #03-230 SINGAPORE 460078			
ID Type / ID No. NRIC NO / S9931143F		Contact No. Home/Office: Mobile: 86080176			
Nationality SINGAPORE CITIZEN		Email Address DANIAL_LIBRA@HOTMAIL.COM			
Occupation Food Delivery		Sex Male	Age 22	Date of Birth 27/09/1999	Race Eurasian
Institution/School Name		Language English			
Date/Time Of Incident 15/10/2021 18:30		Location Of Incident CLAYMORE ROAD			

**Brief details.**

On the above mentioned date and time, I was riding my bike FBP8806G along Claymore Road towards orchard road.

I was travelling straight along the right of 2 lanes when SLP6970J, which was initially stationary along Claymore drive on my left, abruptly dashed out trying to make a right turn onto Claymore Road.

I immediately jammed on my brakes and attempted to swerve to my right in a bid to avoid the collision but

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: 15/10/2021 22:20
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



E/20211015/7046

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20211015/7046

to no avail.

The front portion of SLP6970J collided with the left portion of my bike causing me to fall to my left.

The left side of my body landed hard on the ground.

I suffered injuries to my left shoulder, left left elbow, left thigh, left calf and left heel areas.

I proceeded to Intemedical Kovan for treatment later the same evening and was given 5 days MC.

Later the same evening, I also started feeling aches over neck and back areas.

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
15/10/2021 22:20

Classification Of Case:

